Selection Regulations
Surgical Education & Training Program
Cardiothoracic Surgery 2019 Intake

1. INTRODUCTION

1.1. Definition of terms for the purpose of these Regulations

1.1.1. **Applicant** means a person who has submitted an application for the Surgical Education and Training (SET) Program in Cardiothoracic Surgery of the Royal Australasian College of Surgeons.

1.1.2. **Board** means the Royal Australasian College of Surgeons Board of Cardiothoracic Surgery.

1.1.3. **Business Days** means Monday to Friday excluding public holidays.

1.1.4. **RACS** means the Royal Australasian College of Surgeons (RACS).

1.1.5. **Interview** means the Board of Cardiothoracic Surgery Semi-Structured Interview conducted as part of the Selection Process.

1.1.6. **ANZSCTS** or **Society** means the Australian and New Zealand Society for Cardiac and Thoracic Surgeons.

1.1.7. **Police Report** means a report on the criminal record of a person.

1.1.8. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.

1.1.9. **Relevant Police Force** means any or all of Australian Federal Police and the various State and Territory Police Forces and the New Zealand Police Force.

1.1.10. **SET Program** means the Surgical Education and Training (SET) Program in Cardiothoracic Surgery as approved by the Board of Cardiothoracic Surgery.

1.1.11. **Term** or **Rotation** means an employment period within a hospital unit/department at post-graduate level. This terminology is interchangeable.

1.1.12. **Medal/prize/award** refers only to those at an academic, tertiary level.

1.1.13. **Indexed** means the relevant journal is listed in Index Medicus.

1.2. Purpose of these Regulations

The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the RACS SET Program in Cardiothoracic Surgery for the 2019 intake. This is a public document.

1.3. Administration and Ownership

The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and New Zealand. Each SET Program conducted under the auspices of the RACS has an appointed specialty board that is responsible for advising the RACS on training and education via the relevant governance structures. These functions are performed by the Board of Cardiothoracic Surgery.

1.4. Objective of the SET Program

The overall objective of the SET Program is to produce competent independent specialist Cardiothoracic Surgeons with the experience, knowledge, skills and attributes necessary to provide their communities and health systems and professions with the highest standard of safe, ethical and comprehensive care and leadership.
2. **PRINCIPLES UNDERPINNING THE SELECTION PROCESS**

2.1. The aim of the selection process is to select the highest calibre trainees for the SET Program on the basis of merit through a fair, open and accountable process.

2.2. The selection process will be legal and conducted without prejudice.

2.3. The selection process will be documented and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appropriate appeals process.

2.4. The selection process will be subject to continuous review to ensure its continued validity and objectiveness.

2.5. The selection process will conform to the requirements agreed by the RACS Board of Surgical Education and Training (BSET) and will meet the RACS generic eligibility requirements.

2.6. The number of Trainees selected in any year, will depend on the number of accredited hospital training posts available.

2.7. Interviews are not automatically granted to all eligible applicants. Only those applicants who have obtained the minimum standard for the Structured Curriculum Vitae and Structured Referee Reports will be eligible for interview.

3. **ELIGIBILITY FOR APPLICATION TO THE SET PROGRAM - CARDIOTHORACIC SURGERY**

**Registration – Generic Eligibility**

To be eligible to apply to the SET Program,

3.1. Applicants must register with RACS. Registration opens 4 January 2018 and closes 2 February 2018. Applicants must register in accordance with the Registration for SET Selection policy.

3.2. Registrants must complete the “Operating with Respect” eLerning module. The module must be completed within the time limits as specified on the RACS website.

3.3. Registrants must have permanent residency or have citizenship of Australia or New Zealand at the time of registration.

3.4. Registrants must have general (unconditional) registration in Australia or general scope or restricted general scope registration in Cardiothoracic Surgery in New Zealand.

3.5. Registrants must have successfully completed the RACS Hand Hygiene Learning Module from Hand Hygiene Australia since 1 January 2013 (NZ registrants please note: Hand Hygiene New Zealand uses the Australian Learning Module as its default program. NZ registrants must also complete the Hand Hygiene Australia Learning Module.) Registrants must complete the RACS Module which is available on the Hand Hygiene Australia website. No other module will be accepted.

3.6. **Cardiothoracic Surgery Specific Eligibility Criteria**

In addition to the generic eligibility requirements of registration, applicants to the SET program in Cardiothoracic Surgery must also meet the following specific eligibility requirements:

**Rotations**

3.6.1. Complete two (2) surgical rotations of a minimum duration of ten (10) continuous weeks each. The rotations must be undertaken within the last five years and must be completed by the end of 2018 (1st January 2013 – 31st December 2018). The rotations must be taken separately irrespective of the cumulative total of the rotation, and
3.6.2. Complete one (1) Cardiothoracic surgical rotation of a minimum of ten (10) continuous weeks. The rotation must be undertaken within the last five years and must be completed at the time of application (1st January 2013 – 31 March 2018).

a. The Cardiothoracic Surgical rotation must be undertaken within a hospital unit where an approved Cardiothoracic Surgical Supervisor is present. A Cardiothoracic rotation must provide both cardiac and thoracic exposure.

b. The Cardiothoracic Surgical rotation must be purely Cardiothoracic and not shared with one of the other eight surgical specialties.

c. A Cardiac or Thoracic rotation will not be counted as a Cardiothoracic Surgical rotation.

d. If the hospital's Cardiac and Thoracic units are separate, the applicant will be deemed as having completed a Cardiothoracic Surgical rotation if they completed at least 10 weeks in both units.

e. The Cardiothoracic rotation can contribute to the minimum number of rotations as outlined in item 3.6.1. In this circumstance, the Cardiothoracic rotation must meet the criteria outlined in item 3.6.2.

3.6.3. Rotations which are not undertaken on a full time basis will be adjusted pro rata.

3.6.4. The surgical rotations must be undertaken within a hospital unit specialising in one of the RACS nine surgical specialties.

3.6.5. The minimum duration of a rotation excludes any leave taken during the rotation.

3.6.6. Applicants must provide written evidence in the form of a letter signed by the Head of Unit or HR Department from the employing institution confirming completion of the relevant surgical rotation/s as outlined in 6.7.

Direct Observation of Procedural Skills in Surgery (DOPS)

In addition to the generic and specific eligibility requirements, applicants to the SET program in Cardiothoracic Surgery must also submit the following three mandatory DOPS. The evidence provided must be the Cardiothoracic Eligibility DOPS forms provided via the RACS website. The form must be signed by a FRACS:

3.6.7. The following three DOPS procedures are mandatory:

a. Chest Drain Insertion and

b. Saphenous Vein

c. Harvesting of Radial Artery

3.6.8. Eligibility DOPS submitted must have been completed in the five years prior to first applying to the SET program.

3.6.9. Eligibility DOPS may be completed outside of a Cardiothoracic rotation.

3.6.10. If the applicant is a current SET trainee in a different Specialty, the Cardiothoracic eligibility DOPS must have been completed in the five years prior to FIRST acceptance to the SET program.

Examinations:

3.6.11. Successfully completed the Generic Surgical Sciences Examination (GSSE) at the time of application
4. **SELECTION PROCESS OVERVIEW**

4.1. Applicants who satisfy the eligibility and application requirements outlined in Regulation 3, will be considered in open competition for selection to the SET Program.

4.2. Applications can only be submitted via the RACS online application system at [www.surgeons.org](http://www.surgeons.org). Applications open on 28 February 2018 and close on 28 March 2018. No other form of application will be accepted and no extensions will be granted.

4.3. 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.

4.4. The Board may verify the information provided within the application with external institutions or individuals, and by submitting an application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.

4.5. By submitting an application, applicants certify that the information provided is correct and in accordance with these Regulations. If it is discovered that the applicant has provided incorrect or misleading information either intentionally or by mistake, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process. This may occur at any point during the selection process.

4.6. Applicants who do not meet the generic eligibility requirements as set out in Regulation 3, and the specific Cardiothoracic Surgery eligibility requirements as set out in Regulation 3.6 will be considered ineligible and not progress to the next stage of selection and will be advised accordingly.

4.7. On completion of the relevant components of the selection process, eligible applicants will be classified as one of the following:

a. **Successful** meaning an eligible applicant who satisfies the minimum standards for selection and is considered suitable for selection and who ranks high enough in comparison to the cohort to be made an offer of a position on the SET program.

b. **Unsuccessful** meaning an eligible applicant who satisfies the minimum standards for selection and is considered suitable for selection but who does not rank high enough in comparison to the cohort to be made an offer of a position on the SET Program.

c. **Unsuitable** meaning an applicant who failed to satisfy a minimum standard or criterion for selection.

4.8. The minimum standard for selection into the SET Program in Cardiothoracic Surgery is an overall combined and adjusted score of at least 65% in the three (3) selection tools.

4.9. Failure to achieve the minimum standard for selection, will automatically deem an applicant unsuitable for selection and their application will not be considered further in the selection process. Unsuitable applicants will be notified in writing as outlined in Regulation 11.

4.10. Applicants who satisfy the minimum standard for selection as well as the eligibility conditions, will be deemed suitable for selection and will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 which is obtained for each of the three selection tools, providing an overall percentage score, rounded to the nearest two decimal places:

a. **Structured Curriculum Vitae** 20%

b. **Structured Referee Reports** 35%

c. **Semi-Structured Interview** 45%
4.11. In the event that two or more applicants receive a score within 0.05% of each other, the score received in the interview selection tool will be the differentiating factor.

4.12. Suitable applicants for the SET 1 intake, who rank high enough in comparison to the SET 1 intake, will be deemed successful and offered a position in a training unit, according to their ranking, in a region in which they must undertake SET 1. Successful applicants will be notified in writing as outlined in Regulation 9.

4.13. All other suitable applicants who do not rank high enough in comparison to the intake to be offered a position, will be deemed unsuccessful. Unsuccessful applicants will be notified in writing as outlined in Regulation 10.

5. **ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITITAIVE.**

5.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Board of Cardiothoracic Surgery will implement this initiative in the selection process.

5.2. An applicant will be considered for the initiative post if the following conditions apply:
   
   a. They have identified as Aboriginal or Torres Strait Islander in the selection registration process, and
   b. They have met the eligibility requirements for membership of the Australian Indigenous Doctors’ Association, and
   c. They have met the eligibility requirements of Regulation 3 - 4, and
   d. They have met the minimum standard for selection

5.3. In the circumstance of more than one applicant meeting the above criteria, the post will be allocated to the highest ranking applicant.

5.4. An applicant’s status as Aboriginal and Torres Strait Islander will only be known to RACS Staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.
6. **STRUCTURED CURRICULUM VITAE**

6.1. The Structured Curriculum Vitae (included in the online application form) captures information and evidence on an applicant's surgical experience, other qualifications, publications, presentations, skills courses and medical achievements.

6.2. Each Structured Curriculum Vitae will be scored by 2 members of the Board of Cardiothoracic Surgery without reference to the opinions of each other using a structured scoring system. Where any discrepancy occurs in any part of the CV between the two scorers, the Board Chair will review the discrepancy and provide a final score for that part.

6.3. Any entry without documentation that clearly supports and verifies it will not be scored or considered. No further documentation can be provided after submission of the application.

6.4. The Structured Curriculum Vitae has a maximum score of 36 points. The components scored are:

   a. Qualifications (5 points)
   b. Surgical and Medical Experience (6 points)
   c. Publications (7 points)
   d. Presentations (9 points)
   e. Skills Courses (5 Points)
   f. Medical Awards/Achievements (4 points)

6.5. Points will not be awarded in more than one component for any single entry.

6.6. **Qualification (maximum 5 points):**

   Documentary evidence must be supplied for qualifications other than the applicant's primary medical qualification. This must be either an academic transcript or certificate of completion from the institution.

   a. Scoring only includes higher degrees successfully completed at the time of application at a recognised institution
   b. Scoring does not include Primary medical qualifications (MBBS or overseas equivalent)
   c. A post Graduate Diploma in Anatomy is scored 1 point (not as undergraduate for graduate medical course)
   d. A Bachelor of Medical Science degree is scored 1point
   e. A Master's degree for a surgical qualification at a recognised institution is scored 2 points
   f. A PhD, MD or MD by Research for a medical qualification is scored 3 points
   g. A Graduate Diploma in a surgical or medical field are each scored 1 point
   h. FRACS or recognised surgical / specialist registration within Australia / New Zealand is scored 5 points
   i. A fellowship of a non-surgical medical specialty training program in Australia or New Zealand is scored 3 points

6.7. **Surgical and Medical Experience (maximum 6 points)**

   Documentary evidence must be supplied for those rotations considered eligible to be awarded marks, including ICU, Respiratory, Cardiology, Vascular and Cardiothoracic
surgery, must detail work history and must include commencement and end dates, position held and hospital.

- Terms which are not undertaken on a full time basis will be adjusted pro rata
- Terms planned for after the closing date for applications will not be scored
- Scoring only applies to a non-training Registrar level / equivalent
- A minimum of six (6) months experience in any of the below specialties is scored 2 points to a maximum of 6 points
  - ICU / Respiratory Medicine
  - Cardiology
  - Vascular Surgery
  - Surgery in General
  - Cardiothoracic Surgery
  - Cardiac Surgery
  - Thoracic Surgery

6.8. **Publications (maximum 7 points):**

Documentary evidence must be a letter of acceptance from the publishing body (not the supervisor) or the first page of the publication which clearly shows the publication reference. A copy of the entire publication must not be attached.

a. Scoring only includes medical publications in the 5 years immediately prior to the close of applications.
b. Scoring includes publications accepted for publication prior to close of applications in indexed and non-indexed publications and excludes published abstracts.
c. Publications should be in a peer reviewed journal listed in the NCBI.
d. Each publication can only be scored once. Bodies of work which have sufficiently similar topics that have been published in more than one publication, will only be scored once.
e. Publications listed in the Presentations section will only be scored once. The higher scoring entry will take precedence.
f. Scoring includes articles and book chapters with extra weighting on articles and book chapters where the applicant is the first author.
g. A first author indexed case report is scored 1 point to a maximum of 1 point.
h. A first author indexed article is scored 2 points for each to a maximum of 4 points.
i. A co-author indexed article is scored 1 point to a maximum of 2.

6.9. **Presentations (maximum 9 points):**

Documentary evidence includes a letter of acceptance of the abstract from the meeting organisers, a copy of the published abstract or a copy of the applicable program page from the meeting. The documentary evidence must clearly identify the applicant as the presenter. A copy of the actual presentation must not be attached.

a. Scoring only includes presentations relevant to medicine presented in the 5 years prior to the closing date for applications
b. Each presentation will only be scored once

c. Scoring only includes presentations personally given by the applicant

d. Scoring only includes presentations subject to abstract selection

e. International, National or Australasian Meeting Society or Association
   presentations are scored 2 points each to a maximum of 4

g. State Meeting presentations are scored 1 point each to a maximum of 2
   points

g. Poster presentations are scored 1 point each to a maximum of 3 points

6.10. **Skills Courses (maximum 5 points)**

Documentary evidence must show completion of the Course/Workshop from the
awarding body. The evidence must clearly identify the date of the Workshop and the
applicant.

The RACS ASSET, CLEAR, CCrISP, EMST and TIPS courses are scored 1 point each
to a maximum of 4 points.

**NOTE:** Overseas equivalent courses also accepted are:
- For ASSET – Intercollegiate Basic Surgical Skills (BSS) Provider: RCS
  England and Ireland
- For CCrISP – CCrISP – Provider RCS England and Ireland
- For EMST – ATLS – Provider: RCS England and Ireland and American
  College of Surgeons

Other medical professional development courses will be scored 1 point to a maximum
of 1 point.

6.11. **Medical Awards (maximum 4 points)**

Documentary evidence of University or equivalent awards or prizes must be provided
and clearly state the applicant as the recipient of this award.

a. University medal or equivalent is scored 2 points each to a maximum of 2
   points.

b. The RACS Medal (the Gordon Gordon-Taylor Prize) is scored 2 points.

7. **STRUCTURED REFEREE REPORTS**

7.1. Confidential referee reports are collected by an external agency on behalf of the Board
using an online system to obtain information about the clinical aptitude, workplace
behaviour and personal attributes of the applicant.

7.2. The applicant must provide contact details, including a valid email address, for a
minimum of eight (8) Consultants:

a. Referees must have acted in a supervisory capacity for the applicant within a
   rotation from the last five (5) years (1 January 2013 – 31 March 2018) or from
   the last three (3) years of clinical work, whichever is greater.

b. At least one (1) Consultant must be from the mandatory Cardiothoracic
   rotation

c. At least one (1) Consultant must be from the current rotation.

d. If the applicant’s Cardiothoracic rotation is also their current rotation, the
   applicant must provide at least two (2) referees from that rotation.
7.3. Consultants holding a diploma from an Australian or New Zealand College are eligible to act as a referee.

Consultants who have not been awarded a diploma from an Australian or New Zealand College are eligible to act as a referee only after completing two (2) years of continuous work within the area of their diploma at a recognised Australian or New Zealand institution.

7.4. International Medical Graduates (IMG) under assessment at the time of application cannot act as a referee. Time spent working whilst under oversight/supervision due to a period of assessment does not count towards the two year minimum outlined in item 6.4.

7.5. A maximum of three (3) Consultants can be nominated per rotation.

7.6. A maximum of three (3) Research referees can be used.

7.7. If an applicant elects not to provide the details for supervising consultants in accordance with these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information, either intentionally or by mistake, the applicant may be withdrawn from the selection process and their application will not be considered further in the selection process.

7.8. The Board will contact the nominated referees requesting them to complete the online referee report.

7.9. The referee must have a valid email address and be available to complete the reference during the allocated period. The referee report is an online application and cannot be filled in manually. It is the applicant’s responsibility to ensure referees are aware of this process.

7.10. On the report, the referee will be asked to select one of four options for each of the twenty (20) assessment areas which they believe best describes the applicant. The selection criteria which will be scored within the reports can be generally categorised as follows:

   a. Medical expertise
   b. Technical expertise
   c. Judgement - clinical decision making
   d. Communication
   e. Collaboration
   f. Scholar and teacher
   g. Professionalism
7.11. Referees must complete a minimum of 17 of 20 questions or 85% of the referee report for it to be valid.

7.12. A minimum of six (6) valid referee reports must be returned in order for the applicant to progress through the selection process.

7.13. Applicants are advised to nominate people who are most likely to be able to give a complete report.

7.14. If a minimum of six (6) valid reports are not received by 5 pm AEDT on 23 May 2018, the applicant will be considered unsuitable and their application will not be considered further.

7.15. In the instance where an applicant nominates more than eight (8) consultants the Executive Officer, in consultation with the Board Chair, shall select the referees with consideration given to the type of clinical term, length of clinical term and the period in which the clinical term was undertaken. Referees will also be selected with consideration given to the following ranking:
   a. Cardiothoracic Fellow of RACS
   b. Fellow of RACS
   c. Fellow of another College
7.16. The names of the referees selected to submit reports will not be released to applicants.

7.17. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant's immediate removal from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

7.18. The total score for the referee report selection tool will be determined by averaging the score of all reports received and rounded to two decimal places.

