

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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**EDUCATION TRAINING AND ADMINISTRATION**

**TRAINING REGULATIONS HANDBOOK**

**EFFECTIVE FROM 2017 TRAINING YEAR.**

**FOR THE SURGICAL EDUCATION AND TRAINING  
PROGRAM IN CARDIOTHORACIC SURGERY**

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**Version** 10

**Date** 5 December 2016

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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:

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### **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 RACS policies.

**1.3. Terminology**

1.3.1. The following words have the following meanings:

<b>Terms</b>	<b>Definitions</b>
ANZSCTS	Australian and New Zealand Society for Cardiac and Thoracic Surgeons
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the Board)	Board of Cardiothoracic Surgery
Board Member	Fellow of RACS who has been elected to the Board of Cardiothoracic Surgery in accordance with the Terms of Reference of the Board
Chair	Chair of the Board of Cardiothoracic Surgery
CCrISP	Care of Critically Ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
CT	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 RACS. Credit transfer assesses a course or component to determine the extent to which it is comparable to a RACS course
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
RACS or College	Royal Australasian College of Surgeons
Rotation / Term	6 months
RPL	Recognition of Prior Learning
SET Program	Surgical Education and Training Program
SSE	Surgical Sciences Examination (Generic and Specific)
Surgical Supervisor	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
Year	A year consists of Four (4) three-month terms or two (2) six-month terms

## **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](mailto: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 assessed as 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.

### **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 commencement of the training year in which the proposed 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 RACS as interrupted and will be required to pay an applicable fee. Payment of the applicable fee must be in accordance with the RACS Surgical Education and Training Fee policy.

- 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. All requests for interruption must be made via email to the Board Chair and must include all applicable information.
- 2.3.13. Requests for interruption of training in order to complete unaccredited rotations will not be approved.
- 2.3.14. 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. The Board will make the determination on the approval or otherwise taking into consideration the availability of a suitable part time training position.
- 2.5.5. 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.
- 2.5.6. Trainees approved for a period of part time training will be registered with RACS for that period as part time and will be required to pay an applicable pro rata training fee in accordance with the College Surgical Education and Training Fee policy.
- 2.5.7. Requests for part time training will only be approved in blocks of twelve (12) months.
- 2.5.8. Twelve (12) months of part-time training will be accredited as one (1) rotation if assessed as satisfactory, in accordance with Section 4 (Assessment) of the Regulations.
- 2.5.9. 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.
- 2.5.10. 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 training position without the prior approval of the Board will be treated as 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 may 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 who are offered a position on a SET Program and wish 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 RACS 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 RACS scholarship is awarded. Where the scholarship is for more than one year, approval will be required.
- 2.7.7. Trainees on another SET Program offered a position on the Cardiothoracic SET Program may automatically defer commencement 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 maximum period for the completion of the Cardiothoracic SET program is 10 years from the commencement of approved clinical rotations. Approved leave taken for illness or approved family leave will not be included in the calculation of the maximum period for completion.

**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 time during training the Trainee may be considered for dismissal as per section 9 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.

### **3.4. Research**

- 3.4.1. Application for a leave of absence to pursue accredited research must be made by 31 May for the following year. Applications will be considered by the Board at the June meeting.
- 3.4.2. Applications for accreditation of any research period towards the Cardiothoracic SET Program, including previous research, must be made directly to the Board.
- 3.4.3. 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.
- 3.4.4. The assessment of accreditation applications will consider among other things:
  - a. The relevance of the research program to the specialty competencies; and
  - b. The standard of performance of the Trainee during the research period; and
  - c. The role and time commitment of the Trainee during the research program; and
  - d. The research findings and outcomes.
- 3.4.5. Accreditation of a research period will only occur with the approval of the Board. Trainees with RACS funded scholarships are advised that they are not an indication of accreditation of a research period as part of a SET Program
- 3.4.6. 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.
- 3.4.7. 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 SET.
- 3.4.8. 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 4.2
- 3.4.9. It is preferable that a Trainee enrolls in and obtains a higher research degree as part of this experience.
- 3.4.10. Research conducted prior to entry to the surgical training program or relating to another surgical specialty may be accepted. Please contact the Board if you would like any specific confirmation.
- 3.4.11. The compulsory research requirement must be completed prior to the Trainee being awarded Fellowship of the RACS.
- 3.4.12. Unless otherwise specified by the Board, completion and accreditation of the compulsory research requirement will be confirmed in writing by the research committee of the Board. The Trainee must demonstrate the required standard has been met with relevant documentary evidence.
- 3.4.13. Trainees undertaking research or travel to further their research, may be eligible to apply for a research scholarship or travel grant through RACS or ANZSCTS.

