Training Regulations Handbook:

For the Surgical Education and Training Program in General Surgery

Last updated: 8 July 2011
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1. **INTRODUCTION**

1.1 **Definitions and Terminology**

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSET</td>
<td>Australian and New Zealand Surgical Skills Education and Training</td>
</tr>
<tr>
<td>Board (the Board)</td>
<td>Board in General Surgery</td>
</tr>
<tr>
<td>BSET</td>
<td>Board of Surgical Education and Training</td>
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<tr>
<td>CCRISP</td>
<td>Care of the Critically Ill Surgical Patient</td>
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<tr>
<td>CCRTGE</td>
<td>Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy</td>
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<tr>
<td>CE</td>
<td>Clinical Examination</td>
</tr>
<tr>
<td>CLEAR</td>
<td>Critical Literature Evaluation and Research</td>
</tr>
<tr>
<td>DOPS</td>
<td>Direct Observation of Procedural Skills in Surgery</td>
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<tr>
<td>EB</td>
<td>Education Board</td>
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<tr>
<td>EMST</td>
<td>Early Management of Severe Trauma</td>
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<tr>
<td>GSA</td>
<td>General Surgeons Australia</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>Mini Clinical Examination</td>
</tr>
<tr>
<td>RACS</td>
<td>Royal Australasian College of Surgeons</td>
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<tr>
<td>Rotation</td>
<td>Training position accredited by the Board in General Surgery</td>
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<tr>
<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<tr>
<td>SET</td>
<td>Surgical Education and Training</td>
</tr>
<tr>
<td>SSE</td>
<td>Surgical Sciences Examination (Generic and Specialty Specific)</td>
</tr>
<tr>
<td>Surgical Supervisor</td>
<td>Coordinates management, education and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments and identifies and documents performance management. Member of applicable Regional Subcommittee of the Board.</td>
</tr>
<tr>
<td>Term</td>
<td>A year consists of two (2) six-month terms. A term may comprise two (2) or more rotations in SET1.</td>
</tr>
<tr>
<td>Training Coordinator</td>
<td>Some health networks may allocate a Training Coordinator that acts as Surgical Supervisor and/or overall Training Manager for SET in General Surgery.</td>
</tr>
</tbody>
</table>
1.2 Overview of the Regulations for the SET Program in General Surgery

1.2.1. The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in General Surgery. These Regulations are in accordance with the policies and strategic direction of the Royal Australasian College of Surgeons. At times these Regulations may refer directly to a generic RACS policy.

1.2.2. All Trainees, Surgical Supervisors, Surgeon Trainers, Regional Subcommittee and Board Members are required to comply with these Regulations.

1.2.3. The information in these Regulations is as accurate as possible at the time of publication. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on both the GSA and RACS websites. All persons are advised to ensure they are consulting the most current version. If you need to refer to a previous version of the Regulations, please contact general.board@surgeons.org.

1.2.4. All Trainees must be familiar with the applicable policies, which are specifically referred to throughout these regulations.

1.3 Administration and Ownership

1.3.1. The RACS is the body accredited and authorised to conduct Surgical Education and Training in Australia and New Zealand. For General Surgery in Australia, the program is administered by GSA.

1.3.2. GSA is also responsible for managing the function and administration of the Board in accordance with the Service Agreement signed with RACS.

1.3.3. The Board is responsible for the delivery of the SET Program in General Surgery, the accreditation of hospital posts, and the supervision and assessment of General Surgical Trainees.

1.3.4. The Board delivers the SET program in Australia and New Zealand, and these Regulations apply to both countries.

1.3.5. For further information, refer to the RACS Specialty Boards and their Regional Subcommittees Terms of Reference.

1.4 Selection

1.4.1. For detailed information regarding selection into the SET Program in General Surgery, please refer to the General Surgery Selection Regulations located on the GSA website for Australian applicants and the RACS website for New Zealand applicants.
## 2. PROGRAM OVERVIEW

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

<table>
<thead>
<tr>
<th>In Training Assessment</th>
<th>SET1</th>
<th>SET2</th>
<th>SET3</th>
<th>SET4</th>
<th>SET5</th>
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<tbody>
<tr>
<td>Mid-term Assessment</td>
<td>x one (1) per six-month rotation</td>
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<tr>
<td>End of Term assessment</td>
<td>x one (1) per six-month rotation</td>
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<th>Logbooks</th>
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<tr>
<td>One (1) per six-month rotation or four (4) if in three-month rotations during SET1</td>
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<th>DOPS</th>
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<td>One (1) per six-month or One (1) per three-month rotation</td>
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<th>Mini-CEX</th>
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<td>One (1) per six-month or One (1) per three-month rotation</td>
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<thead>
<tr>
<th>Skills Courses</th>
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<td>ASSET</td>
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<td>CCrISP</td>
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<td>CLEAR</td>
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<tr>
<td>RACS Research Requirement</td>
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<tr>
<td>SSE Generic</td>
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<td>SSE Speciality Specific</td>
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<tr>
<td>Clinical</td>
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<tr>
<td>Fellowship</td>
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<tr>
<th>Trainee’s Days</th>
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<tr>
<td>Australian Trainee’s commencing from 2011 onwards, must attend at least four (4) GSA Trainee’s Days over four (4) years of SET.</td>
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<tr>
<td>New Zealand Trainee’s from SET2-5 must attend the NZAGS Training Days in March and September annually. Recommended to attend in SET1.</td>
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Note: The Skills courses are listed at the SET level in which they must be completed in order to progress through SET. Courses can be undertaken prior to the SET level indicated.

<table>
<thead>
<tr>
<th>Prior to sitting the Fellowship Examination</th>
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<tbody>
<tr>
<td>Completion of at least six (6) six-month satisfactory terms beyond SET1</td>
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<tr>
<td>Satisfactory completion of any periods of probationary training</td>
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<td>Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies</td>
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<td>Completion of 600 major operative cases beyond SET1</td>
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<tr>
<td>Fully paid up dues and fees owed to the RACS</td>
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<tr>
<td>Presentation of a satisfactory Portfolio of Training (including all assessments and logbooks obtained throughout training)</td>
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Prior to sitting the Fellowship Examination:
### Prior to award of the Fellowship in General Surgery

- All Skills Courses as listed above
- Completion of all program requirements as listed to be eligible to sit the Fellowship Exam
- Satisfactory completion of the General Surgery Fellowship Examination
- Completion of **800** major operative cases over **eight (8)** accredited beyond SET1 with satisfactory primary operator rates and case mix
- Completion of at least **eight (8)** six-month satisfactory terms beyond SET1
- Satisfactory completion of the RACS Research requirement
- Fully paid up dues and fees owed to the RACS
- Full Fellowship will be awarded pending satisfactory completion of any remaining training requirements
3. **TRAINEE ADMINISTRATION**

3.1 **Registration and Training Fees**

3.1.1. Trainees selected to the SET Program in accordance with the General Surgery Selection Regulations, will be registered with the RACS in accordance with the RACS *Trainee Registration and Variation Policy*.

3.1.2. Training fees are approved by the RACS Council in October each year and published on the RACS website.

3.1.3. Invoices are issued by the RACS prior to the commencement of the training year.

3.1.4. The RACS is responsible for the determination of fees as well as the invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries care of SETenquiries@surgeons.org.

3.1.5. Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with the RACS *Dismissal from Surgical Training Policy*.

3.2 **Leave**

3.2.1. Trainees undertaking full-time training are permitted a maximum of six (6) weeks of leave per six-month term subject to approval by the employing authority. Periods beyond this may result in the term not being accredited towards training.

3.2.2. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carer’s leave. Trainees wishing to take more than six (6) weeks of leave in one (1) term must receive prior approval for either interruption of training or extension of leave from the Regional Subcommittee in accordance with Section 3.3 of these Regulations, and subject to approval by the employing authority.

3.2.3. Trainees who take leave from Training without the prior approval of or notification to, the Board in General Surgery, will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide 10 days notice to the Trainee, for attendance at a meeting to consider their continued participation in the training program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with the *Dismissal from Surgical Training Policy section 3.2.*

3.3 **Deferral, Interruption and Part-Time Training**

3.3.1. Requests for deