

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



---

## Board of Paediatric Surgery

Last updated June 2018

These regulations are specific to the SET program in Paediatric Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies. The Board advises that these regulations should be read in conjunction with RACS policies

<b>1.</b>	<b>INTRODUCTION.....</b>	<b>3</b>
1.1	DEFINITION OF TERMS FOR THE PURPOSE OF THESE REGULATIONS .....	3
1.2	PURPOSE.....	3
1.3	ADMINISTRATION AND OWNERSHIP.....	3
1.4	PURPOSE AND OBJECTIVE OF THE TRAINING PROGRAM .....	3
<b>2.</b>	<b>DURATION OF THE SET PROGRAM.....</b>	<b>4</b>
<b>3.</b>	<b>REQUIREMENTS OF SURGICAL EDUCATION AND TRAINING (SET) PROGRAM IN PAEDIATRIC SURGERY.....</b>	<b>4</b>
3.1	OVERVIEW.....	4
3.2	SET ONE.....	4
3.3	EARLY SET.....	5
3.4	MID AND SENIOR SET TRAINEES.....	6
3.5	SUMMARY OF ASSESSMENTS .....	7
3.6	RESEARCH .....	8
3.7	ACADEMIC PATHWAY .....	8
3.8	REGISTRAR ANNUAL TRAINING SEMINAR .....	9
3.9	CURRICULUM .....	10
<b>4.</b>	<b>TRAINEE ADMINISTRATION.....</b>	<b>11</b>
4.1	DEFERRAL, INTERRUPTION AND FLEXIBLE TRAINING .....	11
4.2	LEAVE.....	11
4.3	WITHDRAWAL FROM TRAINING PROGRAM .....	12
4.4	EXTENSION OF TRAINING .....	12
<b>5.</b>	<b>PAEDIATRIC SURGERY TRAINING POSITIONS .....</b>	<b>12</b>
5.1	TRAINING POSITION PLACEMENT .....	12
5.2	ALLOCATION PROCESS.....	13
<b>6.</b>	<b>ASSESSMENT OF PERFORMANCE DURING CLINICAL TRAINING.....</b>	<b>14</b>
6.1	OVERVIEW AND PROCESS .....	14
6.2	TRAINEE PORTFOLIO.....	15
6.3	ASSESSMENT OF OPERATIVE EXPERIENCE DURING CLINICAL TRAINING .....	15
6.4	SET ONE TRAINEE ASSESSMENT FORM .....	16
6.5	EARLY SET, MID AND SENIOR SET TRAINEE ASSESSMENT FORM .....	16
6.6	CONDUCTING AN ASSESSMENT REPORT (TRAINEE ASSESSMENT FORM).....	16
6.7	UNSATISFACTORY ASSESSMENT .....	17
6.8	PROGRESSIVE NON-OPERATIVE LOGBOOK .....	17
6.9	SET ASSESSMENTS.....	18
6.10	MINI CLINICAL EXAMINATION (MINI-CEX) FORMS.....	18
6.11	DIRECT OBSERVATION OF PROCEDURES (DOPS) FORMS .....	18
6.12	360 DEGREE EVALUATION SURVEYS.....	19
6.13	MEASURE OF OPERATIVE UNDERSTANDING AND SURGICAL EXPERIENCE (MOUSE) FORMS .....	19
6.14	CRITICAL APPRAISAL TASKS (CATS) .....	20
6.15	DIRECTED ONLINE GROUP STUDIES (DOGS).....	20
<b>7.</b>	<b>COURSES .....</b>	<b>22</b>
7.1	PAEDIATRIC LIFE SUPPORT (PLS AND APLS) COURSES .....	22
7.2	EARLY MANAGEMENT OF SEVERE TRAUMA (EMST) COURSE .....	22
7.3	AUSTRALIAN AND NEW ZEALAND SURGICAL SKILLS EDUCATION AND TRAINING (ASSET) COURSE .....	22
7.4	CARE OF THE CRITICALLY ILL SURGICAL PATIENT (CCRISP) COURSE .....	22
7.5	EMERGENCY MANAGEMENT OF SEVERE BURNS (EMSB) COURSE .....	22
7.6	CRITICAL LITERATURE EVALUATION AND RESEARCH (CLEAR) COURSE.....	22
<b>8.</b>	<b>EXAMINATIONS.....</b>	<b>23</b>
8.1	SET CLINICAL EXAMINATION.....	23
8.2	PAEDIATRIC ANATOMY AND EMBRYOLOGY EXAMINATION.....	23
8.3	PAEDIATRIC PATHOPHYSIOLOGY EXAMINATION.....	23
8.4	FELLOWSHIP EXAMINATION IN PAEDIATRIC SURGERY .....	23

8.5	ELIGIBILITY TO APPLY AND PRESENT FOR FELLOWSHIP EXAMINATION .....	24
8.6	FORMAT OF THE FELLOWSHIP EXAMINATION .....	24
8.7	EXAM PENDING TRAINEES .....	24
9.	<b>UNSATISFACTORY PERFORMANCE AND PROBATION .....</b>	<b>25</b>
9.1	UNSATISFACTORY PERFORMANCE IN SET ONE .....	25
9.2	UNSATISFACTORY PERFORMANCE AND PROBATION IN EARLY, MID AND SENIOR SET .....	25
10.	<b>MANAGEMENT OF MISCONDUCT .....</b>	<b>26</b>
11.	<b>DISMISSAL FROM THE TRAINING PROGRAM .....</b>	<b>27</b>
11.1	UNSATISFACTORY PERFORMANCE.....	27
11.2	FAILURE TO SATISFY MEDICAL REGISTRATION OR EMPLOYMENT REQUIREMENTS.....	28
11.3	OTHER DISMISSALS .....	28
12.	<b>FINAL ASSESSMENT OF COMPLETION OF THE SET PROGRAM.....</b>	<b>28</b>
13.	<b>BOARDS DISCRETION .....</b>	<b>29</b>
14.	<b>OTHER INFORMATION .....</b>	<b>29</b>

## 1. INTRODUCTION

These regulations are specific to the SET program in Paediatric Surgery, and have been certified as being compliant with RACS policies. The Board advises that these regulations should be read in conjunction with RACS policies

### 1.1 Definition of terms for the purpose of these Regulations

- **ANZAPS** is the Australian and New Zealand Association of Paediatric Surgeons
- **Board** is the Royal Australasian College of Surgeons Board of Paediatric Surgery. The Terms of Reference for the Board is available on the RACS website.
- **College/RACS** is the Royal Australasian College of Surgeons.
- **SET Program** is the Surgical Education and Training (SET) Program in Paediatric Surgery as approved by the Royal Australasian College of Surgeons Board of Paediatric Surgery, and accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ).
- **Supervisor** is a Surgical Supervisor of an accredited training position approved by the Royal Australasian College of Surgeons Board of Paediatric Surgery.
- **Rotation** is a period of summative clinical training, sometimes also referred to as term. A rotation is three (3) months for SET One (1) and 6 months for all other phases of training.
- **Trainee** is a registered Surgical Education and Training Trainee in Paediatric Surgery of the Royal Australasian College of Surgeons.
- **Training Calendar** is the published calendar of submission dates, training and examination events and other deadlines which can be obtained from the Executive Officer of the Board and on the RACS website
- **VRPS** is a Vocationally-registered Paediatric Surgeon in New Zealand

### 1.2 Purpose

The purpose of these Regulations is to set forth and establish the terms and conditions of the Royal Australasian College of Surgeons Surgical Education and Training (SET) Program in Paediatric Surgery.

The training requirements of the SET Program in Paediatric Surgery may be refined from time to time. Trainees will be notified at a sufficiently early stage of any changes to the training program which may affect them.

### 1.3 Administration and Ownership

- 1.3.1 The RACS is the body accredited and authorised by the AMC and MCNZ to conduct Surgical Education and Training in Australia and New Zealand.
- 1.3.2 The Board is responsible for the delivery of the SET Program in Paediatric Surgery, the accreditation of hospital posts and the supervision and assessment of Paediatric Surgery Trainees.

### 1.4 Purpose and Objective of the Training Program

- 1.4.1 A Trainee successfully completing the SET program in Paediatric Surgery will have demonstrated proficiency in the nine Surgical Competencies outlined by RACS. The SET Program in Paediatric Surgery is designed to provide Trainees with clinical and operative experience to enable them to manage children with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.
- 1.4.2 At the conclusion of the SET Program it is expected that Trainees will have a detailed knowledge of surgery of those conditions recognised as belonging to the specialty of Paediatric Surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Paediatric Surgery. This should include knowledge of the embryology, anatomy, physiology and pathology related to the discipline of these conditions.

## 2. DURATION OF THE SET PROGRAM

- 2.1.1 The Paediatric SET program is based on the attainment of a standard of competency specified by the Board.
- 2.1.2 It is expected that the average Trainee who commenced in or after the 2012 training year will take seven (7) years to attain the required standard of competency.
- 2.1.3 It is expected that the average Trainee who commenced prior to the 2012 training year will take six (6) years to attain the required standard of competency.
- 2.1.4 The maximum period for the completion of the Paediatric SET program is 11 years from the commencement of approved clinical rotations. Leave taken for illness or family leave will not be included in the calculation of the maximum period for completion.
- 2.1.5 The time taken by each individual Trainee to complete the training program will depend on attainment of competency, but cannot exceed the period specified in 2.1.4.
- 2.1.6 As the SET Program in Paediatric Surgery is a competency based program the Board does not accept applications for recognition of prior learning and does not grant time credits for Paediatric rotations based on prior learning alone. Prior learning is implicit in the ability of a Trainee to demonstrate the attainment of competence.

## 3. REQUIREMENTS OF SURGICAL EDUCATION AND TRAINING (SET) PROGRAM IN PAEDIATRIC SURGERY

### 3.1 Overview

Trainees are expected to meet the following requirements during the course of the SET Program:

- 3.1.1 Satisfactorily complete Paediatric Surgical training in four SET phases accomplished in the following order: SET One (1), Early SET, Mid SET and Senior SET.
- 3.1.2 Submit satisfactory In Training Assessment Forms that have been signed by the Surgical Supervisor, all associated Consultants, and the Trainee, by the due date at the conclusion of each rotation, as required (see section 0). All signatures are required to be on the same page to indicate all signatories viewed the same assessment and are in agreement.
- 3.1.3 Submit completed Logbook reports by the due date (see Section 6.3).
- 3.1.4 Submit a completed Progressive Non-Operative Logbook form by the due date at the conclusion of each rotation as required (see section **Error! Reference source not found.**).
- 3.1.5 Satisfactorily complete the mandatory research requirement (see Section 0).
- 3.1.6 Attend the Registrar Annual Training Seminar (RATS) held each year, including a presentation of an eight (8) minute paper of research, case studies or other medical topic in which the Trainee has been involved.

### 3.2 SET One

SET One (1) is usually completed in one year and is considered an extension of the selection process during which Trainees assess whether they are confident in their choice of Paediatric Surgery and the Board examines their ability to acquire training competencies at a rate expected for Paediatric Surgery SET.

- 3.2.1 SET One (1) is divided into four (4) three (3) month rotations.
- 3.2.2 SET One (1) Trainees are required to submit in-training assessment forms at the conclusion of each rotation.
- 3.2.3 All SET One (1) end of rotation assessments are summative assessments.
- 3.2.4 Two unsatisfactory rotations (a total of 6 months) in SET One (1) will result in dismissal from SET (see section 11.1).
- 3.2.5 The following items are to be satisfactorily completed by the end of SET One (1):

- a) Trainees must demonstrate satisfactory acquisition of SET One (1) competencies before they will be permitted to progress through to Early SET.
  - b) Measure of Understanding and Surgical Expertise (MOUSE), Mini Clinical Evaluation (Mini-CEX), mandatory presentations and 360 Degree Evaluation Surveys as directed by the Board (see section 0).
- 3.2.6 As the SET Clinical Examination must be completed within the first two years of clinical SET training, or four attempts, (see Section 8.1) Trainees are expected to prepare for or sit the examination during SET One (1).

### **SET One (1) Assessment Plan and SET One (1) Assessment Plan Record**

The SET One (1) Assessment Plan outlines the minimum set of assessments to be successfully completed in SET One (1).

- 3.2.7 Trainees are required to download a copy of the SET 1 Assessment Plan and SET One (1) Assessment Plan Record from the RACS website at the commencement of rotation one (1).
- 3.2.8 All assessments listed in the SET One (1) Assessment Plan must be completed and recorded in the SET One (1) Assessment Plan Record.
- 3.2.9 All assessments must be successfully completed within the timelines indicated in the SET One (1) Assessment Plan Record.
- 3.2.10 Failure to adhere to the timelines indicated in the SET One (1) Assessment Plan Record will result in the rotation being assessed as unsatisfactory.

### **3.3 Early SET**

Early SET would normally be completed in two (2) years. Early SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved.

- 3.3.1 The following items are to be satisfactorily completed by the end of Early SET: Usually 24 months of Surgery in General (the surgical rotations must include supervised operative work) is needed to acquire competencies identified in the curriculum.
- 3.3.2 Trainees may submit records of experience, prior to entering SET, of surgery in general for consideration by the Board. If competencies demonstrated whilst in Early SET a shortened duration of Early SET may be reasonable. Records of such prior experience may assist in these deliberations (see 2.1.6).
- 3.3.3 The Early Management of Severe Trauma (EMST) Course.
- 3.3.4 The Australian and New Zealand Surgical Skills Education and Training (ASSET) Course.
- 3.3.5 The Care of the Critically Ill Surgical Patient (CCrISP) Course.
- 3.3.6 The Paediatric Life Support (PLS) or the Advanced Paediatric Life Support (APLS) Course.
- 3.3.7 The Emergency Management of Severe Burns (EMSB) Course.
- 3.3.8 The Critical Literature Evaluation and Research (CLEAR) Course
- 3.3.9 Measure of Understanding and Surgical Expertise (MOUSE), Direct Observation of Procedures (DOPS) and Mini Clinical Evaluation (Mini-CEX) as directed by the Board (see section 0).
- 3.3.10 360 Degree Evaluation Surveys at the direction of the Board.
- 3.3.11 The SET Clinical Examination within the first two years of clinical SET training or four attempts (see Section 8.1).

### **3.4 Mid and Senior SET Trainees**

Trainees must complete Paediatric Surgical Training in posts accredited by the Board in order to demonstrate the competencies as identified in the curriculum, usually over four (4) years, including the following:

- 3.4.1 Measure of Understanding and Surgical Expertise (MOUSE) at regular intervals throughout each training year. The recommendation is two (2) per month.
- 3.4.2 There is a mandatory requirement that no less than three (3) MOUSE are submitted every three (3) months (i.e. minimum twelve per year - see Section 6.13)
- 3.4.3 Critical Appraisal Tasks (CATs) as set by the Board (see Section 6.13.8).
- 3.4.4 Directed Online Group Studies (DOGS) as set by the Board (see Section 6.14).
- 3.4.5 360 Degree Evaluation Surveys at the direction of the Board.
- 3.4.6 The Paediatric Anatomy and Embryology Examination and Paediatric Pathophysiology Examination by the end of Mid SET.
- 3.4.7 Fellowship Examination in Paediatric Surgery.
- 3.4.8 Mid SET would normally be completed in two (2) years when compulsory assessments examinations and competencies identified in curriculum are satisfactorily achieved.
- 3.4.9 Senior SET would normally be completed in two (2) years when compulsory assessments, examinations and competencies identified in curriculum are satisfactorily achieved.

### 3.5 Summary of Assessments

The below depicts the overall requirements of the Paediatric Surgery Training Program. Further information on each component is detailed in the various sections of the regulations.

Assessment	SET ONE (1)	EARLY SET	MID SET	Senior SET
Surgery in General		✓		
Paediatric Surgery Training	✓		✓	✓
In Training Assessment Forms	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓
MALT Logbooks	✓	✓	✓	✓
Progressive Non-Operative Logbook	✓	✓	✓	✓
Registrar Annual Training Seminar	✓	✓	✓	✓
ASSET Course	✓	✓		
APLS/PLS Course	✓	✓		
CCrISP Course	✓	✓		
CLEAR Course	✓	✓		
EMSB Course	✓	✓		
EMST Course	✓	✓		
DOPS		4 per year		
Mini-CEX	As per SET 1 assessment plan	4 per year		
360 Degree Evaluation Survey	✓			
MOUSE	As per SET 1 assessment plan		✓ X 12 per year	✓ X 12 per year
CATs			✓	✓
DOGS			✓	✓
Mandatory Presentations	✓			
Clinical Examination	✓	✓		
Paediatric Anatomy & Embryology Examination	✓	✓	✓	
Paediatric Pathology & Pathophysiology Examination			✓	
Paediatric Fellowship Examination				✓

### 3.6 Research

- 3.6.1 Trainees must complete at least one of the following research activities, in addition to 3.6.4 to satisfy the Research Requirement of the Paediatric SET program:
- a. A research higher degree – at Masters level or above;
  - b. A specific research project prospectively approved by the Board. It is expected that a peer-reviewed publication will result from such research.
  - c. A publication in a journal which referees all manuscripts. To qualify for approval of completion of the research requirement:
    - The article must be published in a journal that is listed in the National Center for Biotechnology Information (NCBI) database; and
    - Be a minimum level 4 publication (i.e. Level 5<sup>1</sup> publications do not fulfil the research requirements); and
    - The Trainee must be first or second author if the publication is level 4 or 3<sup>\*</sup>; or.
    - The Trainee must be a contributing author, able to demonstrate that contribution, for level 1 or 2<sup>\*</sup> publications.
- 3.6.2 Evidence of completion of a higher degree (3.6.1a) and/or a publication (3.6.1c) must be submitted to the Board for approval of the Research Requirement. Trainees prospectively approved for a research project (3.6.1b) will be advised in writing of the evidence required on completion for approval of the research requirement.
- 3.6.3 Trainees may apply to the Board to have research undertaken prior to commencing SET assessed for recognition as fulfilling the Paediatric SET research requirement.
- 3.6.4 All Paediatric Surgical Trainees must attend the ANZAPS Annual Scientific Meeting once during these phases of SET training (Early, Mid and Senior) and must present a paper at one of these meetings.
- 3.6.5 While SET One Trainees are not required to attend the ANZAPS Annual Scientific Meeting during SET One they are encouraged to attend to further their learning.
- 3.6.6 Trainees presenting at the ANZAPS Annual Scientific Meeting are encouraged to enter the ANZAPS Registrar Prize.

