The policies in this handbook are in compliance with and in addition to the policies of the Royal Australasian College of Surgeons. All RACS policies are available at the College website.

This Training Handbook supercedes all previous versions of the Training Handbook.

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### APPENDICES

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I. Definitions of Terms

**AMC** means the Australian Medical Council.

**ANZBA** means Australian and New Zealand Burns Association.

**Applicant** means an individual who applies for selection into the Plastic and Reconstructive Surgical Training Program.

**ASPS** means the Australian Society of Plastic Surgeons.

**ASSET** means Australian and New Zealand Surgical Skills Education and Training.

**Board** means Board of Plastic and Reconstructive Surgery.

**CCrISP** means Care of the Critically Ill Surgical Patient.

**CLEAR** means Critical Literature Evaluation and Research.

**CMF 4+2** means the Craniomaxillofacial Training Program.

**College or RACS** means the Royal Australasian College of Surgeons.

**CPD** means Continuing Professional Development.

**DOPS** means Direct Observation of Surgical Procedures.

**EMS B** means Emergency Management of Severe Burns.

**FRACS** means Fellow of the Royal Australasian College of Surgeons.

**IMG** means International Medical Graduate.

**Mini-CEX** means Mini Clinical Examination Exercise.

**NZAPS** means the New Zealand Association of Plastic Surgeons.

**P&RS** means Plastic and Reconstructive Surgery.

**PPA** means Professional Performance Assessment.

**Selection** means selection into the accredited Plastic and Reconstructive Surgical Training Program.

**SET** means Surgical Education and Training.

**TMP** means the online Trainee Management Program.
2 Introduction to the Training Organisations

The Royal Australasian College of Surgeons has the overall responsibility for the training, education and accreditation of surgeons in Australia and New Zealand and is responsible for the determination of general standards in these areas.

The College has a formal Service Agreement with each of the Surgical Societies which stipulates the training responsibilities of each party. The Australian Society of Plastic Surgeons works in concert with RACS through this mechanism, whilst the New Zealand Association of Plastic Surgeons has elected to work from within the College framework to administer training in New Zealand.

Training programs are run separately in Australia and New Zealand with respect to trainee selection and placement. Occasional exchanges between training posts in the two countries are made on a case by case basis. Overall supervision and control of the training programme remains with the Board of Plastic and Reconstructive Surgery.

2.1 The Board of Plastic and Reconstructive Surgery is an elected binational committee within RACS which works together with ASPS and NZAPS to conduct the SET programme. The Board members include:

- The Chair of the Board of P&RS
- The Chair of the Training Subcommittee from each region of Australia
- The Chair of the Training Subcommittee in New Zealand
- The Senior Examiner from the Court of Examiners in P&RS
- The President of ASPS
- The President of NZAPS
- The RACS Representative for P&RS
- The Trainee Representative for P&RS
- A Jurisdictional Representative

The Board has a Regional Subcommittee in each Australian State and in New Zealand, chaired by the representatives from each region who sit on the Board. These subcommittees are comprised of Plastic and Reconstructive Surgical Fellows who supervise accredited trainees in each region. Each subcommittee is chaired by a representative who attends binational Board meetings.

Surgical Supervisors are appointed by the College on the advice of the Board and the respective training unit. This is an official position with defined training duties.

Regional Chairs appoint a trainee to act as a trainee representative for their respective regions. The Board also appoints an overall trainee representative who represents all trainees. This representative attends Board meetings and selected functions. All trainee representative appointments and the duration of such appointments are at the discretion of the Board.
2.3 **RACS** is responsible for the following and should be contacted for any information or queries in relation to these aspects of training. Enquiries may also be made initially through the Unit Supervisor of Training.

- Setting all training fees.
- Annual training enrolment forms.
- Oversight and the conducting of the SET 1, Surgical Sciences and Clinical Examination, the SET 2, Plastic and Reconstructive Surgical Sciences and Principles Examination, and the Final Fellowship Examination.
- The receipt of applications for the above examinations.
- Selection and appointment of examiners to serve on the Court of Examiners.
- Determination of the timing and location of examinations.
- The setting and collection of examination fees.
- Maintenance of examination records.
- The setting of required standards for examinations through the Court of Examiners.
- Determination of the duration and form of examinations through both the Court of Examiners and the Board.
- The issuing of examination results and providing feedback.
- Fellowship certifications.
- All matters relating to the award of the FRACS (Plastic & Reconstructive Surgery)
- Handling all complaints concerning the above matters.
- Handling all disputes and appeals that cannot be resolved at the regional or Board level.

2.4 **The Board of Plastic and Reconstructive Surgery** is responsible for the day-to-day administration of the training programme in Plastic and Reconstructive Surgery. This is conducted through the ASPS and RACS NZ offices in Sydney and Wellington. Administrative responsibility is relayed through the previously described Regional Subcommittees. The Board carries out the following responsibilities through ASPS and the NZ RACS office:

- Maintaining a file for each accredited trainee.
- Maintaining an up-to-date data base with information on the current address, contact details and hospital placement for each trainee.
- Maintaining a list of hospitals with accredited training posts, specifying the number of accredited posts and unit inspection data inclusive of history, caseload and case mix. Inspection information and the Supervisor of Training at each hospital are also kept on file.
- Organising hospital unit inspections and coordinating the inspections process with jurisdictional representatives.
- Managing requests for information from accredited hospitals and hospitals seeking accreditation.
- Determining the selection criteria for selection into the P&RS SET programme.
- Advertising the availability of posts for Training.
- Receiving and processing applications for training in Plastic and Reconstructive Surgery.
• Assessing applications according to published criteria, organising the referee report process, and conducting applicant interviews.
• Advising applicants of the outcome of their application for training.
• Liaising with jurisdictions regarding hospital placement for accredited P&RS trainees.
• Provision of trainee supervision.
• Informing trainees of the mentoring program.
• The development and review of curriculum in conjunction with the Court of Examiners.
• The development of tutorial programs through the regional subcommittees in each state.
• Guiding P&RS SET trainees to and approving presentation for the Surgical Sciences and Principles, and Fellowship Examinations.

2.5 Legal and Ethical Responsibilities

It is the trainee's personal responsibility to ensure that they are acting within legal and ethical guidelines regarding practices in and around assisting and billing in their state or region. It is imperative that each trainee checks both the hospital policy and/or regional health or state health authority’s guidelines and policies in relation to the trainee billing for assistance with their consultants, both in the hospitals in which they work and other public or private hospitals off campus. This also applies to all cases assisted under Workcover or Workers’ Compensation. The trainee should be very clear of their personal accountability in relation to the above circumstances.
3. **Curriculum Overview**

The curriculum for Surgical Education and Training in Plastic and Reconstructive Surgery consists of eight (8) modules of equal weighting. Each of the modules contain material which is presented under the headings of **Revisional Knowledge**, **Core Knowledge**, and **Outline Knowledge**.

**Revisional Knowledge** should be largely covered in preparation for the Plastic & Reconstructive Surgical Sciences and Principles examination, but continued revision and updating throughout clinical training is required.

**Core Knowledge** is the material which will be required to be known in detail for the Fellowship Examination and to practice Plastic & Reconstructive Surgery in general.

The principles of **Outline Knowledge** need to be understood; but a detailed knowledge, such that the trainee would be expected to manage the conditions on his or her own is not required. Further training would be required to practice in these specific areas.

Reading material will be presented, but cannot be all encompassing, nor can the material listed in the curriculum modules. Plastic & Reconstructive Surgery is an evolving and changing area and trainees are required to read widely in the literature and keep up with recent developments.

The curriculum is divided into modules along largely anatomical lines and most topics within the modules are then allocated to one of the following largely pathological regroupings.

### 3.1 Curriculum Modules

- Surgical Science and Principles
- Craniomaxillofacial
- Facial Soft Tissues
- Hand, Upper Limb and Microsurgery
- Head and Neck
- Lower Limb and Foot
- Skin and Integument
- Trunk, Perineum and Breast

### 3.2 Pathological and Technical Subgroups

- Aesthetic
- Congenital and Paediatric
- Degenerative and Others
- Inflammatory and Infection
- Neoplastic and Tumours
- Procedures and Techniques
- Trauma

Each regional training program may promulgate a different emphasis or mode of teaching, but the standardized curriculum ensures that each trainee acquires the minimum level of knowledge and skills against which they will be finally assessed to obtain Fellowship in Plastic and Reconstructive Surgery.
4 **Training Administration**

The objectives of the training programme are to build on the strength of trainees and develop high level competencies in Plastic and Reconstructive Surgery. At the completion of the program, graduates are expected to be highly skilled and professional Plastic and Reconstructive surgeons who communicate well with patients and hospital staff, who are tolerant, compassionate and prepared to put something back into the professional and wider communities.

4.1 **Trainee Selection in Australia**

A national selection process for entry to the specialist program of Training in Plastic and Reconstructive Surgery was introduced in 2001. The national approach was adopted as the most equitable process for the selection of applicants and was designed to ensure selection of the best candidates. The process explores the abilities, experience, standard of work performance and personal qualities of applicants that would enable them to perform all the required duties of a SET trainee, achieve all of the objectives of this Training program, and become a skilled and highly competent Plastic and Reconstructive Surgeon.

4.2 **Trainee Selection in New Zealand**

The New Zealand Selection Process is coordinated by the New Zealand training committee with administrative support from the New Zealand office of the Royal Australasian College of Surgeons. The process is similar to Australian Selection and Trainees must agree to participate in training rotations through the various units around the country.

4.3 **Applicant Standards**

A range of professional and capability factors are considered in P&RS applicants. In general, applicants accepted into P&RS SET should:

- Be dedicated to achieving and maintaining high standards of patient care.
- Exercise sound clinical and ethical judgment.
- Have the ability to develop the required technical competence.
- Have a commitment to quality and safety in healthcare.

4.4 **General Trainee Performance Standards**

Accredited Plastic and Reconstructive Surgical Trainees are expected to:

- Complete all aspects of the training program, including the performance of Plastic and Reconstructive Surgery procedures and treatment modalities.
- Undertake all the duties associated with being a P&RS Trainee conscientiously and with initiative.
- Assimilate, assess and evaluate knowledge in order to apply it to the care of patients with P&RS conditions.
- Have a commitment to self-improvement through ongoing self-directed learning and realistic self-assessment.
• Have a demonstrable interest in research.
• Be able to exercise sound clinical ability and judgment in a wide range of clinical settings.
• Have the capacity to undertake complex work.
• Demonstrate an appropriate degree of surgical dexterity.
• Be punctual and able to work reliably to the requirements of the P&RS department and the hospital administration.
• Be able to communicate effectively and appropriately with colleagues, allied healthcare workers and members of hospital administration.
• Have the ability to cope under pressure and manage a demanding workload in stressful situations.
• Be able to work with colleagues in other branches of medicine in order to contribute Plastic and Reconstructive Surgery information to the management of patients with multiple medical problems.
• Be interested in supporting and participating in the training of medical students, nurses and other P&RS trainees.
• Be tolerant, understanding and compassionate when interacting with patients.
• Demonstrate high ethical and moral standards in all interactions with patients, patients’ relatives and colleagues.
• Always be aware of their personal and professional limitations when managing patients and be able to recognize when to seek help and guidance from more experienced personnel.
• Show evidence of interests and activities in the broader community.
• Understand the responsibility assumed by a Plastic and Reconstructive surgeon in meeting the health and welfare needs of the community.
4.5 **Duration of Training, Training Interruptions, and Training Post Appointments.**

Trainees who begin training at SET1 are expected to complete five (5) years of Surgical Education and Training in Plastic and Reconstructive Surgery. Trainees who begin training at SET2 are expected to complete four (4) years of accredited P&RS training. Trainees appointed to the Australian national program may be appointed to accredited posts in States different to that of their initial application. Trainees may request such appointments during the course of their Training. New Zealand trainees are required to participate in training rotations in all four training units. The recognition of appointments to overseas posts or the conducting of formal research during accredited training requires prospective application and approval by the Board of Plastic and Reconstructive Surgery.

If there have been documented inadequacies in a Registrar's training due to sickness or other problems, the Regional Subcommittee in consultation with the Board may require the trainee to do a further period of training, and may delay approval to present for Final Fellowship Examination. Admission to Fellowship will not be approved until the completion of training.

There are stipulated policies within RACS pertaining to deferred or interrupted training. In Australia, any such application must be made as early as possible directly to The Chairman of the Board of Plastic and Reconstructive Surgery. For New Zealand based Trainees, application should be made to the Chairman of the NZ Education and Training Sub-Committee.

Trainees should appreciate that they are selected to the training program with a recommendation as to the post they should apply for. The appointment process for these posts are however separate and are the responsibility of the various hospital authorities. Trainees need to ensure that their performance in their pre-selection and subsequent years is sufficient to ensure that they would achieve appointment to the appropriate hospital. It is the trainee's responsibility to apply for the recommended hospital post and complete all the appointment formalities. Failure to achieve appointment may jeopardize the trainee's position in the training program.

All Trainees should be aware that they are not appointed for a four or five year period, but rather are reappointed on an annual basis, conditional upon satisfactory performance.
4.6 General Trainee Duties

Throughout their training, trainees will work in various hospitals, each with varying demands and expectations. These guidelines have been put together to give trainees a general understanding of what is expected of a specialist plastic surgery trainee, although there may be some inter-hospital differences from time to time.

**Ward Service**

The trainee’s position in most hospitals will be the unit representative on the wards, with the trainee expected to carry out the day to day clinical management of the patients. This is an important part of the overall management of the plastic surgery unit and trainees are expected to conduct themselves in an appropriate manner.

Trainees are expected to review patients daily prior to the start of any scheduled activities such as theatre, outpatients or unit grand rounds. This is to ensure that not only are all patients satisfactory from a medical and surgical viewpoint, but is also an opportunity for the trainee to liaise with nursing staff and manage the discharging of patients. The trainee should take full responsibility for knowing all relevant investigation results, appropriate referrals to other units, and discharge planning. Consultants should be promptly contacted if any problems are encountered while conducting these tasks.

**Theatre**

In most hospitals, it will be the responsibility of the registrar to ensure that theatre lists are booked appropriately. This may need to be done in conjunction with the Consultant responsible for that list. When possible, the registrar should see all patients on that list prior to their arrival in the theatre complex. The registrar should be prepared for the theatre list in terms of having a good understanding of the history of the patient, all facets of the procedure and relevant anatomy. If a registrar is not appropriately prepared for a case then it is unlikely that he or she will be permitted to perform the operation as the primary surgeon.

**Emergency Referrals**

The load of emergency work will vary from hospital to hospital. In general, all referrals from the emergency department should be attended to in a timely manner, either by the trainee themselves or by the unit resident when the trainee is unavailable. All referrals from the emergency department should either be seen directly by the unit or referred to an appropriate clinic for review. It is also the responsibility of the registrar to make theatre arrangements when appropriate. This involves the notification of the necessary staff (eg nursing, bed officer, and anaesthetic staff). The exact protocol for emergency theatre bookings in each hospital will vary and trainees should familiarise themselves with their hospital’s protocol at the commencement of their term. The on call consultant should be notified of all referrals in a timely manner, and no patient should be taken to theatre without the prior knowledge of the on call consultant.
Ward Referrals
When dealing with other units in the hospital the trainee is usually the unit representative. Trainees must treat staff from other units in an appropriate manner at all times. In general, plastic surgery units have few patients that are directly under their own bed card, and a moderate to large number of patients being managed jointly with other units. It is expected that all patients for whom the unit has an active role should be seen as part of the daily ward round. The unit registrar should have an understanding of their management as if they were directly under the bed card of the plastics unit.

Leave
SET trainees are entitled to all holidays and study leave in accordance with the appropriate award. All leave requests should be made in accordance with hospital procedure and the Head of the Unit must be aware of this application at least two weeks prior to leave. Australian trainees must ensure that appropriate cover arrangements are made. New Zealand trainees must also ensure that leave is made in accordance with the individual employment contract and timeframes. New Zealand Trainees are not required to make cover arrangements.

Leave Prior to the Examinations
Trainees are requested to consider proper planning and preparation for examinations and to avoid taking excessive leave immediately prior to presentation. Extended absences complicate proper assessment and negatively impact service requirements. Trainees are also encouraged to discuss examination preparations with Surgical Supervisors or Regional Chairs.

Junior Staff
In most positions, the trainee will be responsible for a number of junior staff members. The junior staff will come to the unit with a variable amount of plastic surgical and medical experience. The registrar should ensure that the junior staff are carrying out their duties appropriately, which include arriving promptly for ward rounds, attending theatre lists, the clerking of patients, the ordering of appropriate investigations, following up on the results of investigations, arranging referrals, and patient discharges. It is expected that the resident should write in the charts of all patients under the care of the unit or referred to the unit on a daily basis. If problems arise with a particular resident, these should be raised with the head of unit.

Audit
Most plastic surgery units will have some form of audit system. Often the data input is done by junior staff who may require varying levels of supervision to ensure that records are accurate.

On Call Responsibilities
When on call, Australian registrars are expected to provide the hospital switchboard with at least two methods of contact, such as a mobile and a pager. Trainees in New Zealand will be supplied with a long-range pager in accordance with their individual contract. New Zealand trainees are not expected to provide the switchboard with two methods of contact.

Photography
Trainees must be in compliance with current legislation regarding the acquisition, retrieval, storage, or display of photographic images in the hospital environment.
## 5 Trainee Examinations, Assessments and Requirements

### 5.1 Summary of Training Requirements

<table>
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<tr>
<th>Activity</th>
<th>Timeline or Frequency</th>
<th>Administration</th>
</tr>
</thead>
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<tr>
<td>SET1 SURGICAL SCIENCES (SSE) AND CLINICAL EXAMINATION (CE)</td>
<td>EXAMINATION MUST BE PASSED PRIOR TO SET3</td>
<td>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</td>
</tr>
<tr>
<td>PLASTIC AND RECONSTRUCTIVE SURGICAL SCIENCES AND PRINCIPLES EXAMINATION (PRSSPE)</td>
<td>TRAINEEs MAY SIT THIS EXAM IN SET5 IF THEY HAVE SUCCESSFULLy PASSED THE CE AND SSE AND HAVE SUPERVISOR PERMISSION. THIS EXAMINATION MUST BE PASSED PRIOR TO SET5</td>
<td>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</td>
</tr>
<tr>
<td>FELLOWSHIP EXAMINATION</td>
<td>TRAINEEs SIT THIS EXAMINATION IN SET5 AND MAY APPLY TO SIT IN SET4 IF IN THE CMF+2 PROGRAM PERMISSION TO SIT THE FELLOWSHIP EXAMINATION IS AT THE BOARD'S DISCRETION</td>
<td>EXAMINATION SCHEDULE AND REGISTRATION AVAILABLE ON THE RACS WEBSITE</td>
</tr>
<tr>
<td>INTERIM AND FINAL PERFORMANCE REVIEW MEETINGS BETWEEN TRAINEE AND SURGICAL SUPERVISOR</td>
<td>1 INTERIM MEETING AND 1 FINAL MEETING PER SURGICAL TERM</td>
<td>MEETING TIME ARRANGED BY THE TRAINEE TWO WEEKS BEFORE THE MIDDLE AND END OF EACH SURGICAL TERM</td>
</tr>
<tr>
<td>PROFESSIONAL PERFORMANCE ASSESSMENT</td>
<td>1 INTERIM ASSESSMENT AND 1 FINAL ASSESSMENT PER SURGICAL TERM</td>
<td>COMPLETED BY THE SURGICAL SUPERVISOR IN THE ONLINE TRAINEE MANAGEMENT PROGRAM (TMP) AND SENT ELECTRONICALLY TO THE TRAINEE</td>
</tr>
<tr>
<td>LOGBOOK</td>
<td>1 LOGBOOK FOR EACH SURGICAL TERM</td>
<td>ENTERED BY THE TRAINEE VIA THE TMP AND APPROVED ELECTRONICALLY BY THE SUPERVISING CONSULTANT.</td>
</tr>
<tr>
<td>DOPS AND MINI-CEX</td>
<td>2 OF EACH PER SURGICAL TERM FOR SET1 AND SET2 TRAINEES.</td>
<td>ENTERED BY THE TRAINEE VIA THE TMP AND APPROVED ELECTRONICALLY BY THE SUPERVISING CONSULTANT DURING PROCEDURE OR CLINICAL EXAM.</td>
</tr>
</tbody>
</table>
### Summary of Training Requirements (Continued)

<table>
<thead>
<tr>
<th>Research Requirement</th>
<th>4 Points over the course of training (Points system outlined in 5.8)</th>
<th>Only research conducted after selection into the training program is accredited</th>
</tr>
</thead>
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<tr>
<td>Registrars' Conference</td>
<td>Annual week-long event. Mandatory attendance for SET2-5 trainees. A separate annual training event must be attended by SET1 trainees.</td>
<td>Notifications and information distributed by the Education Director.</td>
</tr>
<tr>
<td>Online In-Service Examination</td>
<td>Mandatory for SET3-5 trainees</td>
<td>Offered annually in March</td>
</tr>
<tr>
<td>Required Courses</td>
<td>CCRISP, EMST, ASSET, and EMSB</td>
<td>All courses must be completed prior to the end of SET1, with the exception of the EMSB course. The EMSB course must be completed by all trainees who began training in or after 2006.</td>
</tr>
<tr>
<td>Regional Training Events</td>
<td>Varies by region, events may or may not be mandatory.</td>
<td>Arranged by regional subcommittees</td>
</tr>
<tr>
<td>Recommended Courses and Conferences</td>
<td>The Board recommends that trainees attend each of the events listed at Item 5.11</td>
<td>See Appendix VII for training event websites.</td>
</tr>
</tbody>
</table>
5.2. **Examinations**

All Examinations and Records are the responsibility of the Examinations Department at RACS. Information on the following examinations can be found on the RACS website:

**Surgical Sciences and Clinical Examination (SSE and CE)**

**Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)**

**Fellowship Examination**

The **SSE and CE** are not specialty specific and may be sat prior to the start of training in P&RS. This examination must be passed prior to the start of SET3. SET3 trainees who have not passed this examination or trainees who have failed this examination four (4) times may be subject to dismissal from the training program. Trainees who have completed BST (Basic Surgical Training) are not required to take this exam.

The purpose of the **PRSSPE** is to ensure that trainees are equipped with knowledge of the basic sciences relevant to Plastic and Reconstructive Surgery early in their training. This will help maximize the benefit of both clinical and academic experiences available during training.

Trainees should sit the **PRSSPE** in SET2 but may sit in SET1 if they have passed the SSE and CE and have supervisor permission. Trainees must pass the exam prior to the beginning of SET5. Trainees must sit the PRSSPE within one year of completing SET1. Trainees who have not passed this examination prior to beginning SET5 may be subject to dismissal from the training program.

The **Fellowship Examination** includes written questions, long and short case clinical examinations, vivas in surgical anatomy, applied anatomy, operative surgery, and pathology. Trainees are required to sit this examination during their SET5 training year and may present for it in their SET4 training year if selected for training in the CMF 4+2 Training Program. Early presentation at the Fellowship Examination requires Board approval.

Trainees are responsible for checking examination dates on the College website and registering within the appropriate timeframe.
5.3 Performance Review Meetings Between the Surgical Supervisor and Trainee

Surgical Supervisors will review trainee performance at the middle and end of each surgical term. Additional review meetings may be necessary in the case of trainee underperformance.

- Performance Review meetings are initiated by the trainee two (2) weeks prior to the middle and end of each surgical term.
- The trainee must bring a copy of his or her surgical logbook to the meeting (or have access to the TMP) for review by the Supervisor. The logbook and Professional Performance Assessment will be discussed at the meeting.
- The Supervisor will submit comments online via the TMP (this is an automated process) as a component of the online PPA form. Supervisors are encouraged to provide direct comments on performance ratings where necessary. The submitted form will be electronically sent to the trainee and maintained at the ASPS or NZ RACS office.

5.4 Professional Performance Assessments (PPA)

The PPA is a tool used by Supervisors for the assessment of trainees. This form outlines the key areas that are to be assessed and Supervisors rate the trainee on a scale of one (1) to seven (7), each number reflecting a different level of skill and performance. A grade of four (4) deems the performance to be satisfactory; most trainees’ performance would fit into this score. A score of five (5) denotes performance in the top 25%, a score of six (6), performance in the top 10% and a score of seven (7) the top 1% of trainees. The PPA report should reflect the expected level of skill and performance for the trainee’s particular year of training. The Supervisor will also indicate whether or not the term was successful overall. Any score lower than four (4) in a PPA warrants remediation. Overall unsuccessful terms may lead to disaccredited training periods, probation, and dismissal from the training program. PPAs should reflect unit opinion, not solely that of the supervisor.

All PPAs will be automatically sent to Supervisors online via the TMP. The trainee will be notified once the PPA has been completed and will then be able to review the assessment. This assessment will be kept on file at the ASPS or NZ RACS office.

5.5 Logbooks

College regulations require that all RACS trainees maintain a logbook of their surgical experience in accordance with the form provided by the Board.

All surgical logbooks will be entered online via the TMP. Trainees must enter information on all procedures for review and approval by supervising consultants. Information on accessing and using this logbook can be found in the TMP User’s Manual, Appendix II.

SET1 trainees who are participating in non-plastic and reconstructive procedures may submit logbooks in spreadsheet format to the ASPS or NZ RACS office.
5.6 Direct Observation of Procedural Skills (DOPS)

Introduction
DOPS is a formative assessment which has been introduced by RACS as a component of SET. It is a means of strengthening consultant and trainee communication and also provides the trainee with an additional assessment milestone for his or her record. This assessment is mandatory for all SET1 and SET2 trainees and must be carried out twice per surgical term. The Board recommends that trainees take advantage of this feedback opportunity beyond the minimum requirement as it generates significant feedback, provides a record of performance, and involves a minimal time burden.

Purpose
This policy outlines the use of DOPS and provides a list of Board approved procedures for observation.

Related Documents and Resources can be found in the training section of the ASPS website

Administration
- This assessment is trainee-initiated with the supervisor or consultant as the observer.
- Consultants must have completed SATSET training to participate in this assessment.
- A supervisor may initiate this assessment at any time if there are concerns about a trainee’s performance.
- If a trainee’s performance on a procedure is considered unsatisfactory, the trainee must repeat the assessment monthly until a favourable outcome is observed.
- All SET1 trainees who undertake a non-P&RS surgical rotation while in the P&RS training program must complete the DOPS relevant to the other specialty. The trainee must forward a copy of the non-P&RS DOPS evaluation to the ASPS or New Zealand RACS office.

Process
- The trainee (or supervisor in the case of a deficiency) selects the procedure to be observed and the consultant to observe the DOPS. The procedure should be appropriate to the level of experience of the trainee.
- The trainee will meet with the consultant prior to the procedure and provide the DOPS form.
- The trainee should inform the patient that the consultant will be observing and evaluating the procedure and requests permission for this from the patient.
- The consultant will refer to the DOPS form as a guide and will indicate performance based on the provided scale.
• The trainee and consultant will meet following the procedure to discuss the trainee's performance. The consultant will provide performance feedback and answer any questions that the trainee may have. This process often takes no longer than five minutes.

• The trainee is responsible for maintaining a copy of the assessment and completing the online TMP. The DOPS form will only be accepted if submitted via the TMP. **DOPS must be carried out twice per surgical term.**

• A DOPS assessment can be applied to the following list of procedures. Multiple assessments may be used to capture performance on lengthy procedures. Additional procedures may be assessed using DOPS if considered appropriate by the Supervisor of training.
# Master List of Plastic and Reconstructive Surgical DOPS

<table>
<thead>
<tr>
<th>Group</th>
<th>Level</th>
<th>Procedure</th>
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<tbody>
<tr>
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<td>Suture Full Thickness Lip Laceration</td>
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<td>Abbe Flap</td>
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<td>Closed Reduction Hand # with K wire and Backslab</td>
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<td>Nail Bed Repair</td>
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<tr>
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<td>SET1</td>
<td>Local Skin Flaps</td>
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5.7 Mini Clinical Evaluation Exercise (Mini-CEX)

Introduction
The Mini-CEX is an exercise designed to provide the trainee with feedback on clinical performance as well as strengthen communication between trainee and Consultant. It has been introduced as a formative assessment in SET and is mandatory for all SET1 and SET2 Trainees. Trainees must conduct two Mini-CEX exercises per surgical term. The Board recommends that trainees initiate Mini-CEX evaluations more frequently than required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

Purpose
This policy outlines the use of the Mini-CEX and provides a list of Board approved clinical examples.
Related documents and resources can be found in the training section of the ASPS website.

Participants
- This assessment is trainee-initiated with the supervisor or consultant as the exercise observer.
- Consultants must have completed SATSET training to participating in this assessment
- A supervisor may initiate this assessment at any time if there are concerns about a trainee’s performance.
- If a trainee’s performance in an exercise is considered unsatisfactory, the trainee must repeat the assessment monthly until a favourable outcome is observed.
- All SET1 trainees who undertake a non-P&RS surgical rotation while in the P&RS training program must complete the Mini-CEX relevant to the other specialty. The trainee must forward a copy of the non-P&RS Mini-CEX to the ASPS or New Zealand RACS office.

Process
- The trainee (or supervisor in the case of a deficiency) selects the clinical scenario to be observed and the observing consultant. The clinical exercise should be appropriate to the level of trainee experience.
- The trainee will meet with the consultant prior to the clinical exercise and provide the Mini-CEX Form.
- The trainee should inform the patient that the consultant will be observing and evaluating the procedure and request permission for this from the patient.
- The consultant will refer to the Mini-CEX form as a guide and will indicate performance based on the provided scale.
• The trainee and consultant will meet following the exercise to discuss the trainee’s performance. The consultant will provide performance feedback and answer any questions that the trainee may have. This process often takes no longer than five minutes.

• The trainee is responsible for maintaining a copy of the assessment and completing the online version on the TMP. **The Mini-CEX will only be accepted if submitted via TMP. Two Mini-CEX must be submitted per surgical term.**

• The clinical exercises in the following list can be assessed using the Mini-CEX form. Additional exercises may be assessed using the Mini-CEX if considered appropriate by the Supervisor of training.
<table>
<thead>
<tr>
<th>Group</th>
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<td>Ganglion/Hand Lump</td>
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<td>Abdominoplasty</td>
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<td>Trunk, Perineum, and Breast</td>
<td>SET2+</td>
<td>Breast Reduction</td>
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5.8 Research Requirement

The Board of Plastic and Reconstructive Surgery recognises that the desire to perform clinical and basic science research will vary between trainees. It is also recognised that differences exist between states and countries with respect to the availability of research supervision. P&RS trainees have a number of options available to them to satisfy their research requirement prior to having their Fellowship conferred. The Board of Plastic and Reconstructive Surgery has introduced a points system for the assessment of the research requirement in which the SET trainee must achieve four (4) or more points during their period of training in Plastic and Reconstructive Surgery. Points are allocated in the following fashion:

- One (1) point is awarded for a P&RS paper selected for presentation at the annual registrars’ conference.
- One (1) point is awarded for a P&RS paper presentation at a RACS state, or New Zealand Meeting.
- One (1) point is awarded for a P&RS poster presentation at an ASC, AHSS, ASAPS, international, or equivalent annual meeting.
- Two (2) points are awarded for a P&RS paper presentation at an ASC, AHSS, ASAPS, or equivalent annual meeting. Presentations at some international meetings will also attract two (2) points. Creditworthiness is at the Board’s discretion.
- Three (3) points are awarded for a published paper in an internationally recognised P&RS scientific journal.
- Five (5) points are awarded for the completion of a minimum of 12 months of full-time research with enrollment in a higher degree from a recognized institution that is assessed and approved prospectively by the Board.
- Non-P&RS Surgical publications and presentations with relevance to P&RS may be considered creditworthy. Relevance and point allocation are determined by the Regional Chair in this case.
- Points will only be awarded when the trainee is the primary author of the publication or presentation.
- Credit will only be given for publications written and prepared after selection into P&RS SET.
- Trainees must forward evidence of research activities to the ASPS or NZ RACS office once it is available. This can be in the form of an event program, publication acceptance, or a letter from a research supervisor.
- The research requirement must be certified as completed by the appropriate regional subcommittee. Notification will then be forwarded to ASPS or the New Zealand RACS office to establish trainee eligibility for fellowship.
5.8(a) Trainees Undertaking Formal Research

Trainees must request prospective approval from the Board to undertake formal research related to Plastic and Reconstructive Surgery. This process can be initiated through contacting the ASPS or NZ RACS office.

The following guidelines will apply to requests to interrupt SET clinical training for research time during the course of SET:

- The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS;
- Requests must be prospective and in writing to the Regional Chairman of the Board PRS for consideration by the Board;
- Such written requests must provide full details of the research including its relevance to the specialty PRS and that the research is under the auspice of a recognised formal entity and the research must be fully compliant with NHMRC standards and guidelines.
- Application for clinical time accredited to their SET time undertaken during the research period must provide formal evidence that clinical time is undertaken and the relevant percentage of research versus clinical time is clearly documented. ASPS can be contacted for a template to facilitate this application.
- The Board of PRS has discretion to determine its approval or otherwise of all requests by trainees to interrupt SET clinical training for research time during the course of SET. Accredited training time may be awarded for prospectively approved full time research which includes a clinical workload. Where the Board in its absolute discretion resolves to approve research time in lieu of clinical time, the maximum time credited will be no more than six months. Accredited training time will be awarded on a pro-rata basis depending on the clinical workload. Accreditation is at the Board’s discretion.
- Trainees seeking accreditation during research must complete and submit to the ASPS or NZ RACS offices a clinical research hours spreadsheet during the period of their research (Appendix XIII). An electronic copy is available by contacting the ASPS or NZ RACS offices.
- Where a trainee has been selected into SET training and has been awarded a research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.”
5.8 (b) Accreditation of Time in Clinical Training Whilst Undertaking Research Options for Postgraduate Surgical Research

I. Research degrees by coursework/treatise

- Master of Surgery (coursework)
- Master of Clinical Epidemiology
- Master of Medicine (coursework)

These degrees are offered as part time over 2 years at a number of institutions. The coursework is performed as modules to be completed over this period and a dissertation is required to be submitted to complete the degree. Research undertaken prior to commencing SET training in Plastic and Reconstructive surgery cannot be submitted for consideration for time off clinical training.

2. Research by laboratory investigation

- Master of Surgery (research)
- Master of Medicine (research)
- Master of Philosophy (research)

These degrees are offered as 1 year full time or 2 years part time. Candidates are required to submit a thesis at the completion of their study.

- PhD (research)
- MD (research)

These are offered as 3 years full time or up to 6 years part time. Candidates are required to submit a thesis on completion of their study. For candidates who have applied for SET training in their final year of study with a view to having a portion of their clinical training accredited by their time in research, the board will only consider this in cases where the research has direct relevance to Plastic and Reconstructive surgery.