### 3.5. Clinical Training and Assessment Overview

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

- a. Twelve clinical rotations.

<b>Assessment</b>	<b>SET 1</b>	<b>SET 2</b>	<b>SET 3</b>	<b>SET 4</b>	<b>SET 5</b>	<b>SET 6</b>
Clinical Rotation	✓	✓	✓	✓	✓	✓
Cardiothoracic Surgical Science Examination		✓	✓	✓		
Clinical Examination	✓	✓				
EMST Course	✓	✓				
ASSET Course	✓					
CCrISP Course	✓					
Supervisors Report	✓	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓	✓
Longitudinal requirement form	✓	✓	✓	✓	✓	✓
Self-Evaluation	✓					
Rotation Evaluation	✓					
360 Degree Evaluation Survey	✓					
DOPS	✓	✓	✓	✓	✓	✓
Thesis Requirement	✓	✓	✓	✓		
2 Publications	✓	✓	✓	✓	✓	✓
Cardiothoracic Course		✓	✓	✓	✓	✓
ANZSCTS Annual Scientific Meeting	✓	✓	✓	✓	✓	✓
ANZSCTS ASM Trainee wetlab		✓	✓	✓	✓	✓
Cardiothoracic Fellowship Examination					✓	✓

**Notes:**

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

### 3.6. Clinical Training Posts

- 3.6.1. Clinical training posts are accredited in accordance with the RACS policy and item 7 (Hospital Accreditation) of these Regulations. Trainees can only be allocated to accredited training positions while in active clinical training on the SET program.
- 3.6.2. 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 7.1.5 of these Regulations.
- 3.6.3. 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.
- 3.6.4. Successful applicants who are SET 1 eligible, will be allocated to a SET post primarily based on the preferred state listed in their application to the SET program and their ranking in the selection process.
- 3.6.5. 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 reasons.

- 3.6.6. 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.
- 3.6.7. 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
  - 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 (6) 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. Trainees in SET 1 must submit 360 Degree Evaluation Surveys at the end of each six month rotation in their SET 1 year or as directed by the Board.
- a. SET1 Trainees will be required to nominate the names and contact details of two (2) Ward Charge Nurses; two (2) clinical ward or departmental administrative staff; one (1) Theatre Coordinator and one (1) Nurse Manager Emergency Department from the hospital that the Trainee is working at, or has worked, at during the previous six months.
  - b. Trainees must obtain approval from prospective participants in the surveys before nominating them.
  - c. The forms are scored in the following categories: Technical Expertise, Scholar and Teacher, Communication, Collaboration, Management and

Leadership, Health Advocacy and Professionalism and must be returned to the Executive Officer of the Board.

- d. All scores, are de-identified and collated onto a summary sheet which is reviewed by the Board. The Trainee may request a copy of the de-identified summary sheet.

### **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 RACS Assessment of Clinical Training policy available on the RACS 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 SET 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 forms of assessment include, 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 correctly, 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 assessed and therefore unaccredited.
- 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 SET program. The logbook provides details about the Trainee's level of supervised and independent surgical operative experience.
- 4.2.2. Assessment of the logbook 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. 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 an unsatisfactory logbook may be placed on probation in accordance with 4.6 of these Regulations and the RACS 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)**

<b>3T3T</b> Aorto-coronary Anastomosis		75
Cannulatoin for Bypass		50
Distal Coronary Anastomosis		75
Insertion of Coronary Sinus Cannula		50
Internal Mammary Artery Harvest		125
Median Sternotomy		200
Radial Artery Harvest		50
Redo Sternotomy		10
Saphenous Vein Harvest		125
Sternal Closure		200
Coronary Artery Bypass	Unassisted	10
	Trainee Assisted	30
	First Assistant	300
Aortic Valve Surgery	Trainee Assisted	10
	First Assistant	50
Aortic Surgery	First Assistant	20
Mitral Valve Surgery	Trainee Assisted	5
	First Assistant	30
Other Valve Surgery	First Assistant	10
Pacemakers	Trainee Assisted	20
Total Major Cardiac Procedures	Trainee Unassisted	10
	Trainee Assisted	175
	First Assistant	600
Thoracotomy +/- Lung Biopsy	Trainee Unassisted	5
	Trainee Assisted	10
	First Assistant	10
Pulmonary Resection	Trainee Unassisted	5
	Trainee Assisted	20
	First Assistant	20
Total Major Thoracic Procedures	Trainee Unassisted	10
	Trainee Assisted	30
	First Assistant	50
VATS Procedures	Trainee Unassisted	20
	Trainee Assisted	50
Bronchoscopy	Trainee Assisted/ Unassisted	80

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

Aorto-coronary Anastomosis	10
Cannulation for Bypass	50
Internal Mammary Artery Harvest	50
Median Sternotomy	80
Radial Artery Harvest	10

Saphenous Vein Harvest		125
Sternal Closure		80
Coronary Artery Bypass	First Assistant	150
Aortic Valve Surgery	First Assistant	20
Mitral Valve Surgery	First Assistant	12
Other Valve Surgery	First Assistant	4
Total Major Cardiac Procedures	First Assistant	200
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 considered misconduct for the purposes of the RACS 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 completed Trainee Evaluation Form 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 Trainee Evaluation Form. The form must be signed and dated by the Trainee, other relevant trainers and the surgical supervisor.
- 4.3.3. Signing the Trainee Evaluation Form confirms the Supervisor's report has been discussed but does not signify agreement by the Trainee with the assessment.
- 4.3.4. Completion of the Trainee Evaluation on the prescribed form must be completed and submitted for each Trainee in an accredited clinical training position as communicated by the Executive Officer
- 4.3.5. areas Areas of performance identified in the report as being unsatisfactory, will be discuss by the Supervisor and 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 is not assessed as satisfactory for the term 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

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

The 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. Trainees are required to participate in at least one (1) DOPS assessment during each term

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

4.4.3. Trainees must complete a minimum number of DOPS per SET level, as outlined in the table above. The figures indicated must be completed by the end of SET 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.

4.4.4. DOPS must be completed by a trainer who has completed the SAT SET course.



- 4.4.5. DOPS should be completed in time for review during the Mid-term assessment. All forms must be submitted to the Executive Officer immediately following completion of each DOPS assessment. Failure to return all DOPS on time may result in a term not being assessed and therefore unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.
- 4.4.6. Multiple scores of “Development required” or a single score of “Unsatisfactory” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.
- 4.4.7. Where a “Development required” assessment is identified, the Board may request that the deficiencies are addressed by the next assessments due date to ensure that no further action is taken. The current surgical supervisor will be informed.
- 4.4.8. Where an “Unsatisfactory” assessment is identified, the Board may write to the Trainee as per 4.6.2 of these regulations
- 4.4.9. Trainees are advised to retain a copy of the DOPS in their Training Portfolio.
- 4.4.10. Trainees completing Paediatric rotations are exempt from DOPS requirements during that time.

#### **4.5. Accreditation of Clinical Training Rotations**

- 4.5.1. Where a Trainee Evaluation Form has a rating of “Needs attention”, 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 SET program 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

- 4.6.3. The probationary period set by the Board will usually be no less than three (3) months and no more than six (6) 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 regular feedback and support.
- 4.6.5. The supervisor must complete the 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 will be removed and the previous six (6) months performance (that required the Trainee to be placed on probation) will be accredited to their SET program.
- 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 RACS Dismissal from Surgical Training policy.
- 4.6.9. No more than two episodes of probation will be allowed.
- 4.6.10. Trainees with significant or persistent 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 underperforming Trainees in comparison to performance standards.

#### **4.7. Recognition of Prior Learning**

- 4.7.1. Applications for RPL and CT will only be accepted following selection onto the Cardiothoracic SET program.
- 4.7.2. 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.
- 4.7.3. Applicants must demonstrate the comparability of the prior training or experience to the activity from which exemption is sought.
- 4.7.4. 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.
- 4.7.5. Trainees will be notified in writing by the Board of the outcome of their RPL/CT application

#### **4.8. Credit Transfer for Skills Courses**

CT will be automatically granted for Trainees who have satisfactorily completed the following RACS 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 Severe Trauma Course (EMST); and
  - Critical Literature Evaluation and Research (CLEAR).
- 4.8.1. 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 RACS website and CT will automatically be granted when supported by a certificate of completion.

- 4.8.2. Applications for RPL/CT for non-RACS 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.
- 4.8.3. RPL or CT for skills courses which form part of a RACS SET Program which are not identified above may be considered at the discretion of the Board.

