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1. INTRODUCTION

1.1. Overview of the SET Program in Cardiothoracic Surgery

The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist cardiothoracic surgeon in the respective countries is the Fellowship of the Royal Australasian College of Surgeons (FRACS) in Cardiothoracic Surgery.

The Royal Australasian College of Surgeons (RACS or College) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and training (SET) Program in Cardiothoracic Surgery is the accredited training program to obtain the FRACS and operates in Australia and New Zealand.

The purpose of the SET Program is to achieve proficiency and competency in the nine Surgical Competencies outlined by the Royal Australasian College of Surgeons. The SET Program in Cardiothoracic Surgery is designed to provide trainees with clinical and operative experience, to enable them to manage both cardiac and thoracic conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.

At the conclusion of the SET Program it is expected that trainees will have a detailed knowledge of surgery and of those conditions recognised as belonging to the specialty of cardiothoracic surgery. This should include knowledge of anatomy, physiology and pathology related to the discipline.

For assistance or information regarding the SET Program in Cardiothoracic Surgery please contact:

Board of Cardiothoracic Surgery
Royal Australasian College of Surgeons
College of Surgeons Gardens
250 -290 Spring Street
EAST MELBOURNE VIC 3002
AUSTRALIA
Phone + 61 3 9276 7418
Fax + 61 3 9249 1240
Email Cardiothoracic.Board@surgeons.org
Website www.surgeons.org

1.2. Overview of the Regulations for the SET Program in Cardiothoracic Surgery

1.2.1. The Regulations encompass the rules and principles for the control and conduct of the SET Program in Cardiothoracic Surgery. These Regulations are in accordance with the policies of RACS and should be read in conjunction with the RACS policies governing Surgical Education and Training. All RACS policies may be found on the RACS website.

1.2.2. All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations and Policies at all times.

1.2.3. As the Regulations can change during the year, the latest version will always be available within the Cardiothoracic section of the RACS website. All persons are advised to ensure they are consulting the most current version.

1.2.4. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, these Regulations shall prevail except for in the case of College policies.
1.3. Terminology

1.3.1. The following words have the following meanings:

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
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<tbody>
<tr>
<td>ANZSCTS</td>
<td>Australian and New Zealand Society for Cardiac and Thoracic Surgeons</td>
</tr>
<tr>
<td>ASSET</td>
<td>Australian and New Zealand Surgical Skills Education and Training</td>
</tr>
<tr>
<td>Board (the Board)</td>
<td>Board of Cardiothoracic Surgery</td>
</tr>
<tr>
<td>Board Member</td>
<td>Fellow of RACS who has been elected to the Board of Cardiothoracic Surgery in accordance with the Terms of Reference of the Board</td>
</tr>
<tr>
<td>Chair</td>
<td>Chair of the Board of Cardiothoracic Surgery</td>
</tr>
<tr>
<td>CCrISP</td>
<td>Care of Critically Ill Surgical Patient</td>
</tr>
<tr>
<td>CE</td>
<td>Clinical Examination</td>
</tr>
<tr>
<td>CLEAR</td>
<td>Critical Literature Evaluation and Research</td>
</tr>
<tr>
<td>CT</td>
<td>Credit Transfer is an arrangement giving a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to the College. Credit transfer assesses a course or component to determine the extent to which it is comparable to a College course</td>
</tr>
<tr>
<td>DOPS</td>
<td>Direct Observation of Procedural Skills in Surgery</td>
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<tr>
<td>EMST</td>
<td>Early Management of Severe Trauma</td>
</tr>
<tr>
<td>RACS or College</td>
<td>Royal Australasian College of Surgeons</td>
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<tr>
<td>Rotation</td>
<td>6 months</td>
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<tr>
<td>RPL</td>
<td>Recognition of Prior Learning</td>
</tr>
<tr>
<td>SET Program</td>
<td>Surgical Education and Training Program</td>
</tr>
<tr>
<td>SSE</td>
<td>Surgical Sciences Examination (Generic and Specific)</td>
</tr>
<tr>
<td>Surgical Supervisor</td>
<td>Coordinates management, education and training of accredited Trainees in accredited training positions. The surgical supervisor is appointed and approved by the Board of Cardiothoracic Surgery</td>
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<tr>
<td>Year</td>
<td>A year consists of Four (4) three-month terms or two (2) six-month terms</td>
</tr>
</tbody>
</table>
2. **TRAINEE ADMINISTRATION**

2.1. **Registration and Training Fees**

2.1.1. Surgical Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.

2.1.2. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SET.enquiries@surgeons.org.

2.1.3. Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with the RACS Dismissal from Surgical Training policy and these regulations.

2.2. **Leave**

2.2.1. Trainees undertaking full time training are entitled to a maximum of six (6) weeks’ leave per six month rotation subject to approval by the employing authority. Periods beyond this, may result in the rotation being deemed unsatisfactory.

2.2.2. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer’s leave. Trainees wishing to take more than six weeks’ leave per six month rotation must apply for interruption of training. Please also refer to 2.3 (Interruption of Training).

2.2.3. Trainees who take leave from Training without the prior approval of or notification to the Board in Cardiothoracic Surgery will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide 10 days’ notice to the Trainee, for attendance at a meeting to consider their continued participation in the Training Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be reviewed in accordance with the RACS Misconduct Policy and Section 4.5 (Accreditation of Clinical Rotations) of these regulations.

2.3. **Interruption of training**

2.3.1. Interruption is a period of approved absence by a trainee from the Cardiothoracic SET Program following commencement of SET.

2.3.2. The Board is not an employer and approval of a period of interruption does not compel a trainee’s employer to grant leave. A trainee must also apply for appropriate leave from his/her employer.

2.3.3. With the exception of interruption for medical or family reasons, Trainees cannot apply for interruption of leave in the first six months of their training program.

2.3.4. Trainees on the Cardiothoracic SET Program who wish to interrupt their training must apply to the Board at least six (6) months prior to the proposed commencement of the training year in which the interruption will commence. Trainees applying for interruption due to medical reasons (illness, family leave) may do so at any time if supported by medical evidence.

2.3.5. Applications for interruption must be for periods in multiples of six months.

2.3.6. The Board will consider the reasons for the request, the trainee’s progress to date and logistical considerations before making their final decision on whether to approve or otherwise. In order to minimise vacancies on the training program and to not disadvantage other trainees and SET applicants, the Board may require the period of interruption to be greater than that applied for.

2.3.7. Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.

2.3.8. Interruption will not be granted if the trainee has received notice of dismissal.

2.3.9. Trainees approved for interruption will be registered with the College as interrupted and will be required to pay an applicable fee. Payment of the applicable fee must be in accordance with the College policy for Surgical Training Fees.
2.3.10. The Board may set conditions that require trainees to demonstrate currency of skills before returning to active training. This may include the satisfactory completion of an assessment process that has been approved by the Board.