Categories of Postgraduate Surgical Research

1. Full time research with no clinical exposure

SET trainees who spend time in full time research with no clinical exposure will not have this time accredited to their clinical training. The board, however, may reserve the right to review individual candidates taking into account their performance and assessments at the time of commencement of their study.

2. Full time research with clinical exposure

Candidates who undertake research with clinical exposure can be classified into the following categories:

(a) On-call participation
(b) Surgical assistance
(c) Participation in consulting/outpatients and elective surgery
(a) **On call participation**

On call commitments allied to a recognised SET1 post in plastic and reconstructive surgery may apply to have this time accredited toward their clinical training. The minimum participation on the on call roster is 1 in 5 to claim a period of time accredited toward SET training.

_A log book of cases assessed and treated will need to be presented for appraisal._

(b) **Surgical assistance**

Assistance in elective and emergency plastic and reconstructive cases may be taken into account when applying to have this time accredited toward SET training. A minimum of 1 half day operating session per week is required to claim a period of time accredited toward SET training.

_A log book of cases will need to be presented for appraisal. The type and number of cases will also need to be taken into consideration in determining the time allocated to SET training._

(c) **Participation in consulting/outpatients and elective surgery**

Trainees undertaking regular consulting, outpatient and/or elective surgical procedures can apply to have this time recognised as SET training. A minimum of 1 half day a week must be spent in clinical activities. Participation in an on call roster allied to a recognised SET training post is encouraged.

_A logbook of operative cases and outpatient/consulting sessions must be presented for appraisal. Trainees seeking to structure this as part of their time in research will also need to nominate a clinical training supervisor to perform performance assessments._

_Further considerations_

All trainees wishing to have their clinical activities assessed must present proof of attendance at registrar teaching sessions and the annual SET2 - 5 conference.

Research projects undertaken during the period of SET training must be judged by the board to have specific relevance to Plastic and Reconstructive surgery for accredited training time to be granted.

Clinical exposure must include the three components of:

- on-call participation
- surgical assistance
- participation in consulting/outpatients and elective surgery.

The onus is on the trainee to demonstrate how the research meets these three elements.

A maximum of 6 months accredited training time will be granted for any clinical activity, based on the level of clinical activities and logbook data.

This document is to be used as a guideline for registrars and the Board will consider each proposal on its merits.
5.9 Registrars’ Conference

The annual Registrars’ Conference is usually one week in duration and is held before mid-March. The venue rotates around the capital cities of Australia and New Zealand on a biannual basis and attendance is compulsory for SET2-5 trainees. The majority of the course curriculum will be covered in each 2 year period, in a format determined by the conference convener.

- Trainees will be required to prepare a paper for presentation at this conference. A selection process will occur first at the regional level to determine which papers deserve to represent each region at the main conference. There are substantial monetary prizes awarded for the best clinical and research presentations. Presentations are seven minutes in length with two minutes for questions.
- Attendance by SET1 trainees at the conference is not required as these trainees must attend a separate annual training event.
- Trainees who are training overseas at the time of the conference are not required to attend. These trainees are encouraged to attend training events within their host country.
- International Medical Graduates are invited to attend the conference but attendance is not mandatory.
- Trainees who have passed the Fellowship exam are not required to attend the Registrars’ Conference. IMG trainees are not permitted to sit the Practice Examination held during the SET 2-5 registrar’s Conference but may attend as an observer.

5.10 The Online In-Service Examination

- The Online In-Service Examination is available annually in March and covers all major areas of Plastic and Reconstructive Surgery. The duration of this examination is five hours and trainees are provided with a report of their performance in comparison with other Australasian trainees.
- This examination is designed as a self-assessment tool and individual trainee performance does not impact official trainee assessment.
- This Examination is mandatory for all trainees in SET3-5.
5.11 Required Courses

Trainees are required to complete the following courses:

• Care of the Critically Ill Surgical Patient (CCrISP). This course must be undertaken prior to the completion of SET1.
• Early Management of Severe Trauma (EMST). This course must be undertaken prior to the completion of SET1.
• Australian and New Zealand Surgical Skills Education and Training (ASSET). This course must be undertaken prior to the completion of SET1.
• Emergency Management of Severe Burns (EMSB). This course must be undertaken by all trainees who began training during or after 2006.

Optional Courses

The Board recommends that trainees attend the following events at least once over their course of training:

• The Australian Hand Surgery Society Registrars’ Hand Course (March, every 2nd year)
• Aesthetic Surgery Workshop (Victoria, February, annual)
• Australian and New Zealand Head and Neck Society Conference (November, annual)
• Australian and New Zealand Craniomaxillofacial Society Workshop (annual)
• Australasian Society of Aesthetic Plastic Surgery Conference (annual)
• Brisbane Plastic and Reconstructive Microsurgery Workshop (October, annual)
• Flap Dissection Workshop (Adelaide, April, annual)
• Geelong Trial Viva Exam (April, annual)
• Paediatric Plastic Surgery Meeting (Royal Children’s Hospital, Melbourne, every 2nd year)

5.12 Regional Training Obligations

These are organized on a regional basis by Board Subcommittees. Attendance at these tutorials and lectures is highly recommended by the Board. Most of these tutorials and lectures will be compulsory to attend. Regional centres will keep trainees informed of these opportunities.

5.13 Supporting Documentation

It is the trainee’s responsibility to ensure that his or her file at the ASPS or RACS NZ office is current at all times. Insufficient documentation may result in disapproval of Fellowship or other disciplinary action.

Optional Activity

5.14 The ASAPS Essay Competition

This essay competition is held annually as an event hosted by ASAPS. Participants write essays on a pre-selected cosmetic surgical topic and the author of the best essay receives a monetary award. The best essay is also published in the ASAPS Newsletter:

i. The essay topic is set by ASAPS and papers are marked by ASAPS representatives.
ii. This essay is not compulsory.
iii. International Medical Graduates are also invited to participate in this competition.
6 Fellowship Administration

Trainees must satisfactorily complete all of the training requirements and their SET5 training year to be eligible for Fellowship.

- Trainees must satisfactorily complete all the training requirements in the SET training program and their SET5 training year in Royal Australasian College of Surgeons and Board accredited training posts in Australia and New Zealand, or formally Board accredited posts overseas.
- All trainees can only sit for the Fellowship Examination in SET5, except for CMF4+2 trainees who may be considered for fellowship examination at the end of SET4.
- Trainees apply for Fellowship during their final SET5 surgical term. Trainees are encouraged to contact the College prior to the end of their final term regarding fellowship applications to ensure that the process is complete so they may fulfill any post-training obligations which require the Fellowship qualification.
- The application form for Admission to Fellowship must be signed by the trainee and the Surgical Supervisor and then submitted to the RACS, Melbourne or Wellington office.
- The Board will then conduct a review of the trainee’s record to ensure that all training requirements are completed and that the trainee’s file is complete.
- If the trainee’s file is incomplete, the trainee will be contacted and afforded the opportunity to recover and submit the required documents.
- The Board Chair will not sign a trainee’s application unless all necessary training documents for the trainee are on file at the ASPS or RACS NZ office.
- Once a complete training file is confirmed, the application is signed by the Board Chair or Chair of the Surgical Training Committee (NZ).
- The Board of Surgical Education and Training recommends the trainee to the Education Policy Board for approval.
- Following noting by the RACS Council, the applicant will receive a Fellowship pack from the RACS membership officer which must be completed and returned with the relevant fees. RACS will send the Fellowship Diploma to the trainee and he or she will be legally entitled to use the post nominal FRACS (Plastic and Reconstructive Surgery).

7 Overseas Training and Fellowships

Trainees are highly encouraged to undertake overseas training following the completion of the training program.
8 Unsatisfactory Performance

Trainees are expected to maintain satisfactory standards in surgery and patient care at all times. The Surgical Supervisor is responsible for notifying the Board of unsatisfactory trainee performance as soon as practical.

The following procedure is applied in addressing and remediating unsatisfactory performance:

- The Surgical Supervisor will schedule a meeting with the trainee as soon as possible following the identification of the performance deficiency.
- The Surgical Supervisor will appropriately and constructively counsel the trainee and will complete a PPA for signature by both parties.
- The Surgical Supervisor will draft a letter outlining the meeting which highlights the areas requiring improvement and the remedial action required. He or she will then send this letter to the trainee with copies forwarded to the ASPS or RACS NZ offices and the Regional Chair.
- The Surgical Supervisor will then schedule a meeting with the trainee one (1) month after the initial meeting.
- If the trainee’s performance becomes satisfactory, this is discussed at the meeting and an additional PPA is completed and signed.
- If the trainee does not meet the required standard, this is discussed in the meeting with the trainee The Surgical Supervisor completes an additional PPA which is then signed by both parties. The matter is then referred to the Regional Chair and an appropriate plan of management is devised in consultation with the Board Chair.
- The Regional Chair will then formally notify the trainee that unsatisfactory performance processes have been instigated. This letter will be copied to the Surgical supervisor and ASPS or NZ RACS office and may include:
  - An outline of the areas of unsatisfactory performance.
  - Confirmation of the remedial action plan.
  - Identification of the required performance standards.
  - Notification of the remedial period (from three (3) to six (6) months).
  - Application of probationary status.
  - Implications if minimum standard is not met.
- The trainee’s performance will be regularly reviewed during the remedial period. Feedback and support should also be available.
- The Surgical Supervisor will complete a PPA following the remedial period.
- If the minimum standard is met, no further action is required.
- If the required standard has not been met, the entire surgical term will be deemed unsatisfactory and will not be accredited as training time.
9 Dismissal from Training
Persistent unsatisfactory performance in examinations or assessments may result in a trainee’s dismissal from the training program. Dismissals are made at the Board’s discretion. Reasons for dismissal include (but are not limited to):

- Trainee failure to meet minimum standards following a disaccredited surgical term.
- Trainee failure of the SET1 Examination on four occasions.
- Trainee failure to pass the PRSSP Examination prior to SET5.
- All trainee dismissals will be handled according to the RACS “SET: Dismissal from Surgical Training” policy.

10 Appeals
The College Appeals Mechanism is the appropriate channel for all trainee appeals and can be accessed via the College website.
Regional Board Chair Contact Information

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Board Member Position</th>
<th>Board Member Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Richard Theile</td>
<td>Chairman</td>
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<tr>
<td>Mr Gary Duncan</td>
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<tr>
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</tr>
</tbody>
</table>

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## Supervisor Contact Information (listed by hospital name)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Supervisor</th>
<th>Email Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Hospital</td>
<td>Mr Frank Bruscino-Raiola</td>
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<td>Concord Hospital</td>
<td>Mr Gazi Hussain</td>
<td><a href="mailto:gazihussain@bigpond.com">gazihussain@bigpond.com</a></td>
</tr>
<tr>
<td>Flinders Medical Centre</td>
<td>Dr Nicola Dean</td>
<td><a href="mailto:nicola.dean@health.sa.gov.au">nicola.dean@health.sa.gov.au</a></td>
</tr>
<tr>
<td>Frankston Hospital</td>
<td>Mr Damon Thomas</td>
<td><a href="mailto:damon@melbplastsurg.com">damon@melbplastsurg.com</a></td>
</tr>
<tr>
<td>Geelong Hospital</td>
<td>Mr Richard Rahdon</td>
<td><a href="mailto:rrahdon@netspace.net.au">rrahdon@netspace.net.au</a></td>
</tr>
<tr>
<td>Gold Coast Hospital</td>
<td>Mr Luke Stradwick</td>
<td><a href="mailto:lstradwick@plasticsurgery.org.au">lstradwick@plasticsurgery.org.au</a></td>
</tr>
<tr>
<td>Greenslopes Hospital</td>
<td>Mr Dan Rowe</td>
<td><a href="mailto:dr.danrowe@optusnet.com.au">dr.danrowe@optusnet.com.au</a></td>
</tr>
<tr>
<td>Hutt Hospital</td>
<td>Mr Craig MacKinnon</td>
<td><a href="mailto:mackinnon@wpsi.co.nz">mackinnon@wpsi.co.nz</a></td>
</tr>
<tr>
<td>Liverpool Hospital</td>
<td>Mr Elias Moisidis</td>
<td><a href="mailto:emoisidis@spsa.net.au">emoisidis@spsa.net.au</a></td>
</tr>
<tr>
<td>Maroondah Hospital</td>
<td>Mr Andrew Cavallo</td>
<td><a href="mailto:andrewcavallo@bigpond.com">andrewcavallo@bigpond.com</a></td>
</tr>
<tr>
<td>Mater Hospital</td>
<td>Mr Dan Kennedy</td>
<td><a href="mailto:dankennedy@plasticsurgeon.com.au">dankennedy@plasticsurgeon.com.au</a></td>
</tr>
<tr>
<td>Middlemore Hospital</td>
<td>Mr Murray Beagley</td>
<td><a href="mailto:plasticsurgeon@clear.net.nz">plasticsurgeon@clear.net.nz</a></td>
</tr>
<tr>
<td>Mount Private Hospital</td>
<td>Mr Peter Randle</td>
<td><a href="mailto:fran@drprandle.com.au">fran@drprandle.com.au</a></td>
</tr>
<tr>
<td>Nepean Hospital</td>
<td>Mr Michael Dowd</td>
<td><a href="mailto:dr_mdowd@yahoo.com.au">dr_mdowd@yahoo.com.au</a></td>
</tr>
<tr>
<td>Northern Hospital</td>
<td>Mr Simon Bernard</td>
<td><a href="mailto:sbernard@cmsl.com.au">sbernard@cmsl.com.au</a></td>
</tr>
<tr>
<td>Peter MacCallum Cancer Centre</td>
<td>Mr Terry Wu</td>
<td><a href="mailto:drterrywu@optusnet.com.au">drterrywu@optusnet.com.au</a></td>
</tr>
<tr>
<td>Prince of Wales Hospital</td>
<td>Mr Kevin Ho</td>
<td><a href="mailto:kho@plasticsurgery.org.au">kho@plasticsurgery.org.au</a></td>
</tr>
<tr>
<td>Princess Alexandra Hospital</td>
<td>Mr Gerard Bayley</td>
<td><a href="mailto:g.bayley@optusnet.com.au">g.bayley@optusnet.com.au</a></td>
</tr>
<tr>
<td>Princess Margaret Hospital</td>
<td>Mr Lewis Blennerhassett</td>
<td><a href="mailto:blennerhassett@highway1.com.au">blennerhassett@highway1.com.au</a></td>
</tr>
<tr>
<td>Queen Elizabeth Hospital</td>
<td>Mr Richard Harries</td>
<td><a href="mailto:rharries@adelaide.on.net">rharries@adelaide.on.net</a></td>
</tr>
<tr>
<td>Royal Adelaide Hospital</td>
<td>Mr Yugesh Caplash</td>
<td><a href="mailto:caplashy@yahoo.com">caplashy@yahoo.com</a></td>
</tr>
<tr>
<td>Royal Brisbane Hospital</td>
<td>Dr Shireen Senewiratne</td>
<td><a href="mailto:ssene2@bigpond.com">ssene2@bigpond.com</a></td>
</tr>
<tr>
<td>Royal Children's Hospital (QLD)</td>
<td>Mr Phil Richardson</td>
<td><a href="mailto:bpcsrichardson@yahoo.com.au">bpcsrichardson@yahoo.com.au</a></td>
</tr>
<tr>
<td>Royal Children's Hospital (VIC)</td>
<td>Mr Andrew Greensmith</td>
<td><a href="mailto:andrewg@melbplastsurg.com">andrewg@melbplastsurg.com</a></td>
</tr>
<tr>
<td>Royal Hobart Hospital</td>
<td>Mr Frank Kimble</td>
<td><a href="mailto:surgery@hobartplasticsurgery.com">surgery@hobartplasticsurgery.com</a></td>
</tr>
<tr>
<td>Royal Melbourne Hospital</td>
<td>Dr Kirstie Macgill</td>
<td><a href="mailto:macgillk@bigpond.net.au">macgillk@bigpond.net.au</a></td>
</tr>
<tr>
<td>Royal North Shore Hand Post</td>
<td>Mr Roland Jiang</td>
<td><a href="mailto:rolandjiang@ozemail.com.au">rolandjiang@ozemail.com.au</a></td>
</tr>
<tr>
<td>Hospital</td>
<td>Supervisor</td>
<td>Email Contact</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Royal North Shore Hospital</td>
<td>Mr Nicholas Lotz</td>
<td><a href="mailto:nlotz@plasticsurgery.org.au">nlotz@plasticsurgery.org.au</a></td>
</tr>
<tr>
<td>Royal Perth Hospital</td>
<td>Mr James Savundra</td>
<td><a href="mailto:jsavundra@plasticsurgery.org.au">jsavundra@plasticsurgery.org.au</a></td>
</tr>
<tr>
<td>Royal Prince Alfred Hospital</td>
<td>Mr Phillip Rome</td>
<td><a href="mailto:philiprome@yahoo.com.au">philiprome@yahoo.com.au</a></td>
</tr>
<tr>
<td>Sir Charles Gairdner Hospital</td>
<td>Mr Lip Teh</td>
<td><a href="mailto:lipteh@usa.com">lipteh@usa.com</a></td>
</tr>
<tr>
<td>Southern Health</td>
<td>Mr Guy Dowling</td>
<td><a href="mailto:guy@waverleyplasticsurgery.com.au">guy@waverleyplasticsurgery.com.au</a></td>
</tr>
<tr>
<td>St George Hospital</td>
<td>Mr Darrell Perkins</td>
<td><a href="mailto:dperkins@aestheticdaysurgery.com.au">dperkins@aestheticdaysurgery.com.au</a></td>
</tr>
<tr>
<td>St Vincent’s Hospital (VIC)</td>
<td>Mr Tim Bennett</td>
<td><a href="mailto:bennetttt@ozemail.com.au">bennetttt@ozemail.com.au</a></td>
</tr>
<tr>
<td>St Vincent’s Hospital (NSW)</td>
<td>Mr Russell Aldred</td>
<td><a href="mailto:raldred@stvincents.com.au">raldred@stvincents.com.au</a></td>
</tr>
<tr>
<td>Sydney Adventist Hospital</td>
<td>Mr Graham Sellars</td>
<td><a href="mailto:gsellars@sanclinic.com.au">gsellars@sanclinic.com.au</a></td>
</tr>
<tr>
<td>Sydney Aesthetic Post</td>
<td>Mr David Pennington</td>
<td><a href="mailto:penn_d268@bigpond.com">penn_d268@bigpond.com</a></td>
</tr>
<tr>
<td>Sydney Children’s Hospital</td>
<td>Mr Jeremy Hunt</td>
<td><a href="mailto:drjeremyhunt@bigpond.com">drjeremyhunt@bigpond.com</a></td>
</tr>
<tr>
<td>Sydney Hospital Hand Surgery Post</td>
<td>Mr Sean Nicklin</td>
<td><a href="mailto:info@seannicklin.com.au">info@seannicklin.com.au</a></td>
</tr>
<tr>
<td>Victorian Plastic Surgery Unit (Mercy)</td>
<td>Mr Scott Ferris</td>
<td><a href="mailto:scott@scottferris.com.au">scott@scottferris.com.au</a></td>
</tr>
<tr>
<td>Waikato Hospital</td>
<td>Mr Winston McEwan</td>
<td><a href="mailto:winst@clear.net.nz">winst@clear.net.nz</a></td>
</tr>
<tr>
<td>Western Hospital</td>
<td>Mr Julian Peters</td>
<td><a href="mailto:plasticus@bigpond.com">plasticus@bigpond.com</a></td>
</tr>
<tr>
<td>Westmead Children’s Hospital</td>
<td>Mr John Vandervord</td>
<td><a href="mailto:johnvandervord@bigpond.com">johnvandervord@bigpond.com</a></td>
</tr>
<tr>
<td>Westmead Hospital</td>
<td>Mr Richard Sackelariou</td>
<td><a href="mailto:sackone@bigpond.net.au">sackone@bigpond.net.au</a></td>
</tr>
<tr>
<td>Women’s and Children’s Hospital (SA)</td>
<td>Mr Bernard Carney</td>
<td><a href="mailto:bcarney@apsa.com.au">bcarney@apsa.com.au</a></td>
</tr>
</tbody>
</table>
This training presentation is designed to introduce the Trainee Management Program (TMP) to new users.

This manual covers the following topics:

- Login
- Username & Password
- Notifications
- Evaluations: Completing
- Evaluations: Viewing and Reports
- View Rotation Schedule, Curriculum, and Conferences
- Log Procedures
- Online Help and Support
- TMP & Mac Compatibility
To logon to the TMP system, first go to the ASPS website at www.plasticsurgery.org.au then navigate to the Medical Professionals area.

Expand the ‘Education and Training’ section and click the ‘information for set plastics trainees’ link. Then click the ‘Trainee Management Program’ link to get to the TMP page. You will need to logon using your ASPS Website logon credentials.
Click the ‘access’ link on the Trainee Management Program page of the ASPS website. This link will take you away from the ASPS website to www.new-innov.com.

Trainee Management Program

The Trainee Management Program (TMP) is an online log book for use by trainees and supervisors. The online software program designed to centralise all trainee data and manage training requirements throughout the Surgical Education and Training Program in Plastic and Reconstructive Surgery. Through a web based portal:

1. supervisors of training can submit assessments of surgical trainees online,
2. trainees can update their procedures through the procedure logger and
3. program administration is streamlined through this software system.

Accessing the TMP

You need an institution login:

INSTITUTION LOGIN = PRS

Please access the TMP.

You will be required to use your TMP login and password, which are separate from your ASPS website credentials.

Frequently Asked Questions

ASPS has created a list of FAQs for you to download regarding the TMP.
In the ‘Institutional Login’ field enter ‘PRS’ in capital letters.

Then enter your User Name and Password:

Unless you have been advised of a particular username and password your logon details will be in the generic format of your first initial followed by your last name, all lower case letters with no spaces.

Eg, John Smith would have the logon details:

Logon: jsmith
Password: jsmith

Then click Login
After completing login you will be directed to your Department Welcome Page which provides an overview of all your activity. Note the ‘Notifications’ section on the right.
**Notifications**

Pay attention to the following notice areas:

- **Notifications Section**
- Notice for **Evaluations** that need to be completed
- Notice for **Curriculum** review and confirmation
- **Department Notices** from the Administration
- Notice for Duty Hours that require signoff (not yet implemented)
- Notice for Scholarly Activities Contributions to be accepted or refused (not yet implemented)

<table>
<thead>
<tr>
<th>Department Notices (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="#">Click Here</a> to access Department Manuals</td>
</tr>
<tr>
<td>Please <a href="#">Contact Parking Services</a> for your monthly parking passes at 555-5654</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Curriculum</strong></td>
</tr>
<tr>
<td>- You have unconfirmed curriculum to review. Click here to <a href="#">View your Rotations and review the Curriculum</a></td>
</tr>
<tr>
<td><strong>Evaluations</strong></td>
</tr>
<tr>
<td>- You have 10 evaluations to complete. Click here to <strong>complete them</strong>.</td>
</tr>
<tr>
<td>- Click here to <a href="#">request a person to evaluate you</a>.</td>
</tr>
<tr>
<td><strong>Duty Hours</strong></td>
</tr>
<tr>
<td>- Click here to <strong>signoff on your Duty Hours</strong>.</td>
</tr>
<tr>
<td><strong>Scholarly Activity Contributions</strong></td>
</tr>
<tr>
<td>- You have been listed as a contributor on 1 Scholarly Activity. Click here to <strong>accept or refuse your contribution.</strong></td>
</tr>
</tbody>
</table>

[End of Notifications]
Customise Layout

You can customise the Welcome Page Layout by dragging items from their title bar into the position you wish and then clicking **Save Page Layout**.

Sections, such as “My Favourites”, can be collapsed by clicking on the double arrow icon, or you can manage the favourite links by clicking on **Add/Remove**.

Click **Add/Remove** to adjust which favorite links will appear list.

Click to collapse from view.
Navigating the TMP

Navigate through the various sections of the TMP software by clicking on the **Main** menu and selecting the relevant area. All available sections of the TMP system are accessible through this dropdown menu.
Change Your Password

It is highly recommended that you change your password on your first logon to the TMP system as all logins are initially in an unsecure generic format.

- Select **Main > Change Your Password**
- You can change both your Username and Password according to the restrictions listed under the Username and Password Complexity Requirements
- Once entered, click **Save**
Complete Evaluations

On the Welcome Page under the heading **Notifications**
Complete Evaluations by clicking on the **complete them** link

Alternately - you may be allowed to choose an evaluator for your evaluation. If so, you will also see the link: **request a person to evaluate you**
Click *Evaluate* to complete each evaluation.

If you were not with the subject long enough to evaluate then you may be permitted to return an evaluation through the NET option (Not Enough Time). If this is the case then check the box for each evaluation to return and click *Submit Selected Evaluations as NET*. 

---

<table>
<thead>
<tr>
<th>NET</th>
<th>Subject Name</th>
<th>Session Name</th>
<th>Session Dates</th>
<th>Session Due Date</th>
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<tbody>
<tr>
<td></td>
<td>Smith, David</td>
<td>Resident Evaluation of Faculty (DM-Internal Medicine)</td>
<td>8/1/2007 to 8/31/2007</td>
<td>9/14/2007</td>
</tr>
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<td></td>
<td>Curcio, Frederick</td>
<td>Resident Evaluation of Faculty (DM-Internal Medicine)</td>
<td>9/1/2007 to 9/30/2007</td>
<td>10/14/2007</td>
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<tr>
<td></td>
<td>Smith, David</td>
<td>Resident Evaluation of Faculty (DM-Internal Medicine)</td>
<td>9/1/2007 to 9/30/2007</td>
<td>10/14/2007</td>
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</tbody>
</table>
Complete Evaluation Questionnaire

Once a Questionnaire form loads select the appropriate response(s) for each question including designated or required areas for comments

<table>
<thead>
<tr>
<th>Evaluator: Allgood, Bradley</th>
<th>Subject: Smith, David</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status: PRG 1</td>
<td>Status: Faculty</td>
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<tr>
<td>Rotation: DM-ENDO-CONSULTS</td>
<td>Rotation: DM-ENDO-CONSULTS</td>
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</table>

<table>
<thead>
<tr>
<th>The attending created a stimulating, challenging, and supportive environment where I wanted to learn.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>1</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>The quality of the teaching was:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
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<tr>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>The attending provided useful feedback during and at the end of the rotation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>The attending went to the bedside, demonstrated physical diagnosis techniques and watched me examine patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The attending challenged and encouraged me to do self-directed learning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The attending provided reference articles or texts on pertinent topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How often were teaching rounds conducted as scheduled (three times a week except for the fourth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Submit Evaluations

After finishing the Evaluation form, check the signature box (if required) then click the **Submit Final** button and when confirm dialog box appears select **OK**

By checking this box, you certify that you are Shallward, Randall and that you are electronically signing this document.  □ Date: 10/9/2007

Submit Final  |  Save Draft  |  Save Draft and Print  |  Email Subject

Click **Save Draft** when you need to retain details that have already been entered and you wish to return at a later time to complete the form.
DOPS and Mini CEX Evaluations

To start the process for a DOPS or MiniCEX Evaluation you must first select someone to complete your evaluation. **Please make sure you check with the supervisor/consultant before selecting them to complete your evaluation.**

Note: there is currently a bug for this feature in Firefox that makes the dialog box cut off. Please use Internet Explorer or another browser if you encounter this issue.

The first, and quickest, method of starting a DOPS or MiniCEX is via the link on your home page when you log in to the TMP to ‘request a person to evaluate you’.

Department Notices (0)

You have 0 Notices.

Notifications

**Evaluations**

- You have 2 evaluations to complete. Click here to [complete them](#).
- Click here to [request a person to evaluate you](#).
Alternately, you can go to the ‘Complete Evaluations’ link which should also be on your home page in the ‘Favourites’ section. You then click the link on the right-hand side of the page that says ‘Request a person to evaluate you’. 
You will then find a list of available DOPS and MiniCEX evaluations. Choose the relevant evaluation from the list and proceed to select your evaluator.

Note: Some browsers have a bug on this stage of the process. If the dialog box is cutoff then please try a different browser (such as internet explorer).

Once the evaluator has completed the evaluation you will have an option appear in your ‘Complete Evaluations’ section to sign off the evaluation. This is the final step, the evaluation is now complete.

Please make sure you have asked the person you are selecting to evaluate you if it is ok for them to be selected as your evaluator!
View all evaluations that you completed about others, any evaluations that were completed about you (excluding anonymous evaluations)

Select **Evaluations** and then choose **View > Completed Evaluations**
Evaluation Reports

To generate a report to see your cumulative evaluation results:
✓ Select **Main > Evaluations**
✓ Choose **Reports > Custom Evaluation Reports**
✓ Click on **view** next to the report titled **Individual Report (General)**

Reports will not include anonymous evaluations unless your coordinator has set up the report to allow viewing of anonymous results.
To view your training post (rotations) schedule:

Select **Main > Scheduling-Block** then **View > My Rotations**

Click on an active link in the curriculum column (ex: 0 of 1 confirmed) to view curriculum documentation for a particular training post

Curricula will likely be integrated during the course of 2009, currently they are not online.
View My Schedule

View a complete monthly schedule with training post, conferences, and assignments. Select **Main > Scheduling-Assignment** then **View > My Schedule**

- OR -

Click **My Assignment Schedule** in the **My Favorites** section of the Welcome Page.

---

**My Schedule**

**Bradley Allgood**

*in the date range: 10/14/2007 to 10/31/2007*  

**Visible Event Types:**  
- Templated Assignments
- Other Assignments
- Rotations
- Conferences

---

**DM:IM:DAYFLOT**

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
</tr>
</tbody>
</table>

---

- **CONFERENCE: 7:00 AM-10:00 AM**  
  Grand Rounds at St. Christopher Medical Center

- **CONFERENCE: 9:00 AM-2:00 PM**  
  TCU Call at St. Christopher Medical Center

---

- **CONFERENCE: 7:00 AM-10:00 AM**  
  Grand Rounds at St. Christopher Medical Center

- **CONFERENCE: 9:00 AM-2:00 PM**  
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- **CONFERENCE: 7:00 AM-10:00 AM**  
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---

- **CONFERENCE: 7:00 AM-10:00 AM**  
  Grand Rounds at St. Christopher Medical Center

- **CONFERENCE: 9:00 AM-2:00 PM**  
  TCU Call at St. Christopher Medical Center
View Conference Details

View details of a conference by clicking the Title Link on the schedule.

The Conference Details pop-up display includes all information and links to any attached files or sites to be reviewed prior to the event.
View Training Post (Rotation) Details

View training post information & curriculum details from the My Schedule view

Click on the Rotation Title Link to display the Rotation Details dialog window
Log Procedures

- Select **Main > Procedure Logger** then choose **Add/View/Confirm > Add**
- Complete Procedure form and click **Save and Clear**
- To log multiple procedures on the same patient, click **Save and Retain**

![Procedure Logger Logs](image)

**DEFAULT FIELDS**
- Department/Division to log in: [Dropdown]
- * Date Performed: [Date Field] 3/25/2009

**PROCEDURE INFO**
- Procedure Group: [Dropdown]
- * Procedure: [Dropdown]
  - (None Selected)
- Enter a CPT® Code: [Field] Find Procedure by CPT® Code

**STUDENT/PHYSICIAN INFO**
- Student/Physician: [Dropdown]
- * Student’s/Physician’s Status: [Dropdown]
- * Role in procedure: [Dropdown]
- * Attending/Supervisor: [Dropdown]
Log Procedures Cont ...

- Select **Main > Procedure Logger** then choose **Add/View/Confirm > Add**
- Complete Procedure form and click **Save and Clear**
- To log multiple procedures on the same patient, click **Save and Retain**

![Procedure Logger form](image-url)
Logging Procedures and Operations

✓ Skin cancer example:
   - 5 BCC
   - 2 flaps
   - 3 grafts

✓ Log as: 1x “skin cancer, multiple”; 1x “flap, multiple”; 1x “graft, multiple”

✓ Spaghetti Wrist with:
   - 8 tendons
   - Ulnar nerve and median nerve
   - Ulnar artery and radial artery

✓ Log as: 1x “tendon, multiple”; 1x “nerve, multiple”; 1x “artery, multiple”

✓ Where a multiple procedures are covered by one procedure, the larger procedure should be logged:
   ✓ Eg A brachial plexus surgery should be coded as brachial plexus, not “nerve repair, multiple”; “nerve graft, multiple”; “nerve exploration, multiple”

✓ Add more details in “description”
Date Performed

- Enter the date on which the Procedure or Diagnosis was performed in the **Date Performed** box.
- The date will default to the Current Date, but can be edited, or overwritten using the Date Picker tool.
Procedure Group & Code

• Select a Procedure Group (if available) as this will filter the choices in the second dropdown list. Select a Procedure from the list box.
• Alternatively, if you know the procedure code you can type in the correct code and click Find Procedure By CPT® Code (see the Handbook for a quick reference of codes).
• Groups are provided for selection convenience (filtering available procedures) and is not necessary for logging.
• The Credential Target for the specific Procedure selected will display in bold red in the line below the Group and Procedure section.
• Some procedures have the code NOS at the end. NOS stands for “Not Otherwise Specified”.

![Dropdown and code entry example]
Select a Student/Physician, Status, Role in procedure and Attending/Supervisor.

The default setting for these field correspond to the user who is logging the procedure or diagnosis. Additional choices listing other eligible users in the Department/Division may be available for an authorised administrator to log procedures/diagnoses on behalf of others.

The Student/Physician's Status Type automatically populates the Status Type field according to the selected individual's status in Personnel Data Demographics but it may be changed as necessary for the specific log. Changing the Status Type does not change it in your Personnel Data.
Role and Attending/Supervisor

- If necessary, select a **Role** and **Attending/Supervisor**.

- The Automatic Credential System and automatic email notifications require a Procedure, a Role and an Attending/Supervisor to be entered for each Procedure logged.

- Roles and Student/Physician Supervisors will populate the respective lists only if they were added when configuring the Procedure Logger module [see Other Lists for further details]. In addition to Student/Physician Supervisors, individuals who have been assigned a Privilege Level of 3 in Logger (usually faculty) will be included in the drop-down list.

---

**STUDENT/PHYSICIAN INFO**

Student/Physician: Test, Registrar

* Student's/Physician's Status: SET2

* Role in procedure: 1-Surgeon alone

* Attending/Supervisor: David, David
Patient Details

- Enter the **Patient Last Name** and **Age**.

- Patient DOB may replace Age (currently under review).

- If the patient's name is entered in the Patient ID field, it may appear on screens and in reports in a context that is inappropriate or even a violation of privacy rules and regulations [see Configure Procedure Logger for further details].
Required Fields

- Select the **Operation Category** from the drop down list.

- Select **Site** from the drop down list.
Required Fields

- Select the **Aetiology** from the drop down list.
  * Aetiology

- Select **Cosmetic Complexity** and **Reconstructive Complexity** from the drop down list (see Handbook for guidelines to grade scale).
Optional Fields

• Add any **Additional Comments** but remember to leave some space available for the supervisor.

• Select the **Complication** from the drop down list, if necessary.

• Add a **Description of the Operation** if relevant
Additional Fields

• Complete any additional needed fields and select the **Save and Retain, Save and Clear**, or the **View Log Listing**.

• The **Save and Retain** option will log the Procedure and permit you to add multiple Procedures for the same Student/Physician and/or patient.

• The **Save and Clear** option will log the Procedure and permit you to enter a Procedure for a different Student/Physician and patient.

• The **View Log Listing** option will display the **View Procedure Logs** page (see **View, Edit, or Delete a Procedure Log** for further details].

![View Procedure Logs](image)
View Procedure Logs

Select **Main > Procedure Logger** then choose **Add/View/Confirm > View** to see procedures from the last 90 days.

- Edit/Delete logged procedure form (For edits click **Save**)

To view all procedures, Click "Show All Dates" and then **Apply Date Range**.

Procedures confirmed by a supervisor may **not** be edited or deleted except with appropriate authorisation (see your Registrar Coordinator/Administrator for assistance).
View reports that track various areas of procedure logging:

- Select **Main > Procedure Logger**
- Choose **Reports > Student/Physician Reports > Advanced Reports**
- Click the **Report Title** to view

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Created By</th>
<th>Created On</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Physician Log Details</td>
<td>NJ Personnel</td>
<td>08/06/2008</td>
<td>A listing of Resident Procedure Logs</td>
</tr>
<tr>
<td>Total Procedures by Role including confirmation status</td>
<td>Ellowson, Gregory</td>
<td>02/10/2010</td>
<td>Use this report to print off your summary of logs for any specified period of time. Be certain your dates ranges are correct.</td>
</tr>
</tbody>
</table>

This section contains other Procedure Logger reports on Students/Physicians. These reports are not affected by Reporting Templates in any way.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custom Field Totals Report</td>
<td>Student/Physician Procedure Totals sortable by Custom Logger Field</td>
</tr>
<tr>
<td>Diagnosis Target Report</td>
<td>Student/Physician Diagnosis Totals</td>
</tr>
<tr>
<td>Procedure Group Report</td>
<td>Student/Physician Procedure Totals sortable by Group</td>
</tr>
<tr>
<td>Rotation Report</td>
<td>Listing of Student/Physician Procedures and Rotations</td>
</tr>
</tbody>
</table>

This section contains older legacy Procedure Logger reports on Students/Physicians. These reports are also not affected by Reporting Templates in any way, and most functionality of these reports can be obtained by using the newer Reporting Templates.

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Summary /w Details</td>
<td>A detailed summary of your Procedure Log totals</td>
</tr>
<tr>
<td>My Brief Summary</td>
<td>A brief summary of your Procedure Log totals</td>
</tr>
<tr>
<td>Student/Physician Totals Report</td>
<td>Student/Physician Procedure Log Totals</td>
</tr>
</tbody>
</table>
Generating a Procedure Report

- To get a report of your procedures out of the TMP follow these easy steps:
  - Click on **Main > Procedure Logger**
  - Select **Reports > Student/Physician Reports > Advanced reports**
  - On the next screen you will see a number of pre-defined reports which you may wish to familiarise yourself.
  - ASPS secretariat has created a report for you called “Total Procedures by Role including confirmation status”
  - **Click the report.**

- Continued, pto
Generating a Procedure Report pt2

- The next screen will show you a report of **all procedures with a summary total** at the end of the page.
- Please **check the date range** of your report. Click “Change Filters” to change your report dates. Remember dates are shown in mm/dd/yyyy format.
- **Export** your report to PDF (top right) or Excel (bottom right)
Logging Research and Courses

To log research items such as conference presentations, or non-SET educational conferences or events, or RACS courses use the ‘Portfolio’ section.

Once you are in the ‘Portfolio’ section select the item you wish to log from the dropdown list and click ‘Log the Activity’.

If your item is not listed then please log it under “Unlisted Educational Event”.

You can list your logged activities by clicking ‘Manage Activities’.

Scholarly Activity

- Log a [Research - PRS Poster Presentation at ASC, AHSS, ASAPS, International or Equivalent [1 Point] ] Scholarly Activity
  - Log the Activity
- Manage my Scholarly Activities
- View Activities
- View Totals Report by Competency
- View Totals Report by Activity

New Innovations, Inc. ©1995-2010
Next you will need to enter the details about the relevant activity. In this example a presentation is being logged. Fill out each section of the page paying particular attention to the tick boxes. The criteria in the tick boxes must be fulfilled.

Make sure you upload evidence of the event in the section below the text boxes.

Without sufficient evidence the activity will not be counted towards anything, so make sure you upload scans or documents that are clear, legible and in a high enough resolution that they will print clearly.
Getting Help

New Innovations provides regularly updated Online Help Documentation, Step-By-Step Guides, and Training Webinars in its Support Center. Click **Help Icon** on any page to access it.

**Support Center**

**Training Department Notifications**
- ERAS Import Recommended Procedures
- "Preparing for the New Academic Year" Webinar available
- Uploading Photos from ERAS
- Evaluations Menu Changed on 4-15-08

**Contact Us**
Submit a Support Request form to our Support Staff.

**Additional Tools**
Additional administrative support materials.

**Quick Start Guides**
Use these step-by-step guides written with brief instructions and illustrated with plenty of visual examples.

**Training Webinars**
View full online training sessions recorded by our Training Staff through this subscription service.

**FAQ's**
Browse the Frequently Asked Questions to see answers to common problems and issues

**Glossary**
Print version of important terminology and concepts used throughout the RMS.
Users can submit support requests and have questions answered by the New Innovations support staff. Select **Contact Us** in the Support Center.

Complete the **New Support Request** form including plenty of details to assist us with the troubleshooting process. Once submitted, a NI trainer will contact you.

Please Note: if your request involves issues such as Logging in, schedules, evaluations, etc., please contact your registrar program coordinator for assistance.
General Access to Website

If you have trouble accessing the login page (access denied, unavailable, timeout, etc), contact ASPS or NZAPS with this basic information as well as a description of what you’re experiencing:

• Operating System on your computer.

• If Windows, the .Net Framework version (go to Start > Control Panel > Add/Remove Programs…then look for Microsoft .Net Framework 2.0 or higher

• Browser versions: Internet Explorer version 6.0 or higher, Firefox 2.0 or higher

• Description of the problem that you’re experiencing
A note on TMP & Mac/PDA Compatibility

• Web browsers from Mozilla such as Firefox and Camino, are generally platform independent. You may wish to download it for installation on your Mac.

• Although Mac is not recommended it will still work with Firefox or Camino for the majority of processes within the software as it is web-based, although Firefox and Camino are not fully supported.

• Alternatively, if you have a compatible PDA you can download and install it for use on your PDA. New Innovations is working on a similar system for smart phones, such as the iPhone, but this is not yet available. Unfortunately, other mobile phones, such as the Nokia N series, have no suitable software application.

• Technical Requirements and Compatibility:
  – Windows XP SP2 or later, using Internet Explorer 6.0 or later. Firefox on Windows XP SP2 is generally compatible as well.
  – Macintosh computers are not fully supported by New Innovations, however most are able to use the program using Mozilla's free Firefox or Camino web browsers.
  – PocketPC PDAs are compatible on:
    • Windows Mobile 5.0 or higher with ActiveSync 4.0 or higher
    • Windows Mobile 2003/SE with ActiveSync 3.6 or higher.
    • Other PDAs are not supported.

Instructions on downloading the PDA software to your PDA can be found by logging into the TMP website then clicking on Main > PDS Software then under download software click the link RMS Software for PDA. Follow the instructions on the next page.

• If you have any concerns please contact your Education Officer for referral on to New Innovations.
Thankyou for using new innovations and the Trainee Management Program!
Trainee Management Program – Frequently Asked Questions

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Q. Is my TMP login the same as my ASPS website login?

Ans. Not necessarily. You will have been sent two different emails with both sets of login details.

Q. How can I change my ASPS Website username and password?

Ans. Once logged into the ASPS website, you can change your password to something more familiar by clicking the “Update Profile” button. Once on the “Update Profile” page, click the “Show” button to see your current password. Simply enter your new password and click update. Your password has now been changed.

Q. How do I retrieve my TMP password?

Ans. After clicking through to the TMP client login page from the ASPS website you are asked for the institution login. Enter “PRS”. Then you can click the link at the bottom of the next form which says “Forget Your Password?”
Enter your username and email and the TMP will send you a new password.

Q. Do I have to update my email address on the TMP and ASPS website?

Ans. If you update your email address on the ASPS website, the ASPS office will receive notification the next day and ensure that it is also updated in the TMP. It is recommended that email addresses are updated on the ASPS website. ASPS will ensure that all communications are sent to the email you supply on the website.

If you update your email address in the TMP, the ASPS office does not receive notification and has no way of knowing what changes have occurred. Therefore it is important that any changes made to the TMP are followed up with an email to the ASPS office notifying ASPS of the changes.

Q. I cannot open the Adobe file for the User Manual. How can I get a copy that works?

Ans. You can email ASPS (education@plasticsurgery.org.au) or NZAPS (Celia.Stanyon@surgeons.org) for a PowerPoint copy of the same file used to create the Adobe files. Alternatively, we can send you a hard copy to your preferred address.
Q. Why am I listed as a Resident in the TMP when I am a Registrar?

Ans. The TMP is an American database which limits what we can use as descriptions. "Resident" in the US is the same as "Registrar" in Australia.

Q. Why are the rotation dates different to hospital / employer dates?

Ans. The rotation dates reflect the state-wide start and end dates for the rotation and not your hospital or employer start and end dates.

Q. Why does the TMP use a US date format?

Ans. The system is produced by a US company. Therefore there are some differences in nomenclature, i.e. Rotation dates are in a US format.

Q. Why is the “Date Performed” date set to a date other than today's date in the Procedure Logger?

Ans. The TMP time zone is set to an American time zone. Therefore you may see a date in the procedure logger which is a day behind your current date, i.e. early in the mornings. You can change the “Date Performed” date when logging a procedure to your current date by clicking the calendar icon next to “Date Performed” and selecting the correct date.

Q. What is the difference between Supervisors & Consultants?

Ans. The TMP uses the description “Supervisor” to describe all supervisors in Australia and New Zealand. Training supervisors are described as “Supervisors” in the system and the remainder of FRACS surgeons are named “Consultants”. As consultants may be present during a procedure with a trainee, the TMP will retain details for use by trainees when they log any applicable procedure.

Q. The attending consultant is not listed in the TMP. How can I get him/her added to the TMP?

Ans. If the consultant is a Plastic Surgeon then you simply need to email the education officer (education@plasticsurgery.org.au or Celia.Stanyon@surgeons.org) and ask for that surgeon to be added. If the consultant is not a Plastic Surgeon (E.N.T., Orthopaedic, etc) then you should log procedure against your assigned rotation supervisor. In addition, please add a comment in the Trainee/Physician Comment Box so your supervisor is made aware of the reasons you have chosen him or her as the consultant for that procedure.
Q. Can procedures be added to the TMP?

Ans. The TMP system only allows for selection of procedures that are pre-defined in the drop down menus. The ASPS office will add new procedures as they become apparent but only once approved by the Board of Plastic and Reconstructive Surgery.

Q. What does “NOS” mean in the TMP procedure codes?

Ans. NOS stands for "Not Otherwise Specified". This is used at the end of a procedure name, to identify procedures where specific details are not available or relevant. NOS is a coding standard in medical coding which comes from the WHO’s ICD-10 coding system.

Q. How do I use the custom view in the Procedure Logger?

Ans. If you are looking for a way to customize the way procedure logs are viewed, you can do that in the Procedure Logger. Here are the steps:

1. Go to Main > Procedure Logger > Add/View/Confirm > View
2. Click “Customizing Your View”
3. Check the box next to items you wish to see on the View page
4. Select the number of procedures you wish to see on each page
5. Click “Save and Return”

You can also filter the View page to show certain procedures by clicking "Search Procedure Logs." Note that the Procedure Logger by default only shows procedures going back 90 days. If you wish to view all procedures for any date you need to select “Show All Dates” and click “Apply Date Range.”

Q. When I use the Procedure Loggers custom view and add Patient ID as an additional data column, it leaves the cells under the heading “Patient ID” blank.

Ans. Nothing will show up for this field as data is not logged for that field. Data is logged against the custom field “Patient ID/Case ID”. In addition, logs are created in the division of your state. So, if for example, you are training in the division Plastic & Reconstructive Surgery/New South Wales, you will only be able to see the data in the “Patient ID/Case ID” column for data logged in New South Wales.

Q. Why do operations logged in the Procedure Logger not show in my Log Book?

Ans. The Procedure Logger module and the Log Books module do not communicate or connect with each other. The purpose of the Log Book is to provide a place to collect and report on data not collected by other modules or features in the TMP.
Q. How can I access the TMP using Mac?

Ans. Web browsers from Mozilla such as Firefox and Camino, are generally platform independent. You may wish to download it for installation on your Mac. There is a reference that recommends Camino by a US institution which uses the TMP. Camino can be downloaded from [http://caminobrowser.org/](http://caminobrowser.org/).

Although Mac is not recommended it will still work with Camino for the majority of processes within the system as it is web-based, although it is not fully supported by New Innovations.

There is an alternative if you have a compatible PDA: There is TMP software you can download and install for use on your PDA. The company that produces the TMP is working on a system for smart phones, such as the iPhone, but this is not yet available.

Q. When I'm logged in to the system, why is it called 'Residency Management Suite'?

Ans. The TMP is produced by a third party provider. ASPS has undertaken a customisation of the system so it conforms to RACS surgical training requirements. Some features are not customisable but ASPS are working with New Innovations to make the system more Australasian in terms of the wording used, date formats and time zones.

Q. Who is New Innovations?

Ans. New Innovations is an American organisation which produces the TMP system.

Q. What do the Procedure Logger Supervision Levels mean?

A. There must **always be** a Consultant available before a registrar can take a patient to theatre.

1. Surgeon alone = The Consultant is not physically present in the theatre complex. He/she may be at home but on call. The registrar is the primary operator.
2. Mentor available = The Consultant is immediately accessible i.e. observing in theatre or on the floor.
3. Mentor scrubbed = The Consultant is assisting (with the registrar as the primary surgeon).
4. Assistant = The Consultant is the primary operator (with the registrar assisting).
Q. How can I download attachments for specific conferences?

A: To get information and downloads relating to specific conferences follow this process:

- Logon as you normally would;
- Go to Main > Conferences and then click on Calendar under the View menu;
- Select “All Departments” from the Display drop down menu.
- Choose the date you are interested in. Click “Go”;
- Choose the date you are interested in. Click “Go”;
- Click on the conference you are interested in. Then navigate to the attachments;
- Download the attachment you are interested in.

Please contact me if there is anything more that I can help you with.
Q. How can I get a report of my logged procedures

A. To get a report of your logged procedures follow the following steps:

- Go to 'Main' > 'Procedure Logger'
- Select Reports > Student/Physician Reports > Advanced reports
- On the next screen you will see a set of predefined reports. Some of these may be of use to you so you might want to familiarise yourself with them.
- The ASPS secretariat has created a report for you called 'Total procedures by role including Confirmation Status'. Click this report

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Physician Log Details</td>
<td>A listing of Resident Procedure Log</td>
</tr>
<tr>
<td>Total Procedures by role including confirmation status</td>
<td>Use the report to print off your summary of logs for any specified period of time. To create your dates ranges are correct.</td>
</tr>
<tr>
<td>CustomField Totals Report</td>
<td>Student/Physician Procedure Totals suitable by CustomField/Report</td>
</tr>
<tr>
<td>Group Totals Report</td>
<td>Student/Physician Group Totals</td>
</tr>
<tr>
<td>Procedure Total Report</td>
<td>Student/Physician Procedure Totals suitable by Group</td>
</tr>
<tr>
<td>My Summary Details</td>
<td>A detailed summary of your procedure Log Totals</td>
</tr>
<tr>
<td>My Brief Summary</td>
<td>A brief summary of your Procedure Log Totals</td>
</tr>
<tr>
<td>Student/Physician Total Report</td>
<td>Student/Physician Procedure Log Totals</td>
</tr>
</tbody>
</table>

The next screen will show you a report of all procedures with a summary total at the end of the page.

Please check the date ranges are correct then you can export to either an excel document (bottom right) or a PDF (top right).
TRAINING AGREEMENT
SURGICAL EDUCATION & TRAINING

Note: This revised version was approved by the Board PRS, February 2010, and supersedes the 2009 Agreement.

Background

The College and Specialty Societies are committed to ensuring that surgical training is undertaken in an appropriate environment, and that trainees understand both their rights and their duties as members of the training program. It is important that the training program is conducted in a manner which ensures transparency and accountability and achieves the required educational standards. This document sets out the statement of intentions of the trainee and the Board of Plastic & Reconstructive Surgery Training, (as represented by the Chair) for the duration of the training program.

Acknowledgement by Trainee

I will endeavour to achieve the objectives of surgical training, which are to acquire skills, knowledge and experience in the nine College competencies of:

• Professionalism
• Scholar / Teacher
• Health Advocacy
• Management and Leadership
• Collaboration
• Communication
• Medical Expertise
• Judgment – Clinical Decision Making
• Technical Expertise

I agree to be an active participant, optimising to my personal benefit the educational experiences and opportunities presented to me.

I undertake to observe all relevant College policies in relation to surgical training and to comply with all regulations and reasonable directions of the College. I understand that failure to do so may result in my suspension or dismissal from the training program. It is my responsibility to ensure that I am aware of all College policies, procedures, and regulations, and that I will comply with these within all relevant time limits and deadlines notified.