### 3.7 Academic Pathway

- 3.7.1 Approved Academic Pathway must be for a minimum of six (6) months and a maximum of three (3) years. Requests for extensions will be considered prospectively and must be made in writing.
- 3.7.2 Requests for Academic Pathway must be made in writing to the Board no less than six (6) months prior to the commencement of which the Academic Pathway will occur.
- 3.7.3 At the time of applying for the Academic Pathway Trainees must submit applicable documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree.
- 3.7.4 Trainees will not be approved for the Academic Pathway until there has been satisfactory completion of the following requirements:
  - Satisfactory completion of SET 1
  - Satisfactory completion of the SET Clinical Examination
  - Current term assessed as satisfactory
- 3.7.5 Trainees must be performing satisfactorily prior to entering the Academic Pathway. The Academic Pathway will not be approved if the Trainee's preceding term was unsatisfactory or the Trainee is currently on probation.
- 3.7.6 Attendance at RATS and the ANZAPS Annual Scientific meeting is mandatory, except in the case of a Trainee undertaking an International higher degree.

---

<sup>1</sup> As per Oxford definitions

- 3.7.7 Trainees on approved Academic Pathway must submit a progress report for each three-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the Board within two (2) weeks of the completion of each three-month period. The Board will review the progress report and confirm with the Trainee if they deem the progress satisfactory.
- 3.7.8 The Supervisor will be required to submit to the Board a document outlining:
- a. Personal background in supervising research
  - b. Outline of the proposed project or degree
  - c. Planned level of supervision of Trainee
- The purpose of this document is to allow the Board to assess prospectively the quality of the academic environment into which the Trainee is entering.
- 3.7.9 A final report must be provided by the Trainee and Supervisor of research to the Board within two (2) weeks of the completion of the research.
- 3.7.10 Prior to returning to SET, the Trainee must provide proof of thesis submission, coursework or planned research completion is required.
- 3.7.11 Trainees returning from a period of Academic Pathway will be assessed for the retention of competency.
- 3.7.12 When a Trainee has not demonstrated retention of the competencies commensurate with the SET level prior to interruption the Board may record the rotation as “not assessed summatively”. The Trainee’s SET level will be revised to reflect competencies demonstrated. Following this assessment the Trainee will be advised of the revised SET level and will be expected to demonstrate acquisition of competency commensurate with that level.
- 3.7.13 Clinical work may be undertaken during approved Academic Pathway but cannot exceed two clinical sessions per week and two after hour shifts per week.
- 3.7.14 Trainees are still required to meet the approved research requirement under section 3.6 of these Training Regulations.
- 3.7.15 Participation in the Academic Pathway will increase the maximum duration of training. The maximum duration of training will be increased by the average time it takes to complete the higher degree plus one (1) year. For example completion of a PhD will increase the maximum duration by an additional four (4) years.
- 3.7.16 The Board will confirm the revised maximum duration to the Trainee at the time of application.

### **3.8 Registrar Annual Training Seminar**

#### **Overview**

- 3.8.1 The Registrar Annual Training Seminar (RATS) is held annually (usually in October/November) over four consecutive days and is compulsory for all active Trainees; and optional for Trainees on interruption (inactive).
- 3.8.2 The Board may consider any requests for exemption from attending the RATS. Any requests for exemption must be forwarded in writing to the Board Chair no later than 1st September each year detailing the exceptional circumstances requiring an exemption.
- 3.8.3 By accepting accreditation as a Paediatric SET post, hospital management has agreed that accredited Trainees will be granted appropriate leave to attend the RATS and no Trainee should be required to perform clinical duties or meet on-call requirements whilst the RATS is in progress (including the night before the RATS commences). Trainees not approved by their employer for appropriate leave must contact the Board Chair.
- 3.8.4 It is the individual Trainee’s responsibility to cover their costs while at the RATS. The RATS is organised to provide Trainees with the opportunity for personal and professional development, through activities with peers and under the guidance of the Board of Paediatric Surgery. The RATS comprises two major activities:
- a. The Registrar Conference; and

b. Trainee Interviews

3.8.5 Registrar Conference

The purpose of the Registrar Conference is to:

- a. Conduct educational sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can provide training on issues pertinent to surgical practice.
- b. Conduct personal development sessions comprising of (suggested) one whole day or two half day sessions where invited speakers and/or sponsors can address Trainees on work/life balance issues and other areas of personal development.
- c. Participate in the Trainee forum where Trainees engage in open discussion over (suggested) one whole day or two half day sessions regarding training program issues; including preparation of an agenda for these issues to be discussed with the Board of Paediatric Surgery, election of a Trainee Representative to sit on the Board of Paediatric Surgery for the duration of two years and election of a Trainee Organiser and location for the following year's RATS.
- d. Deliver an eight (8) minute presentation to their peers discussing areas of research, case studies, or a medical topic in which they have an interest.

3.8.6 Board of Paediatric Surgery Meetings and Trainee Interviews

- a. Concurrently the Board of Paediatric Surgery conducts a full Board Meeting where it will discuss relevant issues and review Trainees performance including consideration of logbook, assessment forms, progressive non-operative logbook, DOPS, Mini-CEX, 360 Degree Surveys, MOUSE, CATs and DOGS.
- b. The Board meets with the current Trainees as a group to discuss training program issues.
- c. Representatives of the Board will meet with current Trainees on an individual basis to discuss SET program progression.

**3.9 Curriculum**

- 3.9.1 The curriculum of the Paediatric SET program is published on the Paediatric Surgery page of the RACS website, in the section entitled "Curriculum Modules".
- 3.9.2 Trainees must satisfactorily complete each module of the curriculum of the SET program.
- 3.9.3 The curriculum provides Trainees and supervisors with a guide as to the scope and competency levels expected to be achieved by the end of the SET program. The Fellowship Examination in Paediatric Surgery will be directly based on the curriculum.
- 3.9.4 The outline of the required competencies for the SET program is listed on the RACS website.
- 3.9.5 The SET program reading list is on the RACS website.

## **4. TRAINEE ADMINISTRATION**

### **4.1 Deferral, Interruption and Flexible Training**

- 4.1.1 Requests for deferral must be made before or at the time of acceptance of an offer of a place on the Paediatric SET program. Requests submitted after this time will only be considered in exceptional circumstances.
- 4.1.2 The standard period of deferral is twelve (12) months. In exceptional circumstances, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.
- 4.1.3 Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period of completion will be reduced by the extra time granted for deferral.
- 4.1.4 Requests for an interruption to participation in the Paediatric SET program must be made in writing to the Board no less than six (6) months prior to the commencement of the rotation during which the interruption will occur, unless that interruption is for family or medical reasons.
- 4.1.5 An interruption for family or medical reasons can be made at any time if supported by appropriate evidence in the form of a statutory declaration or medical certificate.
- 4.1.6 Applications for flexible training (i.e. undertaking clinical training in a post between 50% and 100% of full time equivalent) must be made no less than six (6) months prior to the commencement of the rotation. Approval of such an application will be subject to approval of the employing hospital.
- 4.1.7 Trainees returning from a period of interruption will be assessed for the retention of competency.
- 4.1.8 When a Trainee has not demonstrated retention of the competencies commensurate with the SET level prior to interruption the Board may record the rotation as “not assessed summatively”. The Trainee’s SET level will be revised to reflect competencies demonstrated. Following this assessment the Trainee will be advised of the revised SET level and will be expected to demonstrate acquisition of competency commensurate with that level.
- 4.1.9 Additional time after interruption will be counted towards the total maximum duration of time to complete training.

### **4.2 Leave**

- 4.2.1 Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per six-month rotation or three (3) weeks per three (3) months in SET One (1), subject to approval by the employing authority. Leave beyond this may result in the rotation being recorded as “unsatisfactory” or “not assessed”.
- 4.2.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer’s leave.
- 4.2.3 Trainees taking their employment leave entitlements to a total of six (6) weeks do not need to make a separate application to the Board.
- 4.2.4 Trainees wishing to take more than six (6) weeks’ leave during a six-month rotation or three (3) weeks per three (3) months in SET One (1), must seek prospective approval from the Board and the employing authority.
- 4.2.5 Where a Trainee takes more than six (6) weeks leave during a six-month rotation, the rotation may be deemed assessable if the supervisor and consultants are able to confirm that the rotation objectives will still be met.
- 4.2.6 Trainees may seek leave from the training program without taking leave of employment at the allocated post. The Board will consider whether leave without vacating a post impacts on the appointment of another Trainee.