2.3.11. Trainees, who have been on interruption of leave for longer periods than 1 year, will be assessed by their supervisor of training to determine currency of skills.

2.3.12. Requests for interruption must be made in accordance with the RACS Trainee Registration and Variation Policy. The Board does not have the authority to grant requests that do not comply with RACS Policy.

2.3.13. All requests for interruption must be made via email to the Board Chair and must include all applicable information.

2.3.14. All requests must be received and approved at least six (6) months prior to the term/s of interruption required.

2.3.15. Requests for interruption of training in order to complete unaccredited rotations will not be approved.

2.3.16. Extensions to interruption to training must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

2.4. Medical Interruption

2.4.1. Trainees who request medical interruption must provide a medical certificate including reasons from their treating doctor at the time of the request.

2.4.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their fitness to return to training.

2.5. Part Time Training

2.5.1. Part time training is a period of training undertaken on less than a full time basis.

2.5.2. Trainees on a SET Program who wish to apply for part time training must apply to the Board at least six (6) months prior to the proposed commencement of the part time training.

2.5.3. Applications for part time must have a training commitment of at least 50% of a full time trainee in any one training year.

2.5.4. Requests for part-time training must be made directly to the Board in accordance with the RACS Trainee Registration and Variation Policy. The Board does not have the authority to grant requests that do not comply with RACS Policy.

2.5.5. The Board will make the determination on the approval or otherwise taking into consideration the availability of a suitable part time training position.

2.5.6. Trainees approved for a period of part time training are required to participate in pro rata out-of-hours work and surgical teaching programs. The components of the SET Program which must be undertaken during the approved period of part time training will be determined by the Board.

2.5.7. All trainees will be required to satisfactorily complete all components of the SET Program to be eligible for Fellowship.

2.5.8. Trainees approved for a period of part time training will be registered with the College for that period as part time and will be required to pay an applicable pro rata training fee in accordance with the College policy for Surgical Training Fees.

2.5.9. Requests for part time training will only be approved in blocks of twelve (12) months.

2.5.10. Twelve (12) months of part-time training will be accredited as one (1) rotation if deemed satisfactory, in accordance with Section 4 (Assessment) of the Regulations.

2.5.11. Trainees undertaking part-time training will be required to complete three-monthly assessments, with the six-month assessment being equivalent to a Mid-term and
twelve-month assessment being the End of Term.

2.5.12. Trainees granted approval to undertake a period of part-time training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments and logbook data. Part-time Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees

2.6. Withdrawal from Training Program

2.6.1. Trainees who do not wish to continue on the Cardiothoracic Surgery Training Program must notify the Board of their withdrawal in writing

2.6.2. The Trainee must stipulate when the withdrawal will be effective. The Trainee is recommended to complete their allocated terms for the training year.

2.6.3. The Trainee who withdraws without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.

2.6.4. Trainees who resign from a position without the prior approval of the Board will be deemed to have withdrawn from the Cardiothoracic SET program. The Board will confirm the withdrawal in writing.

2.7. Deferral of training

2.7.1. As applicants can apply for training at any time after completion of their intern year and there is no limit to the number of times that an applicant may apply, it is expected that applicants to the SET Program will be ready to commence training in the year after selection.

2.7.2. The Board can approve deferral of commencement of a SET Program by a fixed period of one year. Trainees who have already commenced on the SET Program cannot apply for deferral and may only apply for interruption of training.

2.7.3. In exceptional circumstances the Chair, may approve a variation to the standard period of deferral. Approval will only be given where the Board is satisfied that the varied period will not result in another applicant being prevented from commencing training, and that any resulting vacancy is supported by the training hospital.

2.7.4. Where an extended period of deferral is granted the maximum period of completion will be reduced by the extra time granted for deferral (i.e. time in excess of 1 year).

2.7.5. Applicants offered a position on a SET Program who wishes to defer entry must apply for deferral at the time the offer of the position is accepted.

2.7.6. Where an applicant has applied for a College research scholarship and has accepted a position on the Cardiothoracic SET program, an application for deferral must be made at the time of acceptance. The deferral will be automatically approved if a College scholarship is awarded. Where the scholarship is for more than one year, approval required

2.7.7. Existing trainees on a SET Program offered a position on another SET Program may automatically defer commencement of the new program by one year to complete their current SET Program in its entirety. Notification of deferral must be made at the time of accepting the offer.

2.7.8. The Board will make the determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations.

2.7.9. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.

2.7.10. An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.
3. SET PROGRAM – GENERAL REQUIREMENTS

3.1. Duration and Structure

3.1.1. The Cardiothoracic SET Program is usually taken sequentially over a six year period. The curriculum combines clinical learning and the acquisition of knowledge through a variety of mediums including instruction, courses and examinations. The curriculum aims to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.

3.1.2. Each rotation undertaken in SET 1 to SET 6 will consist of a single six month duration.

3.1.3. The SET program duration may be decreased or increased in accordance with these regulations.

3.2. Refusal of Employment

3.2.1. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one term.

3.2.2. Should a trainee be refused employment for a second rotation the trainee may be considered for dismissal as per 4.7 (Dismissal from Surgical Training) of these regulations.

3.3. Failure to complete training program requirements

3.3.1. The minimum training requirements are in the table outlined in 3.5 which must be satisfied within the timeframes indicated.

3.3.2. Trainees who fail to complete the training requirements within the timeframe specified by the Board or the College may be dismissed in accordance with section 3.9 of these training regulations.
3.4. Research

3.4.1. Applications for accreditation of any research period towards the Cardiothoracic SET Program, including previous research, must be made directly to the Board.

3.4.2. Application should be made in writing to the Board and include the area of investigation, method, benefit to cardiothoracic surgical discipline, funding, research supervisor and any other relevant details.

3.4.3. Application for a leave of absence must be made by June for the following year. Applications will be considered by the Board at the June meeting. Dates for the timely submission of items will be communicated by the Executive Officer.

3.4.4. The assessment of accreditation applications must consider, but is not limited to:

3.4.5. The relevance of the research program to the specialty competencies; and

3.4.6. The standard of performance of the trainee during the research period; and

3.4.7. The role and time commitment of the trainee during the research program; and

3.4.8. The research findings and outcomes.

3.4.9. Accreditation of a research period will only occur with the approval of the Board. Trainees with College funded scholarships are advised that they are not an indication of accreditation of a research period as part of a SET Program

3.4.10. Up to twelve months of supervised surgical research may be accredited towards a trainee’s surgical education. It is preferable that accredited research is conducted in the earlier years.