I agree that if I have concerns regarding my training, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:

• My supervisor
• My mentor (if appointed)
• The Specialty Board Chair (or the Regional Subcommittee Chair in the first instance)
• The Dean of Education
I agree and acknowledge that while I may seek advice and support, no Fellow of the College or member of staff is authorised to vary the rules and guidelines for the College Training Program or the policies of the College in relation to the Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate approval has been received.

I agree to personally participate in College review processes in relation to my performance on the training program. I acknowledge that the College has an Appeals Mechanism Policy regarding any decision about my surgical training with which I disagree.

I agree to seek and provide feedback about my training experience, as appropriate. If I have concerns, it is my responsibility to raise them.

I also acknowledge that while the College (and its agents) is the accredited educational provider they are not employers, and that I must abide by my employment conditions. Where there is conflict between my employment obligations and training requirements I will advise my supervisor accordingly.

I release my supervisor, the Board and the College (and its representatives) from all claims or liability arising from advice or assistance given in good faith.

I acknowledge that it is my responsibility to be fully informed and aware of all requirements of the College, particularly rules, guidelines, time limits, and policies in relation to the Training Program, including information available on the College and Society websites.

I agree to make all applications and provide all information required by the College within the time limit or deadlines stipulated by the College. This includes compliance with the requirement to use the online logbook system.

I agree to accept a training allocation other than in my preferred state and understand that the Board cannot provide any assurance of my transferring to my preferred training state over the duration of my training.

I undertake to ensure that during the period of my training, every case logged in the Trainee Management Program (TMP) will be accurate.

I will ensure that I am acting at all times within legal and ethical guidelines regarding practices in and around assisting and billing in my state or region. I will check the hospital policy and/or regional health or state health authority's guidelines and policies in relation to my billing for assistance with my consultants, both in the hospitals in which I usually work and other public or private hospitals off campus. This will also apply to all cases assisted under worker's compensation authorities and instruments. I am aware of my personal accountability in relation to the above circumstances.

**Acknowledgement by Regional and Bi-National Specialty Board Chairs**

As representatives of the Board we agree that the training program will be conducted by the Board in accordance with all relevant policies and procedures. The Board will, through its supervisors and other senior educational Fellows endeavour to:

- Allocate approved clinical rotations to trainees
- Allocate to each trainee a Supervisor for their clinical rotation
- Assist the trainee in achieving their education needs
- Review the trainee's learning objectives, in an endeavour to ensure that they are realistic, achievable and within the scope of the learning opportunities available
- Advise the trainee, as requested, on resources available to assist the trainee in achieving the objectives
- Assist the trainee to make the time needed for attendance at any required teaching sessions, making appropriate time allowance for learning needs, and providing the appropriate balance between training and service
- Encourage a climate for learning and training
- Meet regularly with the trainee, and conduct formal meetings at least every 3 months to review the trainee's progress and provide feedback
- Complete all reports as required by the College and the policies of the training program
I agree and acknowledge that no individual Board member, Supervisor, other Fellow of the College or member of staff is authorised to vary the rules and guidelines for the College Training Program or the policies of the College in relation to the Training Program. Any change or variation of these conditions, guidelines or policies or any extension of time will be confirmed to the trainee in writing after appropriate approval has been received.

Acceptance

We accept the rights and responsibilities of our respective positions in this Statement of Intention.

Signed:

------------------------------------------------------------  ------------------------------------------------------------
Trainee Name in block letters
Date: ……………..……… 20…..

------------------------------------------------------------  ------------------------------------------------------------
Board Chair Name in block letters
Date: …..………………… 20…..
Plastic and Reconstructive Surgery
Direct Observation of Procedural Skills Assessment Form

Surname .......................................................... First name…………………………………………….
Assessment date……………………
Level ☐ SET1 ☐ SET2+ ☐ Other

Hospital.......................................................................................................................................................

Clinical setting: ☐ Theatre ☐ ICU ☐ Emergency Department ☐ Other ..........................................

Name of procedure: ……………………………………………………………..………................................

Difficulty of procedure: ☐ Easier than usual ☐ Average ☐ More difficult than usual

Number of times this procedure has been performed by this trainee prior to this occasion ……………

Assessor’s position: ☐ Supervisor....................... ☐ Consultant... ... ...

Please assess and mark the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Borderline</th>
<th>Competent</th>
<th>Excellent</th>
<th>Not observed / not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Explains the procedure and complications to the patient and obtains patient’s informed consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Prepares for procedure according to an agreed protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates good asepsis and safe use of instruments/sharps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Performs technical aspects competently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates manual dexterity required to carry out procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Adapts procedure to accommodate patient and/or unexpected events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Is aware of own limitations and seeks help when appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Completes required documentation (written or dictated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Analyses their own clinical performance for continuous improvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Overall ability to perform whole procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Suggestions for development

Other comments

Agreed action:

Assessor’s signature: ... ... ... ... ... ... ... ... Assessor’s name... ... ... ... ... ... ... ... ... ... ...

Signature of person being assessed ..................................................................................................
Plastic and Reconstructive Surgery
Mini Clinical Evaluation Exercise (Mini-CEX) Assessment Form

Surname ................................................. First name…………………………………………..
Assessment date……………………………………
Level

<table>
<thead>
<tr>
<th></th>
<th>SET 1</th>
<th>SET 2+</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical setting:

<table>
<thead>
<tr>
<th></th>
<th>ICU</th>
<th>Emergency Department</th>
<th>Other</th>
</tr>
</thead>
</table>

Type of case:  

<table>
<thead>
<tr>
<th></th>
<th>New case</th>
<th>Follow-up</th>
</tr>
</thead>
</table>

Focus of clinical encounter:

<table>
<thead>
<tr>
<th></th>
<th>History</th>
<th>Diagnosis</th>
<th>Management</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Complexity of case:

<table>
<thead>
<tr>
<th></th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
</table>

Assessor’s position:

<table>
<thead>
<tr>
<th></th>
<th>Supervisor:</th>
<th>Consultant:</th>
</tr>
</thead>
</table>

Please assess and mark the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Borderline</th>
<th>Competent</th>
<th>Excellent</th>
<th>Not observed / not applicable</th>
</tr>
</thead>
</table>

1. History taking

2. Physical Examination

3. Communicates to patients (and their family) about procedures, potentialities, and risks to encourage their participation in informed decision making

4. Adjusts the way they communicate with patients for cultural and linguistic differences and emotional status

5. Recognises what constitutes 'bad news' for patients (and their family) and communicates accordingly

6. Recognises the symptoms of, accurately diagnose, and manage common problems

7. Professionalism

8. Organisation / Efficiency

9. Overall Clinical Care

Suggestions for development

Other comments

Agreed action

Assessor’s signature: ……………………………… Assessor’s name………………………………………………

Signature of person being assessed ………………………………………………………………………………………..
<table>
<thead>
<tr>
<th>Fellowship Title</th>
<th>Contact Person</th>
<th>Telephone Contact</th>
<th>Email Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Children’s Hospital Hand and Microsurgery Fellow</td>
<td>Christopher Coombs</td>
<td>03 9345 5391</td>
<td><a href="mailto:tanya.armstrong@rch.org.au">tanya.armstrong@rch.org.au</a></td>
</tr>
<tr>
<td>Plastic Surgery Fellow</td>
<td>Allan Kalus</td>
<td>03 9521 1777</td>
<td><a href="mailto:allan@avenueplasticsurgery.com">allan@avenueplasticsurgery.com</a></td>
</tr>
<tr>
<td>O’Brien Institute Microsurgery Fellowships</td>
<td>Jennifer Knowlson</td>
<td>03 9288 4018</td>
<td><a href="mailto:jennifer.knowlson@svhm.org.au">jennifer.knowlson@svhm.org.au</a></td>
</tr>
<tr>
<td>Hand surgery fellowship</td>
<td>Tony Berger</td>
<td>03 94128840</td>
<td><a href="mailto:tony.berger@vhas.com.au">tony.berger@vhas.com.au</a></td>
</tr>
<tr>
<td>Advanced Aesthetic Plastic Surgery Fellowship</td>
<td>Graeme Southwick</td>
<td>03 9500 0655</td>
<td><a href="mailto:graemes@melbplastsurg.com">graemes@melbplastsurg.com</a></td>
</tr>
<tr>
<td>Acute Burns and Burns Reconstructive Surgery</td>
<td>Peter Maitz</td>
<td>02 9767 7775</td>
<td><a href="mailto:pmai4327@usyd.edu.au">pmai4327@usyd.edu.au</a></td>
</tr>
<tr>
<td>Craniofacial Research</td>
<td>Mark Gianoutsos</td>
<td>02 9650 4980</td>
<td>reception</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>@markgianoutsos.com.au</td>
</tr>
</tbody>
</table>

**Scholarships**

**Howmedica/Leibinger/Stryker Prize**

This Prize is awarded annually for the best overall paper at the Registrars Conference.

The Prize is to attend the Annual A.S.P.S in the USA and covers the return air fare, accommodation and registration fee.

It is funded by the Howmedica/Leibinger/Stryker Company.

1. The prize is awarded by a majority vote of a committee consisting of:
   - the convenor (or his nominee)
   - The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS;
   - the Chairman of the Plastic and Reconstructive Surgery Board (or his nominee)
   - the President of ASPS (or his nominee) if held in Australia, or the President of New Zealand Association of Plastic Surgeons (or his nominee) if held in New Zealand.

2. The prize will be announced at the end of the free paper session at the Registrars’ Conference.

3. The convenor shall inform the medical company and assure the transfer of necessary funds to the recipient. He shall help organise the recipient’s arrangements and provide appropriate contacts in the United States. The convenor should also inform the secretary of ASPS.

**The Emmett Prize**

Professor Anthony J J Emmett donated the funds for this Prize in 1993. Initially the prize was given for original clinical research. His intention was to encourage “the habit of enquiry and good records in young trainees”, believing that it would “enrich their surgical lives for the rest of their careers”.

1. The prize is for the best clinical paper at the Registrar’ Conference and is for Publication.

2. The prize is awarded by a majority vote of a committee consisting of:
   - the convenor (or his nominee)
   - the Chairman of the Plastic and Reconstructive Surgery board (or his nominee) and the President of A.S.P.S. (or his nominee) if held in Australia or the President of New Zealand Association of Plastic Surgeons (or his nominee) if held in New Zealand.

3. The prize will be announced at the end of the free paper session at the Registrars’ conference.

4. The convenor shall inform the ASPS Secretary who will arrange transfer of funds, following publication.

**Registrar Training Course Prize Regulations:**

1. The prize is to be awarded for the best scientific paper.
2. The prize is to attend the A.S.C. Meeting and to present the paper. The prize covers the registration fees (but does not cover air fares or accommodation).
3. It shall be awarded annually.
4. It is funded from the registrar course fees and any other financial support obtained for the course.
5. The prize shall be awarded by a majority vote of a committee consisting of the convenor (or his nominee), the Chairman of the board of Plastic and Reconstructive Surgery (or his nominee) and the President of the A.S.P.S. (or his nominee) if held in Australia or the President of New Zealand Association of Plastic Surgeons (or his nominee) if held in New Zealand.
6. The prize will be announced at the end of the free paper session of the registrars’ course.
7. The convenor shall inform the secretary of A.S.P.S. and the convenor of the Plastic and Reconstructive Surgery Meeting at the A.S.C. NB: This replaces the former Division of Plastic and Reconstructive Surgery Essay prize.

Plastic and Reconstructive Surgical Research Award

This research award is funded by the Australian Society of Plastic Surgeons and New Zealand Association of Plastic Surgeons to promote and support plastic surgical research and to encourage specialist trainees and recent fellows to undertake postgraduate research studies. It recognises the link between research and clinical advances and demonstrates the Plastic Surgeon’s commitment to academic excellence within its specialty. Awards are designed to encourage a one year period of supervised research, preferably leading to a research degree.

Eligibility:
• The award will preferably be offered to a researcher as a scholarship with departmental support but maybe awarded to a research department as a research grant in aid.
• The applicant must be a SET trainee or recent Fellow in Plastic Surgery.
• The research must be undertaken in Australia or New Zealand.
• The researcher must demonstrate a commitment and capacity to research.
• The researcher should undertake a postgraduate degree.
• The scholar will be assessed on curriculum vitae, research project, supporting institution and referees reports.
• Research department applications will be assessed on the basis of the quality of the research project in the absence of suitable candidates.

Award: $25,000 per annum.

Application: Applicants must provide:
• Full details of their qualifications and experience together with detailed information on the proposed postgraduate studies.
• Reports from two referees on the applicant’s suitability to undertake the proposed studies should be provided.
• Applications from departments for grants in aid should have supporting statements from the head of department or institution confirming that appropriate infrastructure support is available.

The Award recipient is expected to attend the Plastic & Reconstructive Surgery Dinner at the Annual Scientific Congress of the College in May for a formal presentation of the award.

Information regarding the Award and applying for the Award is available on the RACS website, www.surgeons.org.
### Resource Websites

**Organisation** | **Website or Contact Information**
--- | ---
Royal Australasian College of Surgeons | www.surgeons.org
Australian Society of Plastic Surgeons | www.plasticsurgery.org.au
New Zealand Association of Plastic Surgeons | www.plasticsurgery.nz.org
Australian and New Zealand Burns Association | www.anzba.org.au
Australian Hand Surgery Society | www.ahssociety.org.au
Australasian Society of Aesthetic Plastic Surgeons | www.asaps.org.au
Australian and New Zealand Head and Neck Society | www.anzhns.org
2010 Regulations for Selection into 2011
Plastic and Reconstructive Surgical Education and Training

1. Introduction

1.1. Definitions of Terms

1.1.1. AMC means the Australian Medical Council.

1.1.2. Applicant means an individual who applies for selection into the Plastic and Reconstructive Surgical Training Program.

1.1.3. ASPS means the Australian Society of Plastic Surgeons.

1.1.4. Board means The Board of Plastic and Reconstructive Surgery.

1.1.5. College or RACS means the Royal Australasian College of Surgeons.

1.1.6. NZAPS means the New Zealand Association of Plastic Surgeons.


1.1.8. Selection means selection into the accredited Plastic and Reconstructive Surgical Training Program.

1.2. Purpose of Regulations

1.3. These regulations serve as the guidelines for selection into Plastic and Reconstructive Surgery in Australia and New Zealand. This selection policy is in accordance with the accreditation requirements of the Australian Medical Council and the Brennan Principles. The selection of Plastic and Reconstructive Surgical Trainees in Australia is conducted by the Australian Society of Plastic Surgeons as a component of the service agreement between The Royal Australasian College of Surgeons and ASPS. The New Zealand selection process is administered by RACS. We endeavour to maintain the fairest possible best practice selection process for the benefit of patients, applicants and the training program. This is accomplished through the Board’s annual review and refinement of the process. These selection regulations in combination with the RACS Surgical Education and Training Selection Policy are the final authority and policy governing the Plastic and Reconstructive Surgical Selection Process.

1.4. Related Documents

This document is supplemental to and in accordance with the RACS SET: Selection into Surgical Education and Training Policy and the information posted on the RACS website.
1.5. Selection Administration

The Board of Plastic and Reconstructive Surgery selects surgical trainees annually. Two separate selection processes are conducted, one occurs in Australia, the other in New Zealand. Australian and New Zealand applicants may apply to either training program, but not both.

The following Board members participate in and are responsible for all Australian selection decisions:

- The Chairperson of the Board of Plastic and Reconstructive Surgery
- Six (6) Regional Subcommittee Chairpersons
- The Senior Examiner in Plastic and Reconstructive Surgery
- Other Persons as Deemed Appropriate by the Board

Participation and responsibility for the New Zealand selection decisions are undertaken by the Chair of the New Zealand Regional Subcommittee, the five (5) New Zealand Supervisors of Training and other persons as deemed appropriate by the Regional Subcommittee/Board.

2. Eligibility

2.1. All applicants must satisfy the RACS eligibility requirements posted on the College website in addition to the requirements listed in this document.

2.2. Applicants must have permanent residency or citizenship status in Australia or New Zealand.

2.3. Australian applicants must have unconditional registration to practise medicine in Australia.

2.4. Applicants must have satisfactorily completed their internship and must be in post-graduate year 2 (PGY2) or later to be eligible to apply.

2.5. Applicants must complete an Emergency or Critical Care term (Intensive Care or High Dependency Unit, or a similar intensity clinical area) by no later than 31 December 2010. This term must be at least 8 (eight) weeks in duration and must have been completed within the past five (5) years.

2.6. Applicants to the Australian SET Plastic & Reconstructive Surgery programme must complete at least nine (9) working weeks in a Plastic and Reconstructive Surgical rotation at any level by 31 December 2010. This term must have been completed within the past five (5) years.

Applicants to the New Zealand SET Plastic & Reconstructive Surgery programme must complete at least ten (10) working weeks in a Plastic and Reconstructive Surgical rotation at any level by 31 December 2010. This term must have been completed within the past five (5) years.
2.7. All applicants must consent to a criminal records check and provide all requested documentation to enable this to be undertaken.

2.8. New Zealand applicants must have current and valid medical registration from the applicable Medical Board or Council in New Zealand at the time of registration. New Zealand applicants must have general scope registration without restriction or general scope registration restricted to plastic and reconstructive surgery.

3. Application Process Overview

3.1. By submitting the application, the applicant certifies that the information is correct to the best of his or her knowledge. Any intentionally misleading or falsified information will result in the application being withdrawn from the selection process.

3.2. The Board has the right to contact previous supervisors and employers to confirm that the information listed in the application is correct.