#### **4.9. Recognised Prior Learning for Clinical Experience**

- 4.9.1. Applications for RPL for clinical experience may be considered provided the experience was:
  - a. undertaken in a clinical location accredited by a state or national accreditation authority; and
  - b. in the Cardiothoracic specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
  - c. supervised by a clinician (surgeon or other appropriately qualified consultant); and
  - d. obtained within the last two years; and
  - e. supported by a logbook.
- 4.9.2. When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the RACS competencies.
- 4.9.3. In considering a request for RPL the Board may request a retrospective assessment report from the supervising clinician aligned with the RACS competencies. Where a report cannot be obtained no RPL will be granted.
- 4.9.4. 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.
- 4.9.5. 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

#### **4.10. Recognised Prior Learning and Credit Transfer for Examinations**

- 4.10.1. RPL and CT cannot be granted for the Fellowship Examination.
- 4.10.2. RPL and CT cannot be granted for the Clinical Examination.
- 4.10.3. RPL or CT for other examinations which form part of a RACS SET Program may be considered at the discretion of the Board.
- 4.10.4. 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

#### **4.11. Recognised Prior Learning and Credit Transfer for Research**

- 4.11.1. 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.
- 4.11.2. 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 COURSES AND RESEARCH**

### **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 section 4.8.
- 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:
  - a An original dissertation of 5,000-10,000 words, including references, created over a two year period (SET 3 and SET 4)
  - b The thesis must be on a Cardiothoracic Surgery topic
  - c The thesis must be submitted by the end of SET 4
  - d The thesis should be able to be published
  - e A pass is mandatory
  - f A pass with commendation is recommended
  - g A case report or work written by other people would not be acceptable
  - h Consequence of failure would be for the Trainee to re-write the thesis providing the concept was acceptable
  - i The Trainee would not be eligible to present for the Fellowship examination until the thesis is completed to pass level
  - j Trainees should not require time out from their clinical work to write this thesis
  - k 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 required examinations. All information including closing dates is 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.

### **6.1. Cardiothoracic Surgical Sciences and Principles Examination (CSSPE)**

- 6.1.1. 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. 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:
  - a. Be in SET 5 or SET 6
  - b. Have acquired at least 75% of the minimum logbook numbers from the program in total
  - c. Satisfactory completion of all other training requirements
  - d. Be, in the opinion of the Board Chair 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 and Performance Review.

### **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 by close of business on the first business 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 of clinical training posts in line with RACS Training Post Accreditation and Administration policy.
- 7.1.2. The Board will assess each post against the 41 criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training booklet

and the Cardiothoracic Hospital Accreditation Supplement.

7.1.3. If the criteria are met, the Board may accredit the post for a period of one (1) to five (5) years.

7.1.4. The Board may inspect an accredited post at any time if there is a matter of concern. Refusal to assist the Board may result in dis-accreditation of the post.

7.1.5. The following table outlines the accredited hospital posts as at August 2016:

<b>Hospital</b>	<b>Region</b>	<b>Training Post Duration (Years)</b>	<b>Supervisor</b>
Children's Hospital at Westmead	NSW	0.5 or 1	Dr Yishay Orr
John Hunter Hospital	NSW	2	Mr Taranpreet Singh
Liverpool Hospital	NSW	1	Dr Rebecca Dignan
Prince of Wales Hospital	NSW	2	Mr Zakir Akhunji
Royal North Shore Hospital	NSW	2	Mr Manu Mathur
Royal Prince Alfred Hospital	NSW	2*	Mr Michael Byrom
St George Hospital	NSW	2	Dr Sheen Peeceeyen
St Vincent's Hospital	NSW	2*	Mr Paul Jansz
Westmead	NSW	2	Mr Ian Nicholson
Princess Alexandra Hospital	QLD	2	Mr Wingchi Lo
The Prince Charles Hospital	QLD	2*	Mr Andrew Clarke
Townsville Hospital	QLD	2	Mr Sumit Yadav
Flinders Medical Centre	SA	2	Mr Gregory Rice
Royal Adelaide Hospital	SA	2	Mr Robert Stuklis
Alfred Hospital	VIC	1	Mr Adam Zimmet
Austin Hospital	VIC	2*	Dr Nicholas Roubos (Cardiac) Mr Simon Knight (Thoracic)
Epworth Private Hospital, Richmond Campus	VIC	1	Mr Peter Skillington
Geelong Hospital	VIC	1	Mr Cheng-Hon Yap
Monash Medical Centre	VIC	2	Mr Jacob Goldstein
Royal Children's Hospital	VIC	0.5 or 1	Mr Yves D'Udekem
Royal Melbourne Hospital	VIC	2	Mr John Goldblatt
St Vincent's Hospital	VIC	2*	Mr Jim Dimitriou (Cardiac) Mr Naveed Alam (Thoracic)
Royal Hobart Hospital	TAS	1	Mr Ashutosh Hardikar
Royal Perth Hospital	WA	2	Mr Christopher Merry
Sir Charles Gairdner	WA	1	Mr Pragnesh Joshi

<b>Hospital</b>	<b>Region</b>	<b>Training Post Duration (Years)</b>	<b>Supervisor</b>
Hospital			
Auckland City Hospital	NZ	2	Mr Nicholas Kang
Christchurch Hospital	NZ	2	Dr Graham McCrystal
Dunedin Hospital	NZ	2	Mr Ivor Galvin
Waikato Hospital	NZ	1	Mr Grant Parkinson
Wellington Hospital	NZ	2	Mr Sean Galvin

\* Duration for a Thoracic post is one (1) year.

## **8. SUPERVISION OF TRAINING**

Each accredited training position has a RACS 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. Other members of the unit who interact with a Trainee are Surgical Trainers.

### **8.1. Responsibilities of a Surgical Supervisor**

In accordance with the RACS Assessment of Clinical Training policy and Surgical Supervisors policy 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 trainee Evaluation Form 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 RACS policies relevant to Surgical Education and Training.
- 8.1.6. conduct themselves in accordance with the RACS'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 RACS, and must be compliant with the RACS continuing professional development program.

- 8.2.2. Surgical Supervisors must be a member of staff at the institution in which the designated accredited training position(s) is located.
- 8.2.3. Surgical Supervisors must be familiar with the surgical education and training program and RACS 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 includes the following mandatory courses:
  - a. RACS Surgeons & Trainers; Assessment & Management of Trainees Workshop - SAT SET (To be completed within 6 months of becoming a Surgical Supervisor)
  - b. Operating with Respect eLearning module
  - c. Training in adult education principles (the Foundation Skills for Surgical Educators (FSSE) course or approved comparable training) and;
  - d. Advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment
- 8.2.5. All new Surgical Supervisors must complete mandatory training within 6 months of appointment
- 8.2.6. Surgical Supervisors appointed prior to October 2016 must complete the mandatory training in adult education principles by 31 December 2017.
- 8.2.7. Surgical Supervisors appointed prior to the October 2016 must complete the mandatory advanced training in recognising, managing and preventing Discrimination, Bullying and Sexual Harassment by 31 December 2018

### **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 8.2).
- 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 8.4.1).
- 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 up to two further three year terms as 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 SET 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 RACS 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 notify the Board in writing.
- 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.

### **8.7. Surgical Trainers**

- 8.7.1. Surgical 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.
- 8.7.2. Surgical Trainers must undertake the mandatory training as specified in the RACS Surgical Trainers policy.

## **9. DISMISSAL FROM SURGICAL TRAINING**

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

- 9.1.1. Trainees may be considered for dismissal if:
  - a. The Trainee's performance has been rated as unsatisfactory during a probationary period; or
  - b. The Trainee's performance has been rated as unsatisfactory for three or more assessment periods at any time during their SET program.
  - c. Misconduct
  - d. Failure to complete training requirements within the specified timeframes;
  - e. Failure to comply with a written direction of RACS or of the Board;
  - f. Failure to pay training related fees by due deadlines;
  - g. Failure to maintain general medical registration or general scope registration;
  - h. Failure to achieve or maintain employment in accredited training posts; and
  - i. Other circumstances as approved by the Board
- 9.1.2. 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.
- 9.1.3. The subcommittee shall consist of a minimum of three and a maximum of five members who shall be Fellows of RACS. The subcommittee must not include a practising lawyer.

- 9.1.4. No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the Trainee.
- 9.1.5. Where a Trainee elects to make a written submission it should be submitted three business days before the meeting.
- 9.1.6. Minutes of the meeting must be kept. The minutes must be provided to the Trainee within ten business days and prior to any recommendation to the Board.
- 9.1.7. Trainees will be provided with a minimum of ten business 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.
- 9.1.8. Where a Trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.
- 9.1.9. The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.
- 9.1.10. 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.
- 9.1.11. An outcome letter must be issued to the Trainee from the Board Chair.

## **10. 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 RACS'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 RACS 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.
- 10.1.1. 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.

- 10.1.2. 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.
- 10.1.3. 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.
- 10.1.4. 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.
- 10.1.5. 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.
- 10.1.6. 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.
- 10.1.7. The Trainee will be provided with a minimum ten (10) business 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
- 10.1.8. The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 10.1.9. 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) business days prior to the hearing.
- 10.1.10. 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.
- 10.1.11. The Trainee will be provided with all documentation to be considered by the committee at least five (5) business days prior to the hearing.
- 10.1.12. 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
- 10.1.13. 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.
- 10.1.14. Penalties for misconduct include:
  - 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;

- e. Probationary term with a performance management plan; or
- f. dismissal from the training program.

10.1.15. 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.

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