3.4.11. Trainees undertaking accredited research in their first year of the training program will be required to complete the mandatory SET 1 requirements in the first year of their return to active training.

3.4.12. Trainees undertaking a period of accredited research must submit a research progress form in lieu of a logbook and supervisor’s report. A logbook may be submitted to the Board during this period, as per 2.6.3 above.

3.4.13. It is preferable that a trainee enrolls in and obtains a higher research degree as part of this experience.

3.4.14. Research conducted prior to entry to the surgical training program or relating to another surgical specialty may be acceptable. Please contact the Board if you would like any specific confirmation.

3.4.15. The compulsory research requirement must be completed prior to the trainee being awarded Fellowship of the College.

3.4.16. Unless otherwise specified by the Board, the accreditation of the compulsory research requirement occurs when the research committee of the Board confirms in writing completion at the required standard supported by documentary evidence of completion.

3.4.17. Trainees undertaking research or travel to further their research may be eligible to apply for a research scholarship or travel grant through the College or ANZSCTS.

3.5. Clinical Training and Assessment Overview

Trainees must satisfactorily complete the following clinical and assessment requirements during their time on the SET program:

a. Fourteen clinical rotations.
b. A thesis
c. Publish two articles in a peer-reviewed journal
d. EMST course
e. CCRISP course
f. ASSET course
g. Cardiothoracic Course (each year in SET 2 – SET 6)
h. ANZSCTS ASM mandatory for all years (wetlab compulsory for SETs 2 – 6).

<table>
<thead>
<tr>
<th>Assessment</th>
<th>SET 1</th>
<th>SET 2</th>
<th>SET 3</th>
<th>SET 4</th>
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</tbody>
</table>

Notes:
“✓” reflects assessment may be completed at the SET levels indicated

3.6. Clinical Training Posts

3.6.1. Clinical training post facilitate workplace hands on learning and exploration in a range of training environments providing opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist surgeon.

3.6.2. Clinical training posts are accredited in accordance with the RACS policy and item 7 (Hospital Accreditation) of these Regulations. Trainees can only occupy accredited training positions while active on the SET program.

3.6.3. Each training unit has a unique profile providing diversity in case mixture, staffing levels, and work requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to a variety of work environments during training. The maximum amount of time a trainee may spend at any one institution is detailed in item 7 of these Regulations.

3.6.4. The Board allocates trainees to accredited posts during all clinical training years. Trainees must be prepared to be allocated to a post anywhere in Australia or New Zealand.
3.6.5. Successful applicants who are deemed to be SET 1 eligible are allocated to SET 1 based primarily on the preferred state listed in their application to the SET program and their ranking in the selection process. Successful applicants will be provided the opportunity to nominate their preferred allocation. The Board will conduct the final allocation.

3.6.6. Trainees in SET 2 and above will be given the opportunity to indicate their allocation preference(s) for the forthcoming year. Allocation requests must be received in writing (email is acceptable) prior to 30 June each year or as advised by the Executive Officer. Trainees must have spoken to and confirmed this with the preferred hospital unit and Supervisor of Training. The request must outline the institution requested and any relevant mitigating factors.

3.6.7. The Board will consider all allocation requests received and allocate trainees according to the training requirements of each individual and the group as a whole. It may not be possible to allocate trainees to their preferred institution, even if support has been secured from the supervisor of that position. The decision of the Board is final and trainees are not permitted to swap.

3.6.8. Trainees wishing to attend institutions outside of Australia and New Zealand must obtain prior consent from the Board. Approval may involve accreditation of the relevant unit. The accreditation process can take up to twelve months.

3.7. SET 1

3.7.1. Trainees selected into SET 1 from 2017 are required to complete the following mandatory requirements:
   a. Two weeks continuous attachment to the Catheterization Laboratory
   b. Two weeks continuous attachment to the Echo Laboratory

3.7.2. Trainees in SET 1 must complete the following assessments
   a. Six (6) monthly Logbook
   b. Six (6) monthly Trainee Evaluation Report
   c. Six (6) monthly Self Assessment
   d. Six (6) monthly Rotational Feedback
   e. Six (6) monthly 360 assessment to be completed every six (6) months
   f. Two DOPs every six months with a minimum of two (2) each of the following by the end of SET1
      • Sternotomy open/close or
      • Thoracotomy open/close and
      • Conduit Harvest (SVR, IMA, RA)

3.7.3. Self-Assessment for each six month period. Trainees are expected to write a self-appraisal of their performance during the last rotation. This does not have to be lengthy but must provide insight into their activities over the last six months.

3.7.4. Trainees in SET 1 must complete and provide Rotation Feedback. Trainees are expected to document the experience gained from the current rotation. This feedback should include a description of the rotation undertaken as well as the positive and negative aspects of the rotation.

3.7.5. The Board reviews all training assessments twice a year. The Executive Officer will inform trainees of the due date for the timely submission of assessment forms. Trainees should submit all relevant forms by this date or within two weeks of the completion of a rotation, whichever is sooner.

3.7.6. The Trainee is responsible for ensuring that completed assessment forms are submitted to the Board by the due date and that a copy is retained for their records.
3.8. Paediatric Cardiac Surgery

3.8.1. The Board of Cardiothoracic Surgery considers that credentialing in Paediatric Cardiac Surgery can only be achieved after post-fellowship training.

3.8.2. The Board would encourage Trainees wishing to pursue Paediatric Cardiac Surgery to rotate through one of the hospitals offering Paediatric Cardiac Surgery for six months. This would preferably be undertaken in SET 4 or SET 5.

3.8.3. Should a Trainee spend six months in a Paediatric Cardiac Surgery post, then the criteria for minimal operative experience may be reduced. The reduction will be determined on a case by case basis and at the discretion of the Board.

3.8.4. The Trainee must write to the Board requesting their minimum logbook numbers be reviewed.

4. ASSESSMENT

The assessment of trainees is conducted as follows, and in accordance with the College Assessment of Clinical Training policy available on the College website.

4.1. Assessment of Clinical Training Performance

4.1.1. The assessment of a trainee's performance by the supervisor is fundamental to their continuing satisfactory progression through the surgical education and training program. Each accredited position has an approved surgical supervisor. The supervisor is responsible for the supervision and assessment of the trainee(s) in that/those post(s).

4.1.2. The main forms of assessment employed are the Summary of Operative Experience (logbook), Direct Observations of Procedural Skills (DOPS) and Trainee Evaluation (Supervisor's Report).

4.1.3. The Board is responsible for the review of all training assessments twice a year and accreditation of trainees' clinical rotations. The Executive Officer will inform trainees of the due date for the timely submission of assessment forms. The trainee is responsible for ensuring that completed assessment forms are submitted to the Board by the due date and that a copy is retained for their records.

4.1.4. The trainee is responsible for ensuring that all assessment forms are completed appropriately, including the signature of the supervisor and trainee. Assessment forms should also contain the signature of other relevant persons where applicable, such as consultant surgeons within the unit.

4.1.5. The trainee is responsible for submitting all relevant assessment forms to the Board by the communicated date. Late submission or submission of incomplete assessment forms (including signatures) will lead to the term not being recognised.

4.1.6. The trainee must retain a copy of all assessment documentation for their personal records and training portfolio.

4.2. Summary of Operative Experience (Logbook)

4.2.1. Each trainee must maintain an accurate logbook via the MALT system throughout their period of training. The operative logbook (the logbook) provides details about the trainee's level of supervised and independent surgical operative experience.

4.2.2. Assessment of the summary of operative experience is employed at all levels of training and must be completed by the trainee at regular intervals during each Cardiothoracic rotation as determined by the Board.

4.2.3. Any cardiothoracic procedures undertaken by trainees during training, which includes accredited research, may be included in the logbook totals. These procedures must be overseen and electronically approved by a cardiothoracic surgeon (FRACS) in the MALT logbook system as an accurate record of the operative experience gained.
4.2.4. A trainee who has failed a rotation may be placed on probation in accordance with these Regulations and the College Assessment of Clinical Training policy.

4.2.5. The trainee is responsible for forwarding the completed MALT logbook report to the Board via the Executive officer, by the communicated due date.

4.2.6. The requirements pertaining to operative experience are as follows:

**Component Procedures (either Assisted or Unassisted – but as primary operator)**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Unassisted</th>
<th>Trainee Assisted</th>
<th>First Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>3T3T Aorto-coronary Anastomosis</td>
<td>75</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Cannulation for Bypass</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distal Coronary Anastomosis</td>
<td>75</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Insertion of Coronary Sinus Cannula</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Mammary Artery Harvest</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Sternotomy</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radial Artery Harvest</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redo Sternotomy</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saphenous Vein Harvest</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternal Closure</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Bypass</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Valve Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mitral Valve Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Valve Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacemakers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Major Cardiac Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracotomy +/- Lung Biopsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary Resection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Major Thoracic Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VATS Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Requirement for Operative Experience - End of SET 3**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Trainee Unassisted</th>
<th>Trainee Assisted</th>
<th>First Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aorto-coronary Anastomosis</td>
<td>10</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Cannulation for Bypass</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Mammary Artery Harvest</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Sternotomy</td>
<td>80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radial Artery Harvest</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saphenous Vein Harvest</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternal Closure</td>
<td>80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Bypass</td>
<td>First Assistant</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>Aortic Valve Surgery</td>
<td>First Assistant</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mitral Valve Surgery</td>
<td>First Assistant</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Other Valve Surgery</td>
<td>First Assistant</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Total Major Cardiac Procedures</td>
<td>First Assistant</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>
Thoracotomy +/- Lung Biopsy  
First Assistant  
10

Pulmonary Resection  
First Assistant  
15

Total Major Thoracic Procedures  
First Assistant  
30

VATS Procedures  
First Assistant  
10

4.2.7. Intentional inaccurate recording of procedures in the MALT logbook is classified as misconduct and may form grounds for dismissal in accordance with the College Misconduct Policy and these regulations.

4.3. In-training Assessment Report (Supervisor’s Report)

4.3.1. A trainee’s performance must be regularly reviewed by the supervisor. The supervisor must conduct a performance assessment meeting with the trainee half way through and at the conclusion of each rotation to discuss the assessment report.

4.3.2. The meeting if possible should reflect a consensus view of the consultant surgeons/trainers within the unit. In order to obtain this information it is advised that the supervisor meet with the other surgeons within the unit. The consensus view will also be used to assist the supervisor in completing the in-training assessment report. The Supervisor's report must be signed and dated by the trainee, other relevant trainers and the surgical supervisor.

4.3.3. Completion of the in-training assessment report (supervisor’s report), on the prescribed form, must be completed for each trainee in an accredited clinical training position within a two week period either side of the completion of each six month period.

4.3.4. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement by the trainee with the assessment.

4.3.5. Where areas are identified and recorded as being unsatisfactory the supervisor will discuss this with the trainee. An appropriate remedial plan will be developed and agreed to. The supervisor is obliged to inform the Board of any concern regarding a trainee as soon as possible.

4.3.6. A trainee who does not perform to a satisfactory standard may be placed on probation in accordance with the RACS Assessment of Clinical Training policy and section 4.6 of these Regulations.
4.4. Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

TABLE OF DOPS REQUIREMENTS

<table>
<thead>
<tr>
<th></th>
<th>SET 1*</th>
<th>SET 2</th>
<th>SET 3</th>
<th>SET 4</th>
<th>SET 5</th>
<th>SET 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sternotomy /Thoracotomy</td>
<td>X 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduit Harvest (Saphenous Vein or Radial artery or Internal Mammary artery)</td>
<td>X 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure &amp; Mobilisation of the long Saphenous Vein</td>
<td>X 3</td>
<td>X 3</td>
<td>X 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median Sternotomy</td>
<td>X 3</td>
<td>X 3</td>
<td>X 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvesting of Radial Artery</td>
<td>X 2</td>
<td>X 2</td>
<td>X 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissection of Internal Mammary Artery</td>
<td>X 3</td>
<td>X 3</td>
<td>X 3</td>
<td>X 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Valve Replacement</td>
<td></td>
<td></td>
<td>X 2</td>
<td>X 2</td>
<td>X 2</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Bypass Grafting</td>
<td>X 2</td>
<td>X 3</td>
<td>X 3</td>
<td>X 3</td>
<td>X 3</td>
<td></td>
</tr>
<tr>
<td>Mitral Valve Surgery</td>
<td></td>
<td></td>
<td></td>
<td>X 1</td>
<td>X 2</td>
<td></td>
</tr>
<tr>
<td>Redo-sternotomy for any indication</td>
<td></td>
<td></td>
<td></td>
<td>X 2</td>
<td>X 2</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL at each SET level</strong></td>
<td><strong>4</strong></td>
<td><strong>11</strong></td>
<td><strong>13</strong></td>
<td><strong>13</strong></td>
<td><strong>9</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

The number of DOPS indicated above:

- Must be assessed by separate trainers
- The total must be number of forms by number of separate trainers
- The total number specified applies to satisfactorily completed DOPS
- In a unit with less than 3 surgeons, consideration will be given to the required number of DOPS.
- * For SET 1 trainees: Please also refer to 3.7.2 f of these regulations regarding the total number of assessments required by the end of SET 1

4.4.1. Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning. Information relating to Surgical DOPS can be found on the RACS website.

4.4.2. Trainees are required to participate in at least one (1) assessment during each six-month term.

4.4.3. These DOPS are formative and are aimed at guiding further development of surgical skills.

4.4.4. Trainees must complete a minimum number of DOPS per SET level as outlined in the table above. These figures indicated must be completed by the end of SETs 2, 4 and 6 before being able to progress to the next SET level, or be eligible for Fellowship following SET 6. It is possible for cumulative totals to be completed and signed off prior to the SET level outlined in the table.

4.4.5. DOPS must be completed by a trainer who has completed the SAT SET course.
4.4.6. DOPS should be completed in time for review during the Mid-term assessment. The forms must be submitted to the Executive Officer immediately following completion of the DOPS assessment. Failure to return the form may result in the term being deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.

4.4.7. Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.

4.4.8. Trainees are advised to retain a copy of the DOPS in their Training Portfolio.

4.4.9. Trainees completing Paediatric or Thoracic rotations are exempt from DOPS requirements during that time.

4.5. Accreditation of Clinical Training Rotations

4.5.1. Where an assessment report has rated a rotation as borderline the Board must review the report and determine if the clinical rotation is to be recorded as satisfactory or unsatisfactory. This must be communicated to the trainee.

4.5.2. If a clinical rotation has been recorded as unsatisfactory the rotation will not be accredited towards the trainee’s surgical education and training and will require an extension of training. The length of the extension will be determined by the Board.

4.5.3. Where a trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the Board may record the rotation as ‘not assessed’. Trainees may be provided with a remediation plan to return competency to the required standard.

4.6. Probation

4.6.1. The probationary period is designed to provide trainees with the opportunity to learn from their mistakes and to improve their attitudes, behaviour, knowledge and skills where appropriate.

4.6.2. Upon reviewing any assessment resulting in a performance standard being unsatisfactory, the Board may formally notify the trainee that a probationary period and probationary status has been applied. A copy of the correspondence is sent to the supervisor and employing institution. Such notification will include:

   a. identification of the areas of unsatisfactory or marginal performance
   b. confirmation of the remedial action plan
   c. identification of the required performance standard(s) to be achieved
   d. notification of the duration of the probationary period
   e. the frequency at which assessment reports must be submitted
   f. notification of any additional performance standards or conditions
   g. possible consequences if the required standard of performance is not achieved
   h. the probationary form
   i. identification of the required standard of performance to be achieved.

4.6.3. The probationary period set by the Board should usually be no less than three months and no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.

4.6.4. During the probationary period the trainee’s performance must be regularly reviewed by the surgical supervisor and the trainee must be given constructive feedback and support.

4.6.5. The supervisor must complete the requisite probationary form and the trainee must submit this to the Board at monthly intervals.

4.6.6. If the required performance standard(s) identified in the probationary notification letter and any additional conditions have been satisfied at the conclusion of a probationary period, the probationary status must be removed and the previous six
months performance (that required the trainee to be placed on probation) will count towards their training.

4.6.7. At its discretion the Board may require a trainee to serve a further probationary period.

4.6.8. If performance has not improved to the required standard at the conclusion of a probationary period, the Board may proceed with dismissal in accordance with these regulations and the College Dismissal from Surgical Training policy.

4.6.9. A total of no more than two episodes of probation will be allowed.

4.6.10. Trainees with significant or uncorrected deficiencies assessed against performance standards are not benefited by being retained in the SET Program for which their performance or behaviour indicates they are not suited and ultimately will not qualify. The Board has an obligation to ensure patient safety and maintain standards by identifying deficient trainees in comparison to performance standards.

4.7. Dismissal from Surgical Training

This regulation is designed to be used in conjunction with the College policy on Dismissal from Surgical Training.

4.7.1. Grounds for dismissal.

Trainees may be considered for dismissal for unsatisfactory performance if:

i. The trainee’s performance has been rated as unsatisfactory during a probationary period applied in accordance with the Assessment of Clinical Training Policy; or

j. The trainee’s performance has been rated as unsatisfactory for three or more assessment periods at any time during their SET program.

k. Misconduct

l. Failure to complete training requirements within the specified timeframes;

m. Failure to comply with written direction of the College and the Board;

n. Failure to pay training related fees by due deadlines;

o. Failure to maintain general medical registration or general scope registration;

p. Failure to achieve or maintain employment in accredited training posts; and

q. Other circumstances as approved by the Board

4.7.2. A Subcommittee of the Board must interview the trainee prior to the Board making a decision regarding dismissal to provide the trainee with the opportunity to give their perspective in writing and verbally.

4.7.3. The subcommittee shall consist of a minimum of three and a maximum of five members who shall be Fellows of the College. The subcommittee must not include a practising lawyer.

4.7.4. No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the trainee.

4.7.5. Where a trainee elects to make a written submission it should be submitted three working days before the meeting.

4.7.6. Minutes of the meeting must be kept. The minutes must be provided to the trainee within ten working days and prior to any recommendation to the Board.

4.7.7. Trainees will be provided with a minimum of ten working days’ notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program. Trainees may be accompanied by a person who can provide support but cannot advocate for the trainee. The support person cannot be a practising lawyer.
4.7.8. Where a trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.

4.7.9. The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.

4.7.10. The Board will make the decision as to whether or not the trainee will be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.

4.7.11. A final dismissal letter must be issued to the trainee under the signature of the Chair of the Board.

4.8. Misconduct

This regulation outlines the process the Board will employ when handling an allegation of misconduct made against a trainee.

Examples of misconduct include but are not limited to the following:

a. theft
b. assault
c. fraud
d. cheating
e. intoxication and/or substance abuse at a SET program event (including surgical rotations)
f. a breach of the College’s Code of Conduct or Policies;
g. disobedience of a lawful and reasonable instruction given by a supervisor
h. repetition of acts of misconduct for which the trainee has been counselled
i. abuse of or threatening an employee, student or member of the public
j. bullying or harassment (including sexual harassment);
k. abandonment of training post;
l. falsification of training records, patient documentation or patient treatment;
m. malicious damage to College or Society property or reputation;
n. repeated refusal to carry out a lawful or reasonable instruction that is consistent with the trainee’s contract of employment and training agreement.

4.8.1. Incidents of misconduct must be documented and verified as soon as possible after the supervisor and/or trainers are made aware of their occurrence and brought to the attention of the trainee. Allegations of misconduct not documented and verified cannot be used by the Board in any disciplinary process.

4.8.1.1. The principles of natural justice will apply to all allegations and investigations concerning misconduct. This includes the right of the trainee to understand, consider and respond to the alleged misconduct at a meeting with a subcommittee of the Board. The trainee may be suspended from the training program pending an investigation.

4.8.2. If initial consideration by the Board determines that the alleged conduct is not misconduct, or if the trainee’s response is viewed as adequate, no further action will be taken.

4.8.3. If the trainee’s response is viewed by the Board as inadequate, or a response is not received, the process set out below will be followed.

4.8.4. The Board will establish a committee to interview the trainee at a hearing. The general purpose of the hearing will be to determine whether the allegations against the trainee are proven on the basis of the evidence.
4.8.5. The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.

4.8.6. The trainee will be provided with a minimum ten (10) working days’ notice of the hearing and the proceedings will cover the following:
   a. Details of the allegation including all relevant facts, reasoning and evidence
   b. Hear the response of the trainee

4.8.7. The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

4.8.8. The trainee will be given the opportunity prior to the hearing to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.

4.8.9. Where the trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.

4.8.10. The trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the hearing.

4.8.11. The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:
   a. the allegations need to be amended
   b. new allegations are added
   c. new evidence or facts emerge

4.8.12. Within a reasonable time following the hearing, the committee will make a finding as to whether misconduct occurred and if it did will make a recommendation as to the penalty, supporting both finding and recommendation with written reasons. The finding and recommendation (if any) and written reasons, together with all documentation relied on, will be given to the Board by the committee. The trainee will be provided with a copy of the finding and recommendation (if any) and written reasons of the committee.

4.8.13. Penalties for misconduct may be, but are not limited to:
   a. formal censure, warning or counselling; and/or
   b. limitation of progression to the next level of training for up to one year; and/or
   c. suspension of the trainee for a period of up to one year; and/or
   d. prohibition from sitting the Fellowship Examination for a period of up to one year;
   c. Probationary term with a performance management plan; or
   d. dismissal from the training program.

4.8.14. The Board will make the decision on the penalty to be imposed on the trainee. If the Board takes any new material into consideration a copy must be given to the trainee and the trainee given an opportunity to respond.

4.8.15. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision

4.9. Recognition of Prior Learning

4.9.1. Applications for RPL and CT will only be accepted following selection onto the Cardiothoracic SET program.
4.9.2. Application for RPL and CT will only be considered by the Board if a request is made in writing at least three months prior to commencement of the year and must be accompanied by documentary evidence.

4.9.3. Applicants must demonstrate the comparability of the prior training or experience to the activity from which exemption is sought.

4.9.4. In assessing RPL and CT applications, the Board will assess the comparability of the prior training or experience to nominated components of the Cardiothoracic training program in terms of learning outcomes, competency outcomes, assessment and standards.

4.9.5. Trainees will be notified in writing by the Board of the outcome of their RPL/CT application

4.10. Credit Transfer for Skills Courses

CT will be automatically granted for trainees who have satisfactorily completed the following College accredited skills courses:

- The Australian and New Zealand Surgical Skills Education and Training (ASSET) Course; and
- The Care of the Critically Ill Surgical Patient Course (CCrISP); and
- The Early Management of Serve Trauma Course (EMST); and
- Critical Literature Evaluation and Research (CLEAR).

4.10.1. The Board from time to time independently recognises skills courses that are equivalent to those listed above. These courses are listed on the Board of Cardiothoracic link on the College website and CT will automatically be granted when supported by a certificate of completion.

4.10.2. Applications for RPL/CT for non-College provided skills courses may be considered. Such applications must be accompanied by a certificate displaying the trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology. All documentation must be certified by the course provider.

4.10.3. RPL or CT for skills courses which form part of a College SET Program which are not identified above may be considered at the discretion of the Board.

4.11. Recognised Prior Learning for Clinical Experience

4.11.1. Applications for RPL for clinical experience may be considered provided the experience was:

4.11.2. undertaken in a clinical location accredited by a state or national accreditation authority; and

4.11.3. in the Cardiothoracic specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and

4.11.4. supervised by a clinician (surgeon or other appropriately qualified consultant); and

4.11.5. obtained within the last two years; and

4.11.6. supported by a logbook.

4.11.7. When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the College competencies.

4.11.8. In considering a request for RPL the Board will request from the supervising clinician a retrospective assessment report aligned with the College competencies. Where a report cannot be obtained no RPL will be granted.

4.11.9. The Board may defer a decision on an application for RPL of clinical experience for
up to 12 months of the Cardiothoracic SET program. This is to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained.

4.11.10. RPL granted for clinical experience may lead to an overall reduction in the total duration of the Cardiothoracic SET Program, but will not exempt trainees from completing all elements of assigned rotations

4.12. Recognised Prior Learning and Credit Transfer for Examinations

4.12.1. RPL and CT cannot be granted for the Fellowship Examination.

4.12.2. RPL and CT cannot be granted for the Clinical Examination.

4.12.3. RPL or CT for other examinations which form part of a College SET Program may be considered at the discretion of the Board.

4.12.4. Applications for RPL/CT for examinations must be accompanied by a completion certificate or official transcript and documentation detailing the syllabus of the examination at the time it was undertaken. The certificate or transcript and documentation must be certified by the authorised examining body and must display the trainee name and completion date

4.13. Recognised Prior Learning and Credit Transfer for Research

4.13.1. RPL and CT for research requirements or experience which forms part of the Cardiothoracic SET Program may be considered at the discretion of the Board.

4.13.2. Applications for RPL or CT for research must be accompanied by a completion certificate or official transcript, and documentation detailing how the research undertaken is equivalent to the requirement specified by the Board

5. COMPULSORY COURSE AND EXAMINATIONS

5.1. RACS Courses

5.1.1. Trainees must complete the ASSET course, CCrISP course and EMST. Trainees are advised to register after selection. Registration and delivery of the courses are managed by the RACS.

5.1.2. Trainees must complete the ASSET course and CCrISP course by the end of SET 1.

5.1.3. Trainees must complete the EMST course by the end of SET 2.

5.1.4. Recognition of Prior Learning for the ASSET course, CCrISP course and EMST course may be considered in accordance with the RACS Recognition of Prior Learning policy.

5.1.5. The Board recognizes the ATLS (Advanced Trauma Life Support) as equivalent to the EMST course and BSS (Basic Surgical Skills) as equivalent to the ASSET course.

5.2. Cardiothoracic Course

5.2.1. The annual Cardiothoracic Course is compulsory for all trainees.

5.2.2. The Cardiothoracic Course will consist of didactic lectures, peer presentations and a wet lab. Trainees will be assigned a presentation topic on a rotational basis.

5.2.3. Trainees must fund the cost of attending the Cardiothoracic Course.

5.3. Academic Publications

5.3.1. The Board requires all trainees to undertake a period of research whilst in surgical training.

5.3.2. Trainees must author two (2) journal articles for publication. It is expected that this
can be completed concurrently with clinical training.

5.3.3. Authored journal articles published prior to surgical training or published whilst on another training program may contribute to the publications requirement.

5.4. Thesis

5.4.1. The requirements of the thesis are as follows:
   - An original dissertation of 5,000-10,000 words, including references, created over a two year period (SET 3 and SET 4)
   - The thesis must be on a Cardiothoracic Surgery topic
   - The thesis must be submitted by the end of SET 4
   - The thesis should be able to be published
   - A pass is mandatory
   - A pass with commendation is recommended
   - A case report or work written by other people would not be acceptable
   - The Trainee would not be eligible to present for the Fellowship examination until the thesis is completed to pass level
   - Trainees should not require time out from their clinical work to write this thesis
   - The thesis will be marked by a sub-committee, including at least one Board member, as well as members of the Cardiothoracic Surgery Science and Education sub-committee.

5.4.2. Trainees who have successfully completed a higher degree (PhD or Masters) are exempt from the thesis requirement. Trainees must supply their thesis title and acknowledgment of receipt from the University as proof of completion.

6. EXAMINATIONS

All examinations are conducted by RACS. Trainees must register to sit all examinations. All information including closing dates are available on the RACS website.

Trainees must fund the expenses incurred to sit all examinations.

It is recommended that trainees complete the Clinical Examination (CE) in SET 1. However, progression from SET 1 to SET 2 will not be restricted if the CE is not completed in SET1.

Recognition of prior learning will be considered in accordance with the RACS Recognition of Prior Learning and Credit Transfer policy.

6.1. Cardiothoracic Surgical Sciences and Principles Examination (CSSPE)

6.1.1. The emphasis of the CSSPE is on the application and understanding of the knowledge specific to the specialty of cardiothoracic surgery.

6.1.2. Trainees must complete the CSSPE in accordance with the RACS Conduct of the Specialty Specific Surgical Science Examination policy.

6.2. Clinical Examination (CE)

6.2.1. The emphasis of the Clinical Examination is on the application of basic surgical science and clinical skills relevant to surgery.

6.2.2. Trainees must complete the CE in accordance with the RACS Conduct of the SET Clinical Examination policy.

6.3. Fellowship Examination

6.3.1. To present for the Fellowship Examination in Cardiothoracic Surgery trainees must:
   - Be in SET 5 or SET 6
   - Have acquired at least 75% of the minimum logbook numbers from the program in total
   - Satisfactory completion of all other training requirements
d. Be, in the opinion of the Chairman of the Board and the supervisor, prepared to present for the Fellowship Examination.

6.3.2. Trainees must initially apply to the Board to sit the Fellowship Examination. Trainees must then register with the RACS Examinations Department to sit the Fellowship Examination.

6.3.3. A trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor or the Board.

6.3.4. A trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counselled in accordance with the RACS Fellowship Examination Eligibility, Review and Feedback policy.

6.4. Admission to Fellowship

6.4.1. Upon successful completion of all aspects of the SET program Trainees must apply to the Board for approval for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.

6.4.2. Application for admission to Fellowship must be made by submitting the appropriate form available on the RACS website.

6.4.3. The Trainee must gain the support of their current supervisor and the Board Chair. The Board Chair shall then recommend to the Censor-In-Chief that the applicable Trainee be awarded Fellowship in Cardiothoracic Surgery in accordance with the RACS Admission to Fellowship by Examination policy.

6.4.4. Applications for admission to Fellowship are processed on a monthly basis. The closing date for timely submission is the first working day of each month. Trainees should be aware that the process takes a month to complete.

7. HOSPITAL ACCREDITATION

7.1.1. The Board conducts accreditation in line with RACS Accreditation of Hospitals and Posts for surgical Education and Training policy.

7.1.2. The Board will assess each unit against the 41 criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training policy and the Cardiothoracic Hospital Accreditation Supplement.

7.1.3. If found to be of a satisfactory standard the Board may accredit a unit for a period of twelve months (12) to five (5) years.

7.1.4. The Board may at any time, request to re-inspect an accredited unit if there is a matter of concern. Refusal to assist the Board may result in the unit not receiving a trainee or in dis-accreditation of the post.
7.1.5. The following table outlines the accredited hospitals as at November 2015:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Region</th>
<th>Duration (Years)</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Hospital at Westmead</td>
<td>NSW</td>
<td>0.5 or 1</td>
<td>Dr Yishay Orr</td>
</tr>
<tr>
<td>John Hunter Hospital</td>
<td>NSW</td>
<td>2</td>
<td>Mr Taranpreet Singh</td>
</tr>
<tr>
<td>Liverpool Hospital</td>
<td>NSW</td>
<td>1</td>
<td>Dr Rebecca Dignan</td>
</tr>
<tr>
<td>Prince of Wales Hospital</td>
<td>NSW</td>
<td>2</td>
<td>Mr Zakir Akhunji</td>
</tr>
<tr>
<td>Royal North Shore Hospital</td>
<td>NSW</td>
<td>2</td>
<td>Mr Manu Mathur</td>
</tr>
<tr>
<td>Royal Prince Alfred Hospital</td>
<td>NSW</td>
<td>2*</td>
<td>Mr Michael Byrom</td>
</tr>
<tr>
<td>St George Hospital</td>
<td>NSW</td>
<td>2</td>
<td>Mr Con Manganas</td>
</tr>
<tr>
<td>St Vincent's Hospital</td>
<td>NSW</td>
<td>2*</td>
<td>Mr Paul Jansz</td>
</tr>
<tr>
<td>Westmead</td>
<td>NSW</td>
<td>2</td>
<td>Mr Ian Nicholson</td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>QLD</td>
<td>2</td>
<td>Mr Wingchi Lo</td>
</tr>
<tr>
<td>The Prince Charles Hospital</td>
<td>QLD</td>
<td>2*</td>
<td>Mr Andrew Clarke</td>
</tr>
<tr>
<td>Townsville Hospital</td>
<td>QLD</td>
<td>2</td>
<td>Mr Sumit Yadav</td>
</tr>
<tr>
<td>Flinders Medical Centre</td>
<td>SA</td>
<td>2</td>
<td>Mr Gregory Rice</td>
</tr>
<tr>
<td>Royal Adelaide Hospital</td>
<td>SA</td>
<td>2</td>
<td>Mr Michael Worthington</td>
</tr>
<tr>
<td>Alfred Hospital</td>
<td>VIC</td>
<td>1</td>
<td>Mr Adam Zimmet</td>
</tr>
<tr>
<td>Austin Hospital</td>
<td>VIC</td>
<td>2*</td>
<td>Mr Siven Sevanayagam (Cardiac) Mr Simon Knight (Thoracic)</td>
</tr>
<tr>
<td>Epworth Private Hospital, Richmond Campus</td>
<td>VIC</td>
<td>1</td>
<td>Mr Peter Skillington</td>
</tr>
<tr>
<td>Geelong Hospital</td>
<td>VIC</td>
<td>1</td>
<td>Mr Cheng-Hon Yap</td>
</tr>
<tr>
<td>Monash Medical Centre</td>
<td>VIC</td>
<td>2</td>
<td>Mr Jacob Goldstein</td>
</tr>
<tr>
<td>Royal Children’s Hospital</td>
<td>VIC</td>
<td>0.5 or 1</td>
<td>Mr Yves D’Udekem</td>
</tr>
<tr>
<td>Royal Melbourne Hospital</td>
<td>VIC</td>
<td>2</td>
<td>Mr John Goldblatt</td>
</tr>
<tr>
<td>St Vincent’s Hospital</td>
<td>VIC</td>
<td>2*</td>
<td>Miss Indra Nordstrand (Cardiac) Mr Naveed Alam (Thoracic)</td>
</tr>
<tr>
<td>Royal Hobart Hospital</td>
<td>TAS</td>
<td>1</td>
<td>Mr Ashutosh Hardikar</td>
</tr>
<tr>
<td>Royal Perth Hospital</td>
<td>WA</td>
<td>2</td>
<td>Mr Christopher Merry</td>
</tr>
<tr>
<td>Sir Charles Gairdner</td>
<td>WA</td>
<td>1</td>
<td>Mr Pragnesh Joshi</td>
</tr>
</tbody>
</table>
8. SUPERVISORS OF TRAINING