3.3. Selection Criteria

The aim of the College and the Board are to select surgical trainees who possess the attributes outlined in the 9 College Competencies. The Competencies are as follows:

- Professionalism
- Scholar/Teacher
- Health Advocacy
- Management and Leadership
- Collaboration
- Communication
- Medical Expertise
- Judgment and Clinical Decision Making
- Technical Expertise

3.4. Selection Tools

The Board applies three selection tools in assessing an applicant’s suitability for the training program. These selection tools are the Structured Curriculum Vitae, the Online Referee Report, and the Semi-Structured Interview. In 2010, the weightings of these devices are as follows:

<table>
<thead>
<tr>
<th>Selection Tool</th>
<th>Weighting</th>
<th>Maximum Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured Curriculum Vitae</td>
<td>20%</td>
<td>200 points</td>
</tr>
<tr>
<td>Online Referee Report</td>
<td>35%</td>
<td>350 points</td>
</tr>
<tr>
<td>Semi-Structured Interview</td>
<td>45%</td>
<td>450 points</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>1000 points</td>
</tr>
</tbody>
</table>
4. **Selection Administration Information**


4.2. The application process for the 2011 training year will open on 12 March 2010 and close on 6 April 2010 to registrants who have demonstrated the relevant eligibility criteria for application, will be available via an online link on the College website and must be submitted within the advertised timeframe as notified on the College website. No late applications will be accepted.

4.3. All Selection Correspondence will be by email. Applicants are responsible for providing a correct email address and must notify the relevant administration office (Australia applicants are required to advise the ASPS office; New Zealand applicants are required to advise the NZ RACS office) of any changes during the process.

4.4. All applicants who meet the eligibility criteria will be considered competitive in the selection process.

4.5. Applicants are responsible for the submission of all supporting documentation requested prior to the application deadlines. Insufficient supporting documents may result in a reduced selection score or the withdrawal of the application from the selection process.

4.6. Not all applicants will receive an interview during the selection process. Only applicants receiving a combined CV and Online Referee Report score of 330 or greater will be interviewed. This short listing cutoff is based on applicant data from previous selection cycles and is subject to annual review.

4.7. **Selection Classifications**

   Applicants will be classified as successful (applicant will receive a training post offer), unsuccessful (applicant did not rank high enough to receive an offer), or unsuitable (applicant failed to achieve a minimum standard) during the selection process. These classifications are in accordance with the College SET Selection Policy.

4.8. Applicants will be ranked based on a composite score of all three selection tools. The maximum score possible in 2010 is 1000 points.

4.9. If more than one applicant has the same total score, the applicant with the higher interview score will receive the higher ranking.

4.10. If more than one applicant has the same total and interview score, the applicant with the higher Online Referee Report score will receive the higher ranking.

4.11. Applicants may begin training at the SET1 (5 years of training) or SET2 (4 years of training) levels. SET Placements are determined by a combination of applicant rank, preference and experience. The Board endeavours to give all applicants their first preference but cannot guarantee this. The Board's decision on trainee placement is final.

4.12. The number of training positions offered in Australia from the 2009 selection process was eighteen (18); the number of training positions offered in New Zealand from the 2009 selection process was six (6).
5.  **Curriculum Vitae (CV) Scoring**

5.1. The CV scoring process is designed to capture information on some aspects of the applicant’s surgical experience, publications and presentations, research and educational qualifications, and special skills.

5.2. In Australia, CVs are scored by the ASPS executive with oversight provided by a member of the Board. In New Zealand, CV’s are scored by the RACS SET Administrator in conjunction with the Chair of the New Zealand Regional Subcommittee. CVs are scored independently by at least 2 (two) scorers and compared for accuracy. In the instance of a discrepancy between scorers during the Australian CV scoring process, the participating Board Member will make the final scoring decision. In the instance of a discrepancy between scorers during the New Zealand CV scoring process, the Chair of the Regional Subcommittee will make the final scoring decision.

5.3. **Surgical Experience Section**

5.3.1. Applicants will receive CV credit for the following surgical experiences:

<table>
<thead>
<tr>
<th>Surgical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-P&amp;R’s FRACS</td>
</tr>
<tr>
<td>FRACDS</td>
</tr>
<tr>
<td>Full Overseas Surgical Qualification (Must be FRACS Equivalent)</td>
</tr>
<tr>
<td>Bachelor of Dental Surgery</td>
</tr>
<tr>
<td>Completion of Basic Surgical Training Examinations</td>
</tr>
</tbody>
</table>

5.4. **Publications Section**

- Documentary evidence of acceptance of publication must be provided at the time of application

5.4.1. Accepted publications include articles in Plastic and Reconstructive Surgical journals, other medically-related peer-reviewed journals and case reports. Article creditworthiness is at the Board’s discretion. Any publication unknown to the CV scorers will be reviewed by the Board. This may result in the article not receiving credit if the publication does not meet Board quality standards.

5.4.2. Applicants will not receive credit for abstracts and letters to journals and must not submit these for credit.

5.4.3. Credit will be given for each publication where the applicant is the principal author.

5.4.4. Half credit will be awarded for each publication where the applicant is not the principal author.

5.4.5. Publications which have been accepted for publication will be scored as if they have been published.

5.4.6. No credit will be given for articles which have not been approved for publication.

5.4.7. Multiple publications with duplicate or similar topics or content will only attract credit for one (1) publication.

5.5. **Presentations Section**

- Documentary evidence of acceptance of presentation must be provided at the time of application

5.5.1. Applicants will receive credit for presentations and posters at events which involve competitive selection only.

5.5.2. No points will be awarded for Hospital Grand Rounds, Morbidity Meetings, or Unit Audits.
5.5.3. The applicant must be the first author of and deliver the presentation.
5.5.4. Presentations and posters must be relevant to medicine for credit to be granted.
5.5.5. Presentations are classified for credit purposes by the target audience and not the geographical location.
5.5.6. Multiple presentations with duplicate or similar topics will only attract credit for one (1) presentation.
5.5.7. A presentation or poster which is based on a credited publication will attract no further points.

5.6. Research and Educational Qualifications Section
5.6.1. Applicants will receive credit for completing the following degrees: Bachelor of Science (medically related with proof of thesis), Master of Surgery (MS), Doctor of Medicine (MD), and PhD (medically related).
5.6.2. Applicants will be given partial credit if enrolled in an MS, MD or PhD Program at the application closing date.
5.6.3. At the Board’s discretion, a lesser credit may be granted for unenrolled research undertaken by applicants who have not otherwise received credit for other education qualifications.
5.6.4. No credit will be awarded for a Bachelor of Science Degree which has been conferred as a matter of progress though a medical degree without the completion of a thesis. Applicants will not receive credit for an undergraduate thesis without attaching evidence which contains the thesis topic.

5.7. Special Skills Section
5.7.1. Applicants will receive credit for undergraduate academic, medical and general post-secondary awards, attendance at surgical and scientific meetings, training course attendance, non-medical management positions, organizational participation, volunteer work, athletic and artistic achievements, and language skills.
5.7.2. Applicants will receive credit for documented formal participation in sporting events.
5.7.3. Applicants will receive credit for documented formal practice of an artistic or musical endeavour.
5.7.4. Applicants will receive credit for the certified practice or documented learning of a foreign language.
5.7.5. Undergraduate academic awards eligible for CV credit include university medals, first and second class honours, honour society membership, and placement on the merit/dean’s list.
5.7.6. Applicants will receive credit for organizational positions on committees or boards.
5.7.7. Organizational participation is subject to investigation by the Board and credit will be awarded at the Board’s discretion.
5.7.8. Applicants will not receive credit for volunteer work by virtue of membership in a charity alone and must demonstrate active participation at volunteer events to receive credit.
5.7.9. Applicants will not receive credit for any activities which occurred prior to the completion of the applicant’s secondary education.
5.7.10. Applicants will not receive credit for demonstrating financial or physical sacrifices such as cash donations to charities or blood/organ donation.

5.8. The scores in each CV subsection will be combined into a final overall score and a CV scoresheet for each applicant will be maintained.
6. **Online Referee Reports**

6.1. The Online Referee Report is a confidential report gathered from several evaluators who are familiar with the professional and/or technical capabilities of the applicant. The report is an indicator of applicant skills and is divided into several categories of professionalism.

6.2. **Contacts Required for the Online Referee Report**

6.2.1. Applicants must provide the email addresses of all surgical consultants with whom they have worked over the past two (2) years.

6.2.2. Applicants must provide the email addresses of all Plastic and Reconstructive Surgical Consultants with whom they have worked over the past five (5) years.

6.2.3. Applicants must provide the email addresses of one nurse from each training rotation over the past two (2) years.

6.2.4. Applicants may be automatically withdrawn from the selection process if misleading or incorrect contact information is provided.

6.3. The Board will collect all Online Referee Reports and applicants will not be involved in the confidential collection process.

6.4. The Board may contact hospital units and Consultants to ensure that the information provided about the applicant’s history is correct.

6.5. The Board will endeavour to obtain five (5) reports from surgical consultants and one (1) report from a nursing staff member.

6.6. The Board will choose the referees from the information provided by the applicant.

6.7. Each applicant must have at least two (2) P&RS Consultants in his or her final report.

6.8. If the minimum number of reports (5 consultants and 1 nurse) is not submitted by the final submission date, the application will be formally withdrawn from the selection process.

6.9. Harassment of any individual by the applicant regarding the completion or collection of the reports will result in an unsuitable selection result. Harassment includes any contact from the applicant to the assessor regarding the report outcome.

6.10. Any Consultant report which is less than eighty percent (80%) complete will be considered invalid. Any nurse report which is less than (60%) complete will be considered invalid.

7. **The Semi-Structured Interview**

7.1. **Interview Purpose**

The interview is designed to enable an interview panel to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.

7.2. All shortlisted applicants are entitled to an interview.
7.3. Interview notifications will be sent out at least ten (10) business days prior to the interview date.

7.4. In Australia, the 2010 interviews will be held near the end of June, 2010. In New Zealand, the 2010 interviews will be held in approximately mid-June 2010.

7.5. It is the responsibility of the applicant to arrive fifteen (15) minutes prior to the interview.

7.6. Applicants are responsible for all travel costs incurred when attending interviews.

7.7. Applicants who do not arrive fifteen (15) minutes prior to their interview with photo identification (driver’s license or passport) will not be considered further in the Selection process.

7.8. Applicants will be briefed on the interview process and will be given the opportunity to ask any process-related questions.

7.9. The 2010 interview panels will be composed of two (2) Consultant Plastic Surgeons. Applicants will be interviewed at two (2) separate panels and will spend 30 minutes with each panel. A third Consultant may attend the interview for observation purposes.

7.10. All applicants will be asked the same initial questions at interview; follow-up questions may vary based on applicant responses.

7.11. Interview Scoring

Applicant responses at interview will be evaluated based on a standardised interview scoring guide which contains favourable and unfavourable indicators. Each panel member will provide a rating on a note taking sheet. Panel members will discuss ratings following the interview and mark a composite rating on the final assessment sheet. One (1) final assessment sheet will be provided by each panel, equalling a total of two (2) final assessment sheets. These scores will be combined into a total applicant score. The completed final assessment sheets will be maintained as records of the interview.

7.12. Scoring Methodology Background

The scoring methodology was developed through consultation with the Board of Plastic and Reconstructive Surgery and experts in selection development. This method enables a standardised evaluation of the applicant weighted against the desirable competencies in Plastic and Reconstructive Surgical Trainees and Consultants.

8. Applicant Feedback

8.1. Applicants will be classified according to the terms defined in section 4.7. The classifications are as follows: Successful, unsuccessful, and unsuitable.

8.2. All applicants have the right to appeal a selection decision. Any applicant wishing to lodge an appeal should refer to the College Appeals Mechanism Policy on the RACS website.

8.3. All feedback requests must be submitted by email. No verbal feedback will be provided.

8.4. Feedback to Successful Applicants

8.4.1. Successful applicants will be notified by email and subsequently training agreements and conditions will be sent to them. All successful applicants must submit a signed training agreement to accept their training position.
8.4.2. Successful applicants will be offered a training placement based on a combination of ranking in the selection process and surgical experience. All trainee placement decisions are at the Board’s discretion and are final.

8.4.3. Successful applicants will receive logins for the College and ASPS websites.

8.5. **Feedback to Unsuccessful Applicants**

8.5.1. Unsuccessful applicants will be informed by email that they were found suitable for the program, but did not rank high enough to secure a training position.

8.5.2. Unsuccessful applicants will be provided with their overall standing in the selection process as well as overall scores for each selection tool.

8.5.3. Unsuccessful applicants will be provided with information on the wait listing process if second round offers are expected.

8.5.4. Upon email request, unsuccessful applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed.

8.6. **Feedback to Unsuitable Applicants**

8.6.1. Applicants deemed unsuitable will be notified by email and will not be considered further in the selection process.

8.6.2. Unsuitable applicants will receive information on the minimum standard they failed to achieve but will not be provided with a ranking in the selection process.

8.6.3. Upon email request, unsuitable applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format. This standard feedback is determined by the Board and is all that will be provided. No other feedback queries will be addressed.
College Training Policies (available on the RACS website)

SET: Admissions to Fellowship by Examination - Article 19
SET: Appointments to the Court of Examiners
SET: Assessment of Clinical Training
SET: Authority to Approve Admission to Fellowship Pursuant to Article 21
SET: Board of Surgical Education and Training Terms of Reference
SET: Censor In Chief's Review Committee Terms of Reference
SET: Clinical Assessment of International Medical Graduates in Australia
SET: Conduct of Fellowship Examinations
SET: Conduct of the Clinical Examination Policy
SET: Conduct of the Generic Surgical Science Examination
SET: Conduct of the Specialty Specific SSE Examination
SET: Court of Examiners Terms of Reference
SET: Dismissal from Surgical Training
SET: Education Board Terms of Reference
SET: Fellowship Examination Eligibility, Review and Feedback
SET: Former Trainees Seeking Re-Entry into Surgical Training
SET: Identification and Management of Academic Misconduct
SET: Notification of Special Circumstances and Disability
SET: Observers of Fellowship Examinations
SET: Post Fellowship Education and Training Steering Committee Terms of Reference
SET: Preparation for Surgical Training (PreSET) Policy
SET: Recognition of Prior Learning and Credit Transfer Policy
SET: Registration for Selection into Surgical Education and Training (SET) Policy
SET: Religious Observation
SET: Research During Surgical Education and Training
SET: Selection to Surgical Education and Training
SET: Specialty Boards and their Regional Subcommittees - Terms of Reference
SET: Surgical Science and Clinical Examinations Committee - Terms of Reference
SET: Surgical Supervisors
SET: Surgical Training Fees
SET: Terms of Reference for International Medical Graduate Assessment Interview Panels
SET: Trainee Registration and Variation Policy
1. PURPOSE AND SCOPE

The purpose of this policy is to ensure that the Royal Australasian College of Surgeons (the College) provides a working environment that is safe, without risk to health and free of inappropriate behaviours. This policy is based on various Australian state and federal and New Zealand legislative acts and the College will abide by state/country-specific laws regarding inappropriate behaviours.

The Occupational Health and Safety Act 2004 (Victoria) requires employers to ensure that they provide a working environment that is safe and without risk to health. This is the most comprehensive of the OH&S environments in the various jurisdictions in which the College operates and therefore the most appropriate.

The purpose of this policy is to describe human resource practice at the College and its position on bullying, harassment and inappropriate discrimination in relation to College staff.

2. KEYWORDS

Bullying, Inappropriate Behaviour, Discrimination, Harassment, Sexual Harassment, Vilification, Victimisation.

3. BODY OF POLICY

The College is committed to providing a working environment where each employee feels respected, valued, recognised for their contribution and treated fairly. Any inappropriate behaviour, harassment or bullying whether it is verbal, physical or environmental is unacceptable and will not be tolerated. The College is committed to creating a working environment that is free from discrimination.

If an employee is subjected to inappropriate behaviour, including bullying, from a Fellow this would need to be addressed through the College’s policies. An employee should therefore approach their manager who will then consult with the Chief Executive Officer.

It is recognised that bullying has a negative effect on the health and safety of the workplace, including psychological safety, and the College acknowledges its duty to eradicate bullying as far as possible.

3.1 DEFINITIONS

3.1.1 Equal Opportunity

Equal Opportunity is the absence of discrimination or less favourable treatment in employment based on an attribute, such as a person’s sex, race, age or disability.

Equal opportunity applies to

- persons seeking employment with the College;
- determining who is offered employment and on what terms;
- access to opportunities for training, promotion and transfer;
- termination of employment.

3.1.2 Discrimination

Discrimination means treating a person with an identified attribute or personal characteristics less favourably than a person who does not have the attribute or personal characteristic.
There are two types of discrimination: direct and indirect.

**Direct Discrimination** is treating a person less favourably because of an attribute or personal characteristic regardless of the discriminator’s motive and whether they are aware of the discrimination or consider the treatment less favourable.

**Indirect Discrimination** occurs when an unreasonable rule, requirement or practice exists which appears neutral, but which has a discriminatory effect against a group of people of a particular race, sex or other equal opportunity legislative descriptor who cannot comply.

**Grounds of Discrimination**

State and federal legislation outline a list of characteristics protected by law against which discrimination is unlawful. In accordance with this legislation, discrimination at the College is prohibited on the following grounds:

- sex;
- marital status;
- pregnancy and potential pregnancy;
- race (including colour, nationality, national extraction, descent or origin);
- immigration;
- religious belief or activity;
- political belief or activity;
- disability and impairment (both physical and intellectual);
- trade union membership and industrial activity;
- sexual orientation;
- lawful sexual activity;
- transgender, gender history and transsexual status;
- carer status and family responsibilities;
- physical features;
- irrelevant medical record;
- irrelevant criminal record;
- HIV/AIDS;
- breastfeeding;
- age; and
- association with a person who is identified by reference to any of these attributes.