### 4.3 Withdrawal from Training Program

- 4.3.1 Trainees who do not wish to continue on the Paediatric Surgery Training Program must notify the Board of their withdrawal in writing; stipulating when the withdrawal will be effective.
- 4.3.2 Following withdrawal, former Trainees are recommended to honour the terms of their employment contract.
- 4.3.3 Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.
- 4.3.4 Trainees who resign from a position without the prior approval of the Board will be deemed to have withdrawn from the Paediatric SET program. The Board will confirm the withdrawal in writing.
- 4.3.5 Trainees should contact their Hospital Surgical Supervisor or the Specialty Board Chair for support, advice, and assistance before resigning from employment.

### 4.4 Extension of Training

- 4.4.1 Requests for an Extension to Training beyond Senior SET 2 must be made in writing to the Board.
- 4.4.2 The Board may also require a Trainee to undertake an extension of training based on performance.
- 4.4.3 Requests must be made in writing and outline the following:
  - Length of extension
  - Reason for the extension
  - Areas the Trainee does not feel competent in
- 4.4.4 Extensions of training will only be granted if a suitable post is available.
- 4.4.5 If an extension of training has been approved, the Trainee must participate in all assessment processes as outlined these Regulations.

## 5. PAEDIATRIC SURGERY TRAINING POSITIONS

It is the aim of the Board to facilitate optimal clinical exposure to the breadth and depth of Paediatric surgical practice by directing placement of Trainees to appropriate accredited hospital posts. Hospital posts are accredited to the standards set by RACS.

### 5.1 Training Position Placement

- 5.1.1 Rotation of Trainees between units will occur in SET training and Trainees may be assigned to a unit anywhere in Australia or New Zealand. A Trainee who has had outstanding progress reports and achievement of surgical competencies may seek, with Board approval, to organise a training position overseas (outside of Australia and New Zealand) for their final year of training. An overseas training post must be approved by the Board prior to allocation. Approval can be rescinded if, in the opinion of the Board, overseas training is, or is likely to be, detriment to their progression.
- 5.1.2 The Board of Paediatric Surgery believes that diversity of training experience is acquired by spending time in a number of training centres. This facilitates exposure to the full scope Paediatric Surgery practice, and the breadth of training experiences. Trainees in Paediatric Surgery should, in consultation with the Board of Paediatric Surgery, devise a training rotation plan for Mid and Senior SET based on the following principles:
  - Mid and Senior SET training **must** be undertaken for a minimum period of twelve (12) months in at least two (2) training regions. The Paediatric Surgery training regions are New Zealand, New South Wales/Australian Capital Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia.
  - A minimum of one (1) year of satisfactory Mid or Senior SET training must be undertaken at an institution with more than one accredited Paediatric training position.

- Some accredited posts are suitable for a maximum of 12 (twelve) months of training at Mid and Senior SET level only.
- Trainees are encouraged to spend a minimum of one (1) year in an accredited training position in a regional paediatric surgical centre.
- Some accredited posts are suitable for Mid SET training only.

## 5.2 Allocation process

- 5.2.1 The Board reviews the Trainee's progress within the SET program in relation to the training regulations to identify any deficiencies to be addressed. If particular deficiencies must be addressed by training at a certain accredited hospital, this will be identified by the Board and communicated to the Trainee during their Registrar Annual Training Seminar interview.
- 5.2.2 Trainees advise the Board of their training preferences for the remaining years of their SET program prior to the selection process as per the due date published in the training calendar.
- 5.2.3 The Board allocates Trainees according to training requirements identified for each Trainee and in order of seniority in the SET program. The order of seniority by training phase is as follows:
- Senior SET,
  - Mid SET
  - Early SET
  - SET One
- Should an additional year of training occur, phase of training will take precedence (e.g. S1>M3).
- 5.2.4 The Board will endeavour to finalise all hospital allocations for the following year by mid-term of rotation two.
- 5.2.5 Every endeavour will be made to accommodate preferences for allocation to posts; however this is not always possible due to limitations in the number of posts available.
- 5.2.6 It is understood that Trainees' individual preferences may alter during their progression through the SET program. The Board will endeavour to accommodate Trainees' preferences as they are advised but cannot guarantee that all requests will be fulfilled.
- 5.2.7 Trainees who have notified the Board of their intention to defer or interrupt training or take up a position overseas for twelve (12) months will not be allocated to a training position for that period. Any subsequent change to the preference of Trainees requiring placement in an accredited clinical position may not be able to be accommodated.
- 5.2.8 It is the Trainee's responsibility to contact the employing hospital to make the appropriate application for appointment to the allocated Paediatric Surgery training position. The hospital to which a Trainee is allocated will be the employing body and as such may require documentation to complete the appointment process such as a full structured curriculum vitae, confirmation of medical registration or completed criminal record checks.
- 5.2.9 A Trainee who resigns from their accredited clinical post without the permission of the Board will be considered to have withdrawn from the SET program
- 5.2.10 Should a Trainee refuse to commence employment in their Board allocated training post dismissal proceedings for failure to follow RACS direction will be initiated (see section 11.3).
- 5.2.11 A table of accredited Paediatric Surgery posts is available from the Board Executive Officer and on the RACS website.

## 6. ASSESSMENT OF PERFORMANCE DURING CLINICAL TRAINING

### 6.1 Overview and Process

- 6.1.1 It is the responsibility of the Trainee to read the Training Calendar and communicate any queries they have regarding the due dates in a timely manner.
- 6.1.2 Each accredited training position has an approved Surgical Supervisor nominated by the hospital and approved by the Board of Paediatric Surgery. Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of Trainees rotating through their designated accredited training posts. SET One (1) posts will usually have a Surgical Supervisor different to the Supervisor responsible for Mid and Senior SET Trainees.
- 6.1.3 Where a Trainee is placed in an accredited post of another specialty (e.g. an Early SET Paediatric Surgery Trainee in a General Surgery post) a Surgical Supervisor of that specialty will be nominated by that Specialty Training Board and will assume overall responsibility for the assessment of performance during that period of clinical training.
- 6.1.4 Trainers are Fellows of RACS or VRPS as approved by the Board who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers assist the Surgical Supervisor with monitoring, guiding and giving feedback to Trainees, as well as appraising and assessing their performance.
- 6.1.5 The assessment of a Trainee's performance by the Surgical Supervisor in conjunction with other Trainers is fundamental to their continuing satisfactory progression through the SET program.
- 6.1.6 An assessment report (Trainee Assessment Form) must be completed for each Trainee in an accredited clinical training position as per the training calendar:
  - a. or as soon as is practical any time after the identification of unsatisfactory or marginal performance as determined by the Surgical Supervisor (see section 9).
  - b. or at the end of the probationary period or at more frequent intervals during a probationary period where requested by the Board (see section 9).
- 6.1.7 Trainees in an accredited post of another specialty will use the Trainee assessment form of the relevant specialty. Trainees in SET One (1), Mid and Senior SET will use the Paediatric Surgery Trainee Assessment Form.
- 6.1.8 At the start of each rotation the Surgical Supervisor will meet with each Trainee to develop training goals and objectives for that rotation.
- 6.1.9 The completed assessment report should be signed and dated by both the Trainee, Surgical Supervisors and Trainers and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment by the Trainee.
- 6.1.10 The Trainee is responsible for forwarding the completed assessment report to the Board by the communicated due date as published on the training calendar or within one week of signing of the assessment report; whichever is sooner.
- 6.1.11 Trainees are required to keep a copy of the assessment report for their personal records and training portfolio.
- 6.1.12 A clinical rotation may be recorded as unsatisfactory when an assessment report or logbook is not submitted by the due date or in accordance with instructions from the Board.
- 6.1.13 Where an assessment report is rated as marginal by the Surgical Supervisor the Board must review the report and make a final decision as to whether the clinical rotation is to be recorded as satisfactory or unsatisfactory.
- 6.1.14 The Board is responsible for the review of the assessment report and the subsequent determination of a satisfactory or unsatisfactory clinical rotation.
- 6.1.15 A clinical rotation will be recorded as unsatisfactory when an assessment report or logbook does not satisfy the Board's performance standards.

- 6.1.16 A clinical rotation may be recorded as unsatisfactory if leave exceeds six (6) weeks in any six month rotation (or pro-rata).
- 6.1.17 Trainees with an unsatisfactory rotation will be advised as per the requirements of Section 9.
- 6.1.18 Trainees are advised to keep a copy of all training documentation.

## **6.2 Trainee Portfolio**

- 6.2.1 All Trainees are required to maintain a Trainee portfolio throughout their training.
- 6.2.2 The Trainee portfolio should contain: copies of received RACS and Board correspondence regarding their training progress, logbook summaries, Trainee assessment forms, updated Progressive non-operative logbook, DOGS and CAT results, DOGS and CAT submissions, MOUSEs, evidence of completion of compulsory courses, and other relevant training documentation.
- 6.2.3 The Trainee portfolio should be brought to the Trainee formal meetings with the Board.
- 6.2.4 The Trainee portfolio should also be brought to the beginning of rotation meeting with Surgical Supervisors to assist with the needs assessment of the Trainee and subsequent setting of goals for the forthcoming rotation.
- 6.2.5 The Trainee portfolio must be available to be discussed with the Surgical Supervisor and Trainers at face to face feedback meetings.

## **6.3 Assessment of Operative Experience during Clinical Training**

- 6.3.1 From the commencement of SET, Trainees will maintain a logbook by using the MALT system according to RACS processes. Data entry should not be delayed more than four weeks at any one time, and must be completed and submitted to the Board at the conclusion of each rotation.
- 6.3.2 Trainees are required to submit the following three (3) MALT logbook reports with their mid and end of term rotation assessments by the dates specified in the training calendar:
  - a. Logbook Summary Report
  - b. Operative Experience Report
  - c. Major and Minor Totals Report
- 6.3.3 Those Trainees in surgical posts of other specialties will use the relevant specialty logbook summary form.
- 6.3.4 The Logbook Summary Report must be signed by the Surgical Supervisor and Trainee. Reports not signed by both parties will be considered invalid and that period of training may be assessed as unsatisfactory.
- 6.3.5 A Surgical Supervisor's signature on the Logbook Summary acknowledges that it is the logbook information the Trainee is presenting for that period of training but responsibility to ensure the accuracy of the data remains with the Trainee.
- 6.3.6 The Trainee is responsible for forwarding the completed logbook summary and other two logbook reports (see 6.3.2) to the Board by the communicated due date or within one week of signing of them whichever is sooner.
- 6.3.7 If the logbook reports are not received by the due date that period of training may be assessed as unsatisfactory by the Board.
- 6.3.8 Trainees are required to keep a copy of their signed logbook summaries for their training portfolio.
- 6.3.9 The Board will assess Trainee logbooks to ensure they adequately cover the major areas of the curriculum.
- 6.3.10 At its discretion, the Board may extend the duration of the Trainee's SET program if the exposure or level of participation are considered deficient or marginal in any area.

- 6.3.11 The Board is responsible for the review of logbook and accreditation of clinical rotation.
- 6.3.12 Adequate operative experience must be evident to the Board Chair prior to any Trainee presenting for the Fellowship Examination in Paediatric Surgery.
- 6.3.13 Inaccurate recording of procedures in the operative logbook may be treated as misconduct and may form grounds for dismissal in accordance with the RACS Dismissal from Surgical Training policy, Misconduct policy and these regulations.

#### **6.4 SET One Trainee Assessment Form**

- 6.4.1 Summative assessments are completed at the end of each three (3) month rotation in Set One (1) and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies.
- 6.4.2 Ongoing feedback should be sought by Trainees from their SET One (1) Surgical Supervisor and their Trainers during each quarter, so that problems related to training can be identified and remedies sought as a constant and regular process during SET One (1).
- 6.4.3 When areas of performance are identified as “Unsatisfactory” or “Borderline”, the assessment will be assessed as unsatisfactory. The SET One (1) Surgical Supervisor will discuss this with the Trainee and a Performance Management Plan will be developed for the subsequent rotation (following three months).
- 6.4.4 If a Trainee’s performance has been assessed as unsatisfactory, the Board will follow the process outlined in Section 9.

#### **6.5 Early SET, Mid and Senior SET Trainee Assessment Form**

- 6.5.1 Trainees in an accredited post of another specialty (e.g. an Early SET Paediatric Surgery Trainee in a General Surgery post) will use the Trainee assessment form of the relevant specialty.
- 6.5.2 Formative assessments are completed at the middle of each rotation as proscribed in the training calendar and are aimed to identify areas of good performance and areas of performance that require improvement to reach competence.
- 6.5.3 Summative assessments are completed at the end of each rotation and are aimed at indicating whether a Trainee has demonstrated satisfactory performance or not in the RACS competencies to permit accreditation of a period of training.
- 6.5.4 When areas of performance are identified as “Borderline” or “Unsatisfactory” in the summative assessment, the following assessment at the middle of the next rotation (or earlier if directed by the Board) will be treated as a summative assessment.
- 6.5.5 Where deficiencies or training issues are identified, the Board will assist in co-ordinating a remedial action or a performance management plan with the Trainee and Surgical Supervisor.
- 6.5.6 Where a deficiency is identified, the Board may request more frequent submission of a Trainee evaluation report.
- 6.5.7 Where areas are identified and recorded on the Trainee assessment form as “Borderline” or “Unsatisfactory”, the Surgical Supervisor will discuss this formally with the Trainee and agree to an appropriate remedial action plan or performance management plan. Advice may be sought from the Board in developing a performance management plan.
- 6.5.8 The areas of deficiency that resulted in the unsatisfactory assessment are identified by the Board and advised in writing to the Trainee. The Trainee is also advised that he/she is on probation and of the duration of the period of probation. The current Surgical Supervisor will be informed.

#### **6.6 Conducting an assessment report (Trainee Assessment Form)**

Trainees in SET One (1) must complete a face-to-face assessment at the end of each rotation. There are no mid-rotation assessments in SET One (1).

Trainees in Early, Mid and Senior SET must complete a face-to-face mid-term assessment (at a time such that the assessment can be submitted by the date specified in the training calendar) and an end-of-term assessment (at the end of the six (6) month rotation) with their

Surgical Supervisor, in which any deficiencies or areas of potential improvement should be discussed with mechanisms for correction identified. Positive feedback is equally advisable in the assessment process.

Areas of above or below average performance should be highlighted with constructive comment as to further development. Development of a Performance Management Plan may be considered by the Supervisor of Training at this stage for deficient areas of performance or may be directed by the Board. This meeting should include a review of the Goals and Objectives established at the start of the rotation (Section 6.1.8).

6.6.1 Just prior to the completion of each rotation:

- a. A Trainee makes a request of the Surgical Supervisor at least two weeks prior to the Board due date to complete the Trainee Assessment Form. The Surgical Supervisor (or RACS notified delegate in case of leave) will then coordinate the subsequent process.
- b. The department meets as a whole regarding their Trainees and the Trainee Assessment Form is discussed and completed by the department on that occasion.
- c. The Trainee Assessment Form should be a consensus statement by the Department. Therefore all Consultants within the Department who have clinical interactions with the Trainee are required to sign the Trainee Assessment Form. Where a consensus cannot be reached by a Department, any dissenting Department member/s must prepare a separate Trainee Assessment Form which also must be discussed with the Trainee (also refer to 6.6).
- d. It is acceptable to acknowledge on the Trainee Assessment Form that a consultant from the Department who is on extended leave will be unable to sign the form.
- e. A meeting is arranged between the Trainee, the Surgical Supervisor (or RACS notified delegate in case of leave) and/or other appropriate consultant/s within the department, to discuss the training documentation, following which the Surgical Supervisor and Trainee must sign the forms prior to the Trainee forwarding a copy of the complete set of forms to the Executive Officer on or before the due date. Reports not signed by all parties will be considered invalid.

6.6.2 The Trainee is responsible for forwarding completed training documentation to the Executive Officer at the conclusion of each quarter and ensuring receipt on or before the communicated due date. If the documentation is not received by the communicated due date that period of training may be assessed as unsatisfactory and the Trainee may be placed on probation (See Section 9).

## **6.7 Unsatisfactory Assessment**

6.7.1 With respect to the summative Trainee Assessment Form, an overall unsatisfactory assessment is defined as

- Two or more Unsatisfactory (N) ratings
- One or more Unsatisfactory (N) ratings in the same criterion as identified in a previous assessment period
- Two or more Borderline (B) ratings in criteria assessed as Borderline (B) in a prior assessment period (i.e. persisting deficiencies)
- The Trainee failing to submit training documentation and assessments by due date

6.7.2 If a Trainee's performance in a clinical rotation has been assessed as unsatisfactory, the Board will follow the process outlined in Section 9.

## **6.8 Progressive Non-Operative Logbook**

6.8.1 The Progressive Non-Operative Logbook has been developed to provide Trainees, Surgical Supervisors and the Board with a summary of the Trainee's progress and to identify strengths and weaknesses.

6.8.2 Trainees are required to take their completed form to any meeting with their Surgical Supervisor.

- 6.8.3 Trainees are required to submit an updated form at the conclusion of each rotation in addition to other in-training assessment forms outlined in section 0, by the due date.
- 6.8.4 The Trainee will be responsible for forwarding the completed form to the Board by the due date. If the form has not been received by the communicated due date the training rotation may be assessed as unsatisfactory.
- 6.8.5 Trainees must keep a copy of their current Progressive Non-Operative Logbook in their training portfolio.

## **6.9 SET Assessments**

### **6.9.1 Mandatory Presentations**

SET One (1) Trainees are required to present on topics as outlined in the SET One (1) Assessment Plan. The Supervisor or a FRACS/VRPS Consultant Trainer will sign that satisfactory completion of each presentation has occurred in the Trainee's SET One (1) Assessment Plan Record. Presentations are to be 5 – 10 minutes in length and are to be given by the Trainee without reference to notes. Audio-visual aids are to be restricted to pictures of radiology or patients to illustrate a significant symptom or sign. Minimum audiences for presentations are a FRACS Paediatric surgical Consultant or VRPS and one other medical member of the surgical team.

- a. Presentations for perioperative management should demonstrate a safe working knowledge of diagnosis, investigation and management of those conditions in children. Presentations for perioperative management should be in the following format:
- Key pathological features of condition
  - Key presenting features
  - Key diagnostic features and investigations
  - Essential perioperative management steps
- b. Presentations for specific mandated paediatric conditions should demonstrate knowledge of key features of presentation, pathogenesis and diagnosis of those conditions. In depth knowledge of management of these specific mandated conditions at a Fellowship level is not required in SET One (1). Presentations should be in the following format:
- Key pathological features of condition
  - Key presenting features
  - Key diagnostic features and investigations

### **6.10 Mini Clinical Examination (Mini-CEX) Forms**

- 6.10.1 Eight (8) Mini-CEX performed on mandated peri-operative management cases are to be submitted in SET One (1) as outlined in the SET One (1) Assessment Plan.
- 6.10.2 A minimum of four (4) Mini-CEX per year are to be submitted in Early SET.
- 6.10.3 A minimum of one (1) form must be submitted at the end of each quarter in Early SET or as directed by the Board.
- 6.10.4 Mini-CEX forms are to be completed by FRACS Consultants or VRPS unless otherwise directed by the Board.
- 6.10.5 Failure to submit all completed forms may result in an unsatisfactory rotation assessment.

### **6.11 Direct Observation of Procedures (DOPS) Forms**

- 6.11.1 A minimum of one (1) completed form must be submitted at the end of each quarter in Early SET or as directed by the Board.
- 6.11.2 Failure to submit all completed forms may result in an unsatisfactory rotation assessment.
- 6.11.3 DOPS forms are to be completed by FRACS Consultants or VRPS unless otherwise directed by the Board.

## **6.12 360 Degree Evaluation Surveys**

- 6.12.1 Completed 360 Degree Evaluation Surveys must be submitted at the end of rotation one (1) and rotation three (3) in SET One (1) or as directed by the Board.
- 6.12.2 Two (2) surveys are to be completed in SET One (1).
- 6.12.3 Trainees in Early, Mid and Senior SET may be also be directed by the Board to complete 360 Degree Evaluation Surveys after review of their Trainee Assessment reports.
- 6.12.4 Relevant Trainees will be required to nominate a minimum of eight (8) contacts with a minimum of one from each of the following positions:
  - Registrar equivalent or similar level as the Trainee
  - Registrar from a different specialty
  - Resident
  - Medical/Clinical Nurse
  - Administration staff (non-medical)
- 6.12.5 Trainees are advised to obtain approval from prospective participants in the surveys before nominating them.
- 6.12.6 The Trainee will also be required to complete a self-assessment; which is to be included with their assessment reports by the due date.
- 6.12.7 The forms are scored in the following categories: Technical Expertise, Scholar and Teacher, Communication, Collaboration, Management and Leadership, Health Advocacy and Professionalism.
- 6.12.8 All scores, including the Trainee's, are collated onto a summary sheet which is reviewed by the Board. The summary sheet is provided to the Trainee's Surgical Supervisor and the Trainee at the conclusion of each rotation to discuss the feedback.

## **6.13 Measure of Operative Understanding and Surgical Experience (MOUSE) Forms**

- 6.13.1 SET One (1) Trainees must submit a minimum of three (3) MOUSE on mandated procedures at the end of each quarter or as directed by the Board. Mandated Procedures are outlined in the SET One (1) Assessment Plan.
- 6.13.2 Additional MOUSE in paediatric surgical procedures may be submitted to demonstrate competency or formative feedback.
- 6.13.3 Mid and Senior SET Trainees are required to complete a minimum of six (6) MOUSE forms at regular intervals (monthly recommended) throughout each six month rotation. Three (3) completed MOUSE need to be submitted at the end of each quarter and end of term assessment period; by the due date. Trainees may be directed to complete more frequent MOUSE forms.
- 6.13.4 All paediatric surgical procedures may be considered for MOUSE assessment and feedback at any stage of training.
  - a. Mid SET Trainees are requested to complete MOUSE forms in the SET Board of Paediatric Surgery Summary of Operative Experience categories Minor 3 (such as appendicectomy and non-neonatal herniotomy) and Major 2 (such as neonatal herniotomy and orchidopexy).
  - b. Senior SET Trainees are required to include cases from Major 1 especially neonatal index cases.
  - c. Failure to demonstrate competency (as defined in the curriculum) will result in failure to satisfactorily complete the current SET Phase.
- 6.13.5 Trainees are required to initiate the assessment.
- 6.13.6 Trainees are advised to discuss with the assessing Consultant how areas of deficiency could be improved during the next procedure.
- 6.13.7 All assessors of MOUSE forms must be Paediatric Surgery Fellows of the Royal Australasian College of Surgeons or Board approved VRPS in New Zealand.

- 6.13.8 Failure to submit all completed forms by the due date may result in an unsatisfactory rotation assessment.

#### **6.14 Critical Appraisal Tasks (CATs)**

A Critical Appraisal Task (CAT) is a training tool designed to enable Trainees to address a clinical question using the best available evidence. Trainees are expected to appraise the relevant literature and, based upon this, to concisely provide a rationale for their chosen management. These tasks equip the Trainee to continually adjust management approaches during their career as a paediatric surgeon, as new information becomes available. CATs are designed to approximate the framework expected during written components of the Fellowship Examination.

- 6.14.1 CATs must be completed by Mid and Senior SET Trainees. SET One (1) and Early SET Trainees may choose to complete CATs, however, they will be marked at a Mid SET level.
- 6.14.2 During SET training Trainees must attain six (6) satisfactory CATs.
- 6.14.3 If a Trainee receives a borderline result they can resubmit their CAT for marking within two weeks of being notified of their CAT result.
- 6.14.4 Two (2) CATs per year are conducted. Trainees must submit their CAT electronically by the due date.
- 6.14.5 The submission must include a cover sheet with the following information:
- CAT title,
  - due date,
  - Trainee name.
- 6.14.6 The submission will answer all questions clearly identified and referenced where appropriate. A bibliography must be included in the submission.
- 6.14.7 A Board member is allocated the role of CAT coordinator and authors CAT topics.
- 6.14.8 The CAT coordinator is tasked with recruiting other authors and assessors from the ANZAPS membership. CATs are assessed by the author and one other nominated ANZAPS member using the prescribed assessment template.
- 6.14.9 Assessment templates are used for Mid SET Trainees and Senior SET Trainees.
- 6.14.10 Representative answers will be made available to all Trainees, to assist improvement of future submissions.
- 6.14.11 CATs are not completed by interrupted Trainees unless a specific request is made and approved by the Board.

#### **6.15 Directed Online Group Studies (DOGS)**

DOGS have been designed to encourage discussion and understanding of management plans related to clinical paediatric surgical problems and are based on our curriculum modules. The answer will be in the style of a medium or short clinical exam question, either in the written paper or viva section of the Fellowship Exam. Marking will take into account the SET level of the candidate.

- 6.15.1 Two (2) DOGS are to be completed annually, and each will be available on the RACS website for a period of three (3) weeks; as specified in the training calendar.
- a. Session 1:
- Trainees are asked to read the case presentation and submit responses to case questions which require both core knowledge and clinical judgement. Trainees are notified of the broad assessment criteria and they are encouraged to refer to it in order to help form their responses. Session 1 is open for seven (7) days.
- b. Session 2:
- Allows Trainees to access a feedback forum. During this session Trainees are asked to identify a clinical issue related to the case from their own clinical experience and submit it to a "Practice Issues Forum". The role of the facilitators at this point is to monitor and respond to feedback, to probe Trainees' responses and to pose further questions to generate discussion. Session 2 is open for seven (7) days.

c. Session 3:

Requires Trainees to select at least two of the issues submitted by their colleagues and to provide comments based on their own experience. The facilitator joins in the discussion as required. New clinical issues may be raised in this session. Session 3 is open for seven (7) days.

- 6.15.2 DOGS are compulsory for all Mid and Senior SET Trainees. SET One (1) and Early SET Trainees may choose to complete DOGS, however, they will be marked at a Mid SET level.
- 6.15.3 During SET training, Trainees must attain six (6) satisfactory DOGS.
- 6.15.4 A Board member is allocated to the role of DOGS coordinator. The DOGS coordinator is tasked with authoring DOGS topics and recruiting other authors and assessors from the ANZAPS membership.
- 6.15.5 Following completion of the DOGS, the Trainee submission and discussion forum is accessed from the RACS website and forwarded to the facilitator(s) for marking.
- 6.15.6 DOGS are not completed by interrupted Trainees unless a specific request is made and approved by the Board.



## **7. COURSES**

### **7.1 Paediatric Life Support (PLS and APLS) Courses**

- 7.1.1 Trainees must satisfactorily complete either the PLS or APLS Course prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.
- 7.1.2 Trainees should visit the [RACS website](#) for more details on the course.

### **7.2 Early Management of Severe Trauma (EMST) Course**

- 7.2.1 Trainees must satisfactorily complete the RACS EMST Course either prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.
- 7.2.2 Trainees should visit the [RACS website](#) for more details on the course.

### **7.3 Australian and New Zealand Surgical Skills Education and Training (ASSET) Course**

- 7.3.1 Trainees must satisfactorily complete the RACS ASSET Course either prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.
- 7.3.2 Trainees should visit the [RACS website](#) for more details on the course.

### **7.4 Care of the Critically Ill Surgical Patient (CCrISP) Course**

- 7.4.1 Trainees must satisfactorily complete the RACS CCrISP Course either prior to their training or by the end of Early SET. Although a number of courses are conducted throughout Australia and New Zealand, there are waiting lists and Trainees are encouraged to complete the course prior to commencement on the SET program.
- 7.4.2 Trainees should visit the [RACS website](#) for more details on the course.

### **7.5 Emergency Management of Severe Burns (EMSB) Course**

- 7.5.1 Trainees must satisfactorily complete the Australian and New Zealand Burns Association (ANZBA) EMSB Course either prior to their training or by the end of Early SET.
- 7.5.2 Trainees should visit [www.anzba.org.au](http://www.anzba.org.au) for more details on the course.

### **7.6 Critical Literature Evaluation and Research (CLEAR) Course**

- 7.6.1 Trainees must satisfactorily complete the RACS Critical Literature Evaluation and Research (CLEAR) Course either prior to their training or by the end of Early SET.
- 7.6.2 Trainees should visit the [RACS website](#) for more details on the course.

## 8. EXAMINATIONS

It is advisable that the Trainee discuss with their Surgical Supervisor their preparedness prior to applying for and sitting any Examination in the SET program.

### 8.1 SET Clinical Examination

- 8.1.1 Trainees will be required to complete the SET Clinical Examination as set by the RACS Examinations Department by the end of the first two years of SET training; however it is recommended where possible that Trainees undertake to complete the Examination during or prior to the first year of training. Eligibility for selection in 2019 for intake in 2020 (and in subsequent years) will require successful completion of the SET Clinical Examination.
- 8.1.2 Trainees must pass the examination within the limits as specified in the *Conduct of the SET Clinical Examination* policy. Failure to do so will result in dismissal from the program, in accordance with the relevant policy.
- 8.1.3 All inquiries regarding the SET Clinical Examination should be directed to the Examinations Department at RACS.

### 8.2 Paediatric Anatomy and Embryology Examination

- 8.2.1 The Paediatric Anatomy and Embryology Examination can be taken by the Trainee at any time after successful completion of the SET Clinical Examination.
- 8.2.2 Trainees are required to present for the examination at least once within two years of the commencement of Mid-SET.
- 8.2.3 Trainees must complete the Paediatric Anatomy and Embryology Examination by the end of Mid SET. Trainees will not be permitted to enter Senior SET training if they have not been successful in the Paediatric Anatomy and Embryology Examination.
- 8.2.4 The approval of the Board of Paediatric Surgery is required to sit the examination and is dependent on progress in training.
- 8.2.5 Trainees should refer to the RACS policy *Conduct of the Paediatric Anatomy and Embryology Examination* on the RACS website for details of the examination, including eligibility, structure and timelines. The examination date and application closing date/s are published on the Examinations page of the RACS website.
- 8.2.6 Candidates who have very poor performance, or repeatedly fail may be placed on probation.

### 8.3 Paediatric Pathophysiology Examination

- 8.3.1 The Paediatric Pathophysiology Examination can be taken by the Trainee at any time from Mid-SET; after successful completion of the SET Clinical Examination.
- 8.3.2 Trainees are required to apply for the examination no later than the second year of Mid-SET.
- 8.3.3 Trainees will be required to complete the Paediatric Pathophysiology Examination by the end of Mid SET. Trainees will not be permitted to enter Senior SET training if they have not been successful in the Paediatric Pathophysiology Examination.
- 8.3.4 The approval of the Board of Paediatric Surgery is required to sit the examination and is dependent on progress in training.
- 8.3.5 Candidates who have very poor performance, or repeatedly fail may be placed on probation.
- 8.3.6 Trainees should refer to the RACS policy *Conduct of the Paediatric Pathophysiology Examination* on the RACS website for details of the examination, including eligibility, structure and timelines. The examination date and application closing date/s are published on the Examinations page of the RACS website.

### 8.4 Fellowship Examination in Paediatric Surgery

The Examination is coordinated by the Examinations Department of RACS. Trainees should refer to policies relating to the Fellowship Examination on the [RACS website](#).

A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a report from the Court of Examiners. The Trainee will be invited to attend a meeting as per the Fellowship Examination Eligibility, Review and Feedback policy.

### **8.5 Eligibility to Apply and Present for Fellowship Examination**

- 8.5.1 A Trainee will be eligible to present for the Fellowship Examination in Paediatric Surgery when they have:
- a. Lodged an application to present with the RACS Examinations Department and paid the Examination fee; and
  - b. Satisfactorily completed SET One (1), Early and Mid SET, and satisfactory progression in Senior SET; and
  - c. Completed all other examinations and courses in the Paediatric SET program; and
  - d. Completed the approved research requirement; and
  - e. Fully paid up dues and fees owed to RACS
- 8.5.2 A Trainee on probation cannot apply for the Fellowship Examination

### **8.6 Format of the Fellowship Examination**

Please refer to the Information to Candidates for the Paediatric Surgery Fellowship Examination available on the [RACS website](#).

### **8.7 Exam Pending Trainees**

- 8.7.1 Trainees who have completed all clinical training requirements including Clinical Rotations but are yet to complete the Fellowship Examination are considered Exam Pending.
- 8.7.2 If failure in the Fellowship Examination is assessed by the Board as reflecting a failure to demonstrate competencies normally obtained during Paediatric SET, then continuation of SET training will occur rather than the Trainee being designated as “Exam Pending”, as long as the maximum duration of training will not be exceeded. The Board will make every effort to allocate a suitable training post for this purpose, recognising that this may be difficult if it is the second Fellowship Examination sitting in that year as by this stage allocations of Trainees for the subsequent year will have already been made.
- 8.7.3 Exam Pending Trainees will be required to provide the Board with the following information two (2) months prior to the application to present for the Fellowship Examination:
- a. A description of clinical activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.
  - b. A description of exam preparation activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.
  - c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the Paediatric Surgery SET Program.
  - d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Board Subcommittee.
  - e. A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing.
- 8.7.4 Where an Exam Pending Trainee is unable to provide the required information or where the Board deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the Board may request further information or ask the Trainee to attend an interview.
- 8.7.5 In the event of review by Board or Board Subcommittee after an Exam Pending Trainee fails the Fellowship Examination, the Board may recommend that the Exam Pending Trainee re-enter formal training in an accredited training post before having any further examination applications approved. Location and timing of this post will be dependent on availability and the educational needs of the Trainee. The Trainee’s preference for a particular post may not be able to be accommodated.

- 8.7.6 The Exam Pending Trainee on commencement of employment in the accredited training post and re-entering formal training will be referred to as a Senior SET Paediatric Surgical Trainee and be subject to the usual training fees and regulations.

## **9. UNSATISFACTORY PERFORMANCE AND PROBATION**

### **9.1 Unsatisfactory performance in SET One**

- 9.1.1 SET One (1) Trainees commence training with a SET One (1) Assessment Plan, applicable to all Trainees in that phase of training. The plan outlines requirements of assessment for the SET One (1) year.
- 9.1.2 Trainees who receive an unsatisfactory assessment report for a rotation will meet with the supervisor to discuss the areas of deficiency. The Supervisor will inform the Trainee of the minimum requirements to be completed in the next rotation. This will be confirmed in writing, and will constitute a remedial performance management plan.
- 9.1.3 If performance has not improved to the required standard of the performance management plan generated after section 9.1.1 the Board may initiate dismissal proceedings in accordance with the RACS *Dismissal from Surgical Training* policy and these regulations.
- 9.1.4 There is no probationary status in SET One (1).

### **9.2 Unsatisfactory performance and Probation in Early, Mid and Senior SET**

- 9.2.1 The Probationary period is designed to allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has received a satisfactory assessment at the end of the probationary rotation.
- 9.2.2 During Probationary training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.
- 9.2.3 Upon reviewing any end of rotation (see section 6.5.3) assessment resulting in a performance standard being unsatisfactory; the Board will formally notify the Trainee that a probationary period and probationary status has been applied.
- 9.2.4 The Trainee and supervisor will meet within ten (10) working days of notification to prepare a Performance Management Plan (PMP) addressing areas of deficiency. The PMP will be confirmed in writing by the Board, copied to the Surgical Supervisor, and will include:
- Identification of the areas of unsatisfactory or marginal performance
  - Identification of the required performance standard(s) to be achieved
  - Notification of the duration of the probationary period
  - The frequency at which assessment reports must be submitted
  - Notification of any additional performance standards or conditions
  - Possible implications if the required standard of performance is not achieved
- 9.2.5 A copy of the correspondence may also be sent to the employer.
- 9.2.6 The probationary period set by the Board will be no less than three months and no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.
- 9.2.7 If the required performance standard(s) identified in the probationary notification letter and any additional conditions have been satisfied at the conclusion of the probationary period, the probationary status will be removed and the Trainee will be allowed to progress in the SET program.
- 9.2.8 If performance has not improved to the required standard at the conclusion of the probationary period the Board may initiate dismissal proceedings in accordance with the RACS *Dismissal from Surgical Training* policy and these regulations.
- 9.2.9 If a Trainee receives an unsatisfactory End of Rotation In Training Assessment having satisfactorily met the requirements of a prior probationary rotation: the Trainee will commence a second six-month rotation of probationary training, pending a review by the Board, and if the Trainees' performance has been rated as unsatisfactory for two consecutive or three non-consecutive assessment periods at

any time during the SET Program, the Trainee's continuation in the Program will be reviewed in accordance with the RACS *Dismissal from Surgical Training* policy and these regulations. The Trainee will be placed on interruption to training for six (6) months pending review.

- 9.2.10 If probation has been applied as per Section 9.2.9 a formal interview will be convened with the Trainee, Board representatives and the Surgical Supervisor. The proceedings of the interview are to be duly documented. The interview will address the following:
- Details of unsatisfactory performance
  - Response of the Trainee
  - Remedial action advised via a performance management plan
  - Consequences of any further unsatisfactory assessments
- 9.2.11 Trainees who are on Probation are not permitted to apply for interruption from the training program.

## 10. MANAGEMENT OF MISCONDUCT

- 10.1.1 Misconduct means conduct defined as misconduct in clause 3.1 of the RACS *Misconduct* policy.
- 10.1.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Surgical Supervisor, Fellow or other person has identified the misconduct, it should be reported to the Board via the Surgical Supervisor.
- 10.1.3 The Board will form a committee to investigate the alleged misconduct and to make a recommendation to the Board.
- 10.1.4 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.
- 10.1.5 The allegation should be put to the Trainee, in writing, by the committee, who will be invited to provide a written response within ten (10) working days.
- 10.1.6 Having considered the Trainee's response the committee may schedule a hearing, or may proceed to making a recommendation to the Board.
- 10.1.7 If a hearing is convened the Trainee will be provided with a minimum ten (10) working days' notice of the hearing and the proceedings will cover the following:
- a. Details of the allegation including all relevant facts, reasoning and evidence
  - b. Hear the response of the Trainee
  - c. Possible consequences
  - d. Process following hearing.
- 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 further written submission to the committee. The submission must be received by the Board at least five (5) working 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) working 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 The hearing may be recorded. The Trainee will be informed in advance if the hearing is recorded.
- 10.1.14 Within ten (10) days of the hearing, the committee will make a finding as to whether misconduct occurred and if it did will make a recommendation as to penalty, supporting both finding and recommendation with written reasons. The finding, recommendation and written reasons, together with all documentation relied on, will be given to the Board by the committee.
- 10.1.15 Possible penalties for misconduct may be, but are not limited to:
  - a. formal censure, warning or counselling; and/or
  - b. limitation of progression to the next level of training for up to one year; and/or
  - c. suspension of the Trainee for a period of up to one year; and/or
  - d. prohibition from sitting the Fellowship Examination for a period of up to one year;
  - e. Probationary rotation with a performance management plan; or
  - f. dismissal from the training program.
- 10.1.16 The Board will meet and make a decision on the recommendation of the committee.
- 10.1.17 The Trainee will be notified of the Board's decision within five (5) working days of the decision being made.
- 10.1.18 Where the Board dismisses a Trainee due to misconduct the Board will inform the RACS Chief Executive Officer who will decide if a mandatory notification to medical registration authorities is required.

## **11. DISMISSAL FROM THE TRAINING PROGRAM**

### **11.1 Unsatisfactory Performance**

- 11.1.1 A Trainee may be considered for dismissal for unsatisfactory performance if the Trainee's performance has been rated as unsatisfactory in two (2) or more rotations (also refer to 9.2.8)
- 11.1.2 SET One (1) Trainees who have two unsatisfactory rotations (see sections 1, 3.2.3, 3.2.4 and 9.1) will be invited by the Board to make a written submission on their continuation in training.
- 11.1.3 The Board will make a decision after taking into consideration any submission received from the Trainee by the due date.
- 11.1.4 The Trainee will be informed in writing of the decision of the Board within 5 working days of the decision being made.
- 11.1.5 The Board will form a subcommittee (or subcommittees) to review any Trainee in the Early, Mid and Senior phases of SET who has received two (2) or more unsatisfactory rotations, to provide the Trainee with the opportunity to give their perspective in writing and/or verbally.
- 11.1.6 The subcommittee shall consist of a minimum of three (3) and a maximum of five (5) members who shall be Fellows of RACS. The subcommittee must not include a practising lawyer.
- 11.1.7 No person invited to assist the subcommittee in matters of fact can appear before the subcommittee without the presence of the Trainee.
- 11.1.8 Where a Trainee elects to make a written submission it should be submitted three (3) working days before the meeting.
- 11.1.9 Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the Trainee within ten (10) working days and prior to any recommendation to the Board.
- 11.1.10 Trainees will be provided with a minimum of ten (10) working days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program. Trainees may be accompanied by a person

who can provide support but cannot advocate for the Trainee. The support person cannot be a practicing lawyer.

- 11.1.11 Where a Trainee is duly notified of the meeting and declines to attend, the subcommittee may make a recommendation to the Board.
- 11.1.12 The recommendation and minutes of the subcommittee must be forwarded to the Board for consideration.
  - a. The Subcommittee will make a recommendation to the Board as to the continued participation of the Trainee in the Paediatric Surgery SET Program. The recommendation may include any additional probationary periods or conditions that should be applied if the Trainee continues in the program.
- 11.1.13 The Board will make a decision on the recommendation of the subcommittee.
- 11.1.14 The Trainee will be informed in writing of the decision of the Board within five (5) working days of the decision being made.

## **11.2 Failure to satisfy medical registration or employment requirements**

- 11.2.1 Trainees who fail to maintain appropriate medical registration as defined in the *RACS Medical Registration of the Surgical Education and Training Program* policy will be suspended and may be dismissed. Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.
- 11.2.2 Where employment is refused, the Trainee must be informed within ten (10) working days and provided with copies of the employer's correspondence to RACS.
- 11.2.3 Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located may be dismissed.
- 11.2.4 After thirty (30) working days of the date of notification to the Trainee of the second refusal of employment, dismissal proceedings may commence.
- 11.2.5 Before making any decision on possible dismissal the Trainee will be invited to make a written submission as to why they should continue on the training program.
- 11.2.6 The final dismissal letter must be issued to the Trainee under the signature of the Chair of the Board of Paediatric Surgery.

## **11.3 Other Dismissals**

- 11.3.1 Trainees may also be considered for dismissal for other reasons including, but not limited to:
  - a. Failure to complete training requirements within specified timeframes; or
  - b. Failure to comply with RACS direction;
- 11.3.2 Where the Board decides that there is a prima facie case for dismissal a committee will be formed to investigate the issue and make a recommendation to the Board.
- 11.3.3 The Trainee will be informed by the committee of the investigation and of the process to be followed, including timeframes, written submissions and hearings (if required).
- 11.3.4 Before making any decision on its recommendation to the Board the committee must provide the Trainee with the opportunity to make a submission regarding their continued participation on the training program.
- 11.3.5 The Board will meet and make a decision on the recommendation of the committee.
- 11.3.6 The Trainee will be informed in writing of the decision of the Board within five (5) working days of that decision being made.

## **12. FINAL ASSESSMENT OF COMPLETION OF THE SET PROGRAM**

On successful completion of the total SET Program the Board Chair shall recommend to the RACS Censor-in-Chief the awarding of the Full Fellowship in Paediatric Surgery in accordance the RACS Application to Admission to Fellowship of the RACS policy.

### 13. BOARDS DISCRETION

The Board may in its discretion take individual circumstances into account when making decisions under these Regulations.

### 14. OTHER INFORMATION

- 14.1.1 The Board of Paediatric Surgery advises that entry onto the SET Program does not equate to guaranteed employment at the completion of training.
- 14.1.2 Enquiries regarding any variations to training should be directed to the Executive Officer, Board of Paediatric Surgery.
- 14.1.3 Trainees are eligible to be Provisional Members of ANZAPS and are afforded relevant membership rights as set out by the ANZAPS constitution.
- 14.1.4 Regulations and assessment forms are regularly revised. Current forms should be obtained from the RACS website or the Executive Officer.
- 14.1.5 Where Trainees are required by these regulations to submit forms, information and other documents to the Board or the Board Chair, it must be done via the Board Executive Officer.
- 14.1.6 Contact details for the Board of Paediatric Surgery are:
  - Executive Officer
  - Board of Paediatric Surgery
  - Royal Australasian College of Surgeons
  - College of Surgeons' Gardens
  - 250- 290 Spring Street
  - East Melbourne VIC 3002
  - AUSTRALIA
  - Ph: +61 3 9276 7416
  - Email: [paediatric.board@surgeons.org](mailto:paediatric.board@surgeons.org)