Each accredited training position has a College approved surgical supervisor nominated by the hospital and approved by the Cardiothoracic Surgery Training Board. Surgical supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through their designated accredited training posts.

8.1. Responsibilities of a Surgical Supervisor

In accordance with the College Assessment of Clinical Training Policy, supervisors of training are required to:

8.1.1. coordinate the management, education and training of accredited trainees rotating through their designated accredited training position(s).

8.1.2. conduct performance assessment meetings and complete assessment reports as required.

8.1.3. monitor the trainee’s operative experience and regularly review the operative logbook summary.

8.1.4. identify, document and advise the trainee and the Board of any unsatisfactory or marginal performance at the earliest possible opportunity.

8.1.5. understand, apply and communicate College polices relevant to Surgical Education and Training.

8.1.6. conduct themselves in accordance with the College’s Code of Conduct.

8.1.7. participate in the hospital accreditation process as specified by the Board.

8.1.8. notify the Board of any change in circumstances which may impact on the accreditation status of the designated training position(s).

8.1.9. participate, where required, as an active member of the Board.

8.1.10. participate, where required, in the selection process for trainees into the surgical education and training program.

8.1.11. make a recommendation to the Board where required regarding the eligibility of trainees to present for the Fellowship Examination.

8.1.12. inform hospital management and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.

8.2. Eligibility for Appointment as a Surgical Supervisor

8.2.1. Surgical Supervisors must be current Fellows of the College, and must be compliant with the College continuing professional development program.

8.2.2. Surgical Supervisors must be a member of staff at the institution in which the

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Region</th>
<th>Duration (Years)</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland City Hospital</td>
<td>NZ</td>
<td>2</td>
<td>Mr Nicholas Kang</td>
</tr>
<tr>
<td>Christchurch Hospital</td>
<td>NZ</td>
<td>1</td>
<td>Dr Graham McCrystal</td>
</tr>
<tr>
<td>Dunedin Hospital</td>
<td>NZ</td>
<td>2</td>
<td>Mr Ivor Galvin</td>
</tr>
<tr>
<td>Waikato Hospital</td>
<td>NZ</td>
<td>1</td>
<td>Mr Grant Parkinson</td>
</tr>
<tr>
<td>Wellington Hospital</td>
<td>NZ</td>
<td>2</td>
<td>Mr Sean Galvin</td>
</tr>
</tbody>
</table>

* Duration for a Thoracic post is one (1) year.
8.2.3. Surgical Supervisors must be familiar with the surgical education and training program and College training policies and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

8.2.4. Surgical Supervisors must undertake appropriate training in supervision which may include the College Surgeons & Trainers; Assessment & Management of Trainees Workshop (SAT SET) and the College Surgical Teachers’ Course.

8.3. Method for Appointment / Reappointment of Surgical Supervisors

8.3.1. Institutions with accredited training positions must nominate to the Board an appropriate Surgical Supervisors who satisfies the eligibility requirements (see 9.12).

8.3.2. Nominations must be received when a new training position is accredited or when an existing Surgical Supervisor resigns or is time expired (also see 9.14).

8.3.3. The appointment or reappointment of the Surgical Supervisors will be confirmed in writing.

8.3.4. The Board reserves the right to review the appointment or reappointment of a surgical supervisor at any time.

8.4. Tenure of Appointment

8.4.1. Surgical supervisors shall hold the position for a term of three years after appointment and further terms may be agreed between the Board and the Supervisor

8.4.2. Towards the end of a surgical supervisor’s initial tenure, the Board will contact the institution and the surgical supervisor to obtain a nomination for appointment of a new surgical supervisor or reappointment of the existing surgical supervisor.

8.4.3. To maintain tenure of appointment surgical supervisors are expected to undertake professional development activities in assessment and training.

8.5. Governance and Reporting

8.5.1. Surgical supervisors report to and are governed by the Board, where applicable, in accordance with the Terms of Reference.

8.5.2. All recommendations made by a surgical supervisor relating to trainees or training positions must be made directly to the Board. Surgical supervisors do not have the authority to modify a trainee’s training program or training status.

8.6. Acknowledgement of Surgical Supervisors

8.6.1. Surgical supervisors may have the opportunity to gain CME credits for Continuing Professional Development teaching activities in accordance with the College Continuing Professional Development policies. The Supervisor is the main point of contact between the unit and the Board. As such the Supervisor is expected to relay relevant information from the Board to the unit.

8.6.2. While the Board will correspond directly with the Trainee, the Supervisor will receive a copy of the correspondence to assist in the training and development of the Trainee.

8.6.3. The main method of correspondence between the Board and the Supervisor is via email.

8.6.4. Should the Supervisor have any concerns regarding a Trainee they should signal this in writing to the Board.

8.6.5. Supervisors are invited to participate in the development of the SET program by attending the annual supervisors’ meeting.

8.6.6. Supervisors are kept abreast of Board deliberations through regular email
communication.

8.6.7. Trainers are surgeons, or other medical specialists, who normally interact with trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Surgical Supervisor with monitoring, guiding and giving feedback to trainees, as well as with appraising and assessing their performance.