**3.1.3 Harassment**

Harassment is any type of unwelcome behaviour that is based on one of the attributes covered by law, e.g. sex, race or disability etc., and which offends, humiliates or intimidates the person being harassed.

In general, harassment is any behaviour that is:

- not wanted, not asked for and not returned;
- likely to humiliate (put someone down), seriously embarrass, offend or intimidate (threaten or scare) someone; and
- based on a personal characteristic (or family or friend’s characteristic) protected by law.

It could include:

- distributing offensive material such as racist posters;
- abuse or comments;
- humiliating initiation rites;
Harassment is not just unlawful during working hours or in the workplace itself. The behaviour is illegal in any work related context, including conferences, work functions and office Christmas parties.

### 3.1.4 Sexual Harassment

Sexual Harassment is defined as unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated.

Sexual harassment may include, but is not limited to; leering, displays of sexually suggestive pictures, videos, audio tapes, books or objects, sexual innuendo, sexually explicit or offensive jokes, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, pressure for sexual activity, persistent requests for dates, intrusive remarks, questions or insinuations about a person's sexual or private life, unwelcome sexual flirtations, advances or propositions and unnecessary touching of an individual, molestation or physical violence such as rape.

Reciprocal relationships between people do not constitute sexual harassment as they involve choice and consent.

At some levels sexual harassment is a crime and where the College believes that a crime has been or might have been committed, it will report the matter to the police for investigation.

### 3.1.5 Bullying

Bullying is repeated unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety.

"Unreasonable Behaviour" is behaviour that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten the employee or employees to whom the behaviour is directed; and

"Behaviour" includes actions of individuals or a group, and may involve using a system of work as a means of victimising, humiliating, undermining or threatening.

"Risk to health or safety" includes risk to the mental or physical health of the employee.

Bullying behaviour includes, but is not limited to the following:

- Manipulation;
- Intimidation;
- Verbal abuse or insults;
- Belittling remarks;
- Offensive remarks or behaviour;
- Degrading remarks or behaviour;
- Unreasonable persistent criticism which is not part of the performance review process;
- Nitpicking and fault finding without justification;
- Verbal and physical abuse (for example shouting or throwing things);
- Isolation from colleagues;
- Withholding information employees need to perform their job;
- Setting of unachievable targets with the intent of causing employees to fail; and


- Taking credit for other people's work and/or stealing ideas
- Repeated failure to give credit where due;

Workplace Bullying includes physical abuse and psychological abuse. Violent behaviour is a highly objectionable form of workplace bullying. Note, however, that it can be manifested in more subtle ways that impact on the health and well being of the victims of workplace bullying.

Behaviour will only be defined as bullying if a reasonable person observing the situation would consider it to be bullying. The 'reasonable person' is defined as an objective third party.

**What is not bullying?**

Genuine and reasonable disciplinary procedures, directions or performance related management are not bullying. All employers have the fundamental right to direct, monitor and control how work is done. For example comments which are objective and indicate observable deficiencies in performance or conduct do not constitute workplace bullying. Constructively delivered feedback or counselling is intended to assist employees to improve their work performance or the standard of their behaviour.

By contrast, comments unrelated to actual performance and an unnecessarily aggressive management style that is used to embarrass or humiliate the employee may constitute bullying, especially when this behaviour occurs in conjunction with other bullying behaviours.

### 3.1.6 Vilification

Vilification is behaviour that conveys serious racial and religious intolerance through actions that seriously malign, abuse or derogate people or groups because of their racial or religious background. Actions can include intimidation, damage to property, graffiti, and expressions of hatred or contempt.

### 3.1.7 Occupational Violence

Occupational Violence is defined as any incident where an employer or employee is abused, threatened or assaulted in a situation relating to their work.

### 3.1.8 Victimisation

Victimisation is harassing someone or treating them unfairly because that other person:
- has asserted their rights under this policy or equal opportunity legislation;
- has alleged that someone has breached this policy or equal opportunity legislation;
- intends to provide information as a witness to any sexual harassment, vilification or discriminatory conduct;
- supports an individual(s) who intends to, or has made, a complaint under this policy or equal opportunity legislation; or
- is believed to have done or proposed to do any of the above.

### 3.2 Consequences of Inappropriate Behaviour

Employees found guilty of inappropriate behaviour could face one or more of the following consequences:
- Formal apology
- Counselling
- Transfer
- Demotion
3.3 Responsibilities

It is the responsibility of all staff to be familiar with this policy, to comply with it and to prevent inappropriate behaviour occurring in the first instance.

3.3.1 All employees and contractors

This policy applies to everyone who works at the College in any capacity, whether full-time, part-time or casual, including temporary employees and contractors. The policy applies to the conduct of persons in the course of their employment:

- in the workplace (even outside normal working hours);
- during work activities (for example when dealing with external stakeholders);
- at work-related events (for example at conferences and work social functions).

It is the responsibility of all employees to involve themselves in the practical application of this policy in the course of their duties.

All employees have a responsibility to:

- comply with the College’s Inappropriate Behaviour Policy; pursuant to relevant legislation,
- take reasonable care for the health and safety of themselves and anyone affected by their acts or omissions.
- make a colleague who may be experiencing or engaging in inappropriate behaviour aware of this policy
- advise a supervisor, contact officer, line manager, a Director or the HR Manager of any situations where they believe they or someone else are being subject to inappropriate behaviour.
- maintain confidentiality in accordance with this policy.

3.3.2 Managers and Supervisors

Specific responsibility falls upon management, supervisors and employees professionally involved in recruitment, employee administration and training. Managers and supervisors have a responsibility to:

- act appropriately themselves;
- monitor the workplace to ensure that acceptable standards of conduct are observed at all times;
- promote the College’s Inappropriate Behaviour Policy within their work area;
- treat all issues seriously and take immediate action to resolve the matter;
- refer complaints to another person if they do not feel that they are the best person to deal with the situation (e.g. if there is a conflict of interest or if the circumstances are particularly complex or serious).
- ensure that, as far as practicable, employees and contractors are provided with the necessary information, instruction, training and supervision in relation to the inappropriate behaviour policy.
- as far as practicable, ensure that clients and third parties do not engage in inappropriate behaviour.
- ensure that employees understand the nature of their role and responsibilities
- gain awareness, training and skills in how to effectively manage their employees without resorting to inappropriate behaviour
- be aware and monitor their workplaces for warning signs of inappropriate behaviour
where any of the warning signs are apparent, monitor the situation and, where necessary, investigated further to determine if inappropriate behaviour is occurring.

3.3.3 Risk Assessment

If a manager identifies that employees, contractors or third parties are exposed to potentially inappropriate behaviour they should conduct a risk assessment.

The purpose of the risk assessment is to determine the risks that need to be controlled and to assist in making decisions, in consultation with employees, about appropriate control measures.

3.4 Staff Contact Officers

Staff Contact Officers have a special role in assisting and supporting employees who believe that they have experienced inappropriate behaviours. Their role is to assist the individual staff member, enabling them to resolve their issues (e.g. in relation to harassment) through identifying options for stopping the offending behaviour.

If a complaint follows a formal step, the Staff Contact Officer can offer neutral support to the individual staff member, in the form of assisting and informing them of the due processes to be followed for resolution of the matter. Upon request, the Staff Contact Officer can attend but not participate directly in meetings and interviews as an agent of support.

3.5 Third parties

The prohibition against ‘inappropriate behaviours’ extends to all persons with whom employees come into contact in the course of their employment such as customers, visitors and service providers. This is a mutual obligation.

This policy has application with respect to the recruitment, selection and appointment of employees, the training and on-going development of staff, the management of employee performance, promotion, conduct, human resource policies and practices. The policy covers any actions or written or verbal statements made by employees whilst undertaking their assigned duties.

3.6 Liabilities

The College may be prosecuted for a breach of occupational health and safety legislation where it has failed to take practicable precautions to prevent the breach from occurring by and to employees, contractors, customers, visitors and members of the public.

Individuals engaging in some forms of inappropriate behaviour may be found guilty of a criminal offence. Very senior managers may also be found liable under occupational health and safety legislation if they fail to take care for their own safety or the safety of others.

As the area of occupational health and safety is a criminal jurisdiction, an individual found to have breached occupational health and safety legislation risks a hefty fine or imprisonment. They also risk termination.

4. ASSOCIATED DOCUMENTS

Issue Resolution regarding Inappropriate Behaviour in the Workplace Procedure located on the College Intranet.

Discipline for Unsatisfactory Performance or Conduct Procedure located on the College Intranet.
Cessation of Employment Policy located on the College website.

**External Documents Available from the Human Resources Office:**

- Occupational Health and Safety Act 2004 (Victoria)
- Prevention of Bullying and Violence at Work Guidance Note (WorkSafe Victoria)
- Occupational Health, Safety & Welfare Act 1986 (South Australia) – Note Section 55A 2008 Amendment specifically referring to Bullying.
- Equal Opportunity Act 1995 (Victoria);
- Racial & Religious Intolerance Act 2000 (Victoria);
- Racial Discrimination Act 1972 (Commonwealth);
- Sex Discrimination Act 1984 (Commonwealth);
- Racial Hatred Act 1995 (Commonwealth);
- Disability Discrimination Act 1992 (Commonwealth);
- Human Rights & Equal Opportunity Act 1995 (Commonwealth)


Further information is available at the Australian Human Rights and Equal Opportunity Commission (AHREOC) website. The website contains a summary of the sexual harassment, human rights, anti-discrimination and equal opportunity legislation in Australia:


and from the New Zealand “Public Access to Legislation Project” web site:


4. **COMMUNICATION**

This policy is publicly available on the College website. Staff shall receive periodic reminders about its existence through the staff newsletter and staff meetings. New employees shall be informed of the policy through the induction process. Material changes to the policy and procedure shall be announced through staff meetings and staff newsletters.

**Approver**  
CEO

**Authoriser**  
Council
1. PURPOSE AND SCOPE

It is College policy that all disciplinary and dismissal matters be dealt with fairly, promptly, and in such a manner as is consistent with the rules of natural justice. This policy relates to the principles of dismissal from surgical training and includes surgical education and training programs and the Basic Surgical Training (BST) Program.

The College is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. For some specialties, the administration of the surgical education and training program is delegated to the corresponding external Society or Association in accordance with the Service Agreements. The administration of surgical education and training in all other specialties is administered through the College.

The Specialty Board or the corresponding external Society or Association is responsible for the assessment of overall performance and supervision of surgical trainees. It is recognised the College or the corresponding external Society or Association and the trainee’s employing body share responsibility for managing a trainee’s performance and that dismissal from surgical education and training may affect a trainee’s employment.

2. KEYWORDS

Dismissal; SET; Surgical Training; Medical Registration; Misconduct; Unsatisfactory Performance.

3. BODY OF POLICY

3.1. Unsatisfactory Performance

3.1.1. Trainees may be considered for dismissal for unsatisfactory performance if:

a) the trainees’ performance has been rated as unsatisfactory during a probationary period applied in accordance with the Assessment of Clinical Training Policy; or

b) the trainees’ performance has been rated as unsatisfactory for three or more assessment periods at any time during their SET Program.

3.1.2. If dismissal is considered applying 3.1.1 (b) the trainee must have received written notification after the second unsatisfactory assessment period that any further unsatisfactory assessment period at any time during their SET Program may result in dismissal.

3.1.3. A subcommittee of the relevant Specialty Board (or its Specialty Regional Subcommittee) or Board of Basic Surgical Training must interview the trainee prior to making a decision regarding dismissal to provide the trainee with the opportunity to give their perspective in writing and verbally. The subcommittee must not include a practising lawyer.

3.1.4. Where a trainee elects to make a written submission it should be submitted 48 hours before the meeting

3.1.5. Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the trainee within 10 working days and prior to any recommendation to the Board.
3.1.6. Trainees will be provided with a minimum of 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.

3.1.7. Where a trainee is duly notified of the meeting and declines to attend the subcommittee may make a recommendation to the Board.

3.1.8. The recommendation and minutes of the subcommittee must be forwarded to the parent board/committee for consideration.

3.1.9. The Specialty Board or the Board of Basic Surgical Training will make the recommendation on whether or not the trainee should be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.

3.1.10. The Specialty Board or Board of Basic Surgical Training must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

3.1.11. Where dismissal is recommended the trainee may be suspended from training and the Specialty Board must seek ratification of the dismissal from the Chair of the Board of Surgical Education and Training. The Chair will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.

3.1.12. Substantiating documentation must demonstrate that the trainee had appropriate meetings to discuss performance and had a performance management plan addressing known deficiencies.

3.1.13. The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training or the Chair of the Board of Basic Surgical Training.

3.1.14. The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

3.2. Dismissal for Misconduct or Serious Misconduct

3.2.1. Examples of serious misconduct include but are not limited to the following:
   a. Discrimination, harassment or bullying
   b. Abusive, violent, threatening or obscene behaviour
   c. Being found guilty of a criminal offence which results in a jail term or restrictions on the trainee’s ability to practice medicine
   d. Theft, fraud or misappropriation of funds
   e. Being under the influence of alcohol or illegal drugs while at work
   f. Falsification of training records, patient documentation or patient treatment
   g. Serious breach of patient safety
   h. Gross insubordination or wilful disobedience in carrying out lawful requirements of the Training Program
i. Bringing the College’s name into disrepute
j. Abandonment of employment or training post
k. Dishonesty
l. Academic misconduct (refer to Academic Misconduct Policy)

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

3.2.3. Trainees will be provided with a minimum of 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. All documentation pertinent to the allegation must be provided at this time. 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.

3.2.4. Where a trainee elects to make a written submission it should be submitted 48 hours before the meeting.

3.2.5. Minutes of the meeting must be kept and the meeting recorded. The minutes must be provided to the trainee within 10 working days and prior to any recommendation to the Board.

3.2.6. The recommendation and minutes of the subcommittee must be forwarded to the parent board/committee for consideration.

3.2.7. In instances of serious misconduct the trainee may be dismissed without undertaking a probationary period. In instances of misconduct that does not constitute serious misconduct the trainee may be counselled and given a probationary period in which to improve their behaviour.

3.2.8. The Specialty Board or the Board of Basic Surgical Training will make the recommendation on whether or not the trainee should be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.

3.2.9. In all misconduct instances where dismissal is recommended, the Specialty Board must seek ratification from the Chair of the Board of Surgical Education and Training. The Chair must be confident on review of the evidence that the misconduct justifies dismissal or summary dismissal and that appropriate documentation and evidence is available to support such a decision.

3.2.10. The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training or the Chair of the Board of Basic Surgical Training.

3.2.11. The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.
3.3. Failure to complete training program requirements

3.3.1 Each training program will have specified minimum training requirements to be satisfied within timeframes determined by College policy. In instances where timeframes are not specified within College policies individual Specialty Board policies and regulations may apply.

3.3.2 Trainees who fail to complete the training requirements within the timeframe specified by the Specialty Boards or the College may be dismissed.

3.3.3 Where initiated by the Specialty Board, the Specialty Board will make the recommendation on whether or not the trainee should be dismissed or any probationary periods or conditions that should be applied if dismissal is not recommended.

3.3.4 The Specialty Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.

3.3.5 Where dismissal is recommended the trainee may be suspended from training and the Specialty Board must seek ratification of the dismissal from the Chair of the Board of Surgical Education and Training. The Chair will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.

3.3.6 In all instances the final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training.

3.4. Failure to comply with College Direction

3.4.1. As the accredited training authority, trainees are required to comply with any policy direction of the College or its Agents pertaining to training activities.

3.4.2. Breaches of the College Code of Conduct that are not serious misconduct (refer to 3.2) are considered to be a failure to comply with College direction.

3.4.3. Repeated failure to comply with directions during the life of the training program will constitute a dismissible offence.

3.4.4. Trainees will receive written warnings, the second of which will advise that any further breach during the life of the training program may result in dismissal.

3.5. Failure to pay outstanding monies

Trainees who do not pay outstanding monies owed to the College or its Agents will be dismissed in accordance with the College Credit Management procedure.

3.6. Failure to satisfy medical registration or employment requirements

3.6.1. Trainees who, for any reason (excluding medical), do not have valid medical registration from the applicable Medical Board or Council in their jurisdiction that enables full participation in the training program will be dismissed.

3.6.2. Valid medical registration is defined as general medical registration without restriction in Australia, and general scope registration (including restricted general scope registration in the relevant specialty) in New Zealand.
3.6.3. 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 automatically suspended from the training program.

3.6.4. Where employment is refused, the trainee must be informed within 10 working days and provided with copies of the employer’s correspondence.

3.6.5. After 30 working days of the date of notification to the trainee of the second refusal of employment, dismissal proceedings may commence.

3.6.6. Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located will be dismissed.

3.6.7. The final dismissal letter must be issued to the trainee under the signature of the Chair of the Board of Surgical Education and Training or the Chair of the Board of Basic Surgical Training.

3.7. Review and Evaluation

There should be adequate documentation to enable external scrutiny, audit and evaluation of any dismissal decision. It should enable accurate reconstruction of the original detail and process.

3.8. Appeal

Decision relating to dismissal from surgical training may be appealed in accordance with the College Appeals Mechanism Policy.

4. ASSOCIATED DOCUMENTS

Assessment of Clinical Training Policy
Surgical Supervisors Policy
# 2010 Term Dates
Evaluations will be available in the TMP two weeks before the middle and end of each training term

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