7.19. The final referee report score cannot be revised.

8. **SEMI STRUCTURED INTERVIEW**

8.1. Applicants will be ranked by the combined score of the Curriculum Vitae and Referee Reports.

8.2. To be eligible for invitation to an interview, applicants must achieve a combined adjusted score of at least 33/55 (60%) on the Curriculum Vitae and Referee Reports. Applicants who achieve this minimum standard will be invited to an interview. Applicants who do not satisfy this criterion will be considered unsuitable and be advised accordingly.

8.3. Cardiothoracic Selection Interviews will be held on Saturday 16 June 2018 in Melbourne. It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The Board or RACS accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum standards or eligibility who are not permitted to attend an interview.

8.4. Applicants must make themselves available at the scheduled interview time. Applicants who do not present for the interview at the scheduled interview time, will not be considered further in the selection process and their application will be withdrawn.

8.5. The interview will be conducted by four (4) interview panels, each consisting of two (2) interviewers.

8.6. Each interview panel will be fifteen (15) minutes in duration and the total interview time will be approximately sixty (60) minutes.

8.7. The interview format may contain some scenario based questions.

8.8. Applicants will be asked the same initiating questions. The follow-up probing questions will be relevant to the individual applicant to explore the breadth and depth of the applicant's experience and insight.

8.9. The interview may consist of the following sections:
   a. Interest in Cardiothoracic Surgery
   b. Insight & Self-Motivation
   c. Ethical Behaviour
   d. Working Relationships & Collaboration
   e. Stress Response
   f. Performance Initiative
   g. Performance Insight
   h. Risk Management
   i. Communication & Professional Conduct
   j. Research & Publications
k. Knowledge Acquisition & Recognition

8.10. Each interview panel will provide a consensus score for each of the interview questions they ask.

8.11. The final interview score is a combined score and cannot be revised.

9. FEEDBACK TO SUCCESSFUL APPLICANTS

9.1. Applicants who are considered successful in the selection process will be notified in writing of the following:
   a. That they have been successful in the selection process and are offered a position on the SET Cardiothoracic Program including any conditions associated with the offer.
   b. Post allocation details and contact information for the Hospital and Supervisor.
   c. Post allocations are made with consideration given to an applicant’s ranking, regional preferences and post availability.
   d. Information on any applicable recognition of prior learning or additional training conditions which form part of the offer.
   e. Details of the Cardiothoracic site on the RACS website and location of relevant policies and regulations available for review prior to acceptance.
   f. A list of the conditions identified in item 9.2 of these Regulations.

9.2. To accept the offer to the SET Program, the successful applicant must:
   a. Be prepared to be allocated to an accredited training post in Australia or New Zealand at any time throughout their SET training.
   b. Satisfy the employment requirements of the institution in which the allocated training post is located.
   c. Agree to abide by RACS policies and the Cardiothoracic SET Program Regulations at all times.
   d. Submit the signed Training Agreement by the due date.

9.3. Applicants who do not satisfy any of the conditions outlined in Regulation 8 and 9.1, or who decline the offer, will automatically forfeit their offer.

10. FEEDBACK TO UNSUCCESSFUL APPLICANTS

10.1. Applicants who are considered unsuccessful in the selection process will be notified in writing of the following:
   a. That they are suitable for selection, but have not ranked high enough to be offered a position and have therefore been unsuccessful.
   b. Information on the overall percentage adjusted scores for each of the selection tools.
   c. Information on scores for individual structured referee reports will not be released to applicants.
   d. Information on their position on the wait list and process should a position become available.

10.2. Verbal feedback will not be given.

11. FEEDBACK TO UNSUITABLE APPLICANTS

11.1. Applicants who are considered unsuitable for selection will be notified in writing of the
following:

a. That they are considered unsuitable for selection and will not be considered further in the selection process.

b. Information on the overall percentage adjusted scores for each of the selection tools completed. Information on scores for individual structured referee reports will not be released to applicants.

c. Notification of the minimum standard or criterion not met.

d. Verbal feedback will not be given.

12. SELECTION PROCESS REVIEW

12.1. Applicants may be asked to complete evaluation forms during the selection process.

12.2. De-identified responses will be analysed for potential improvements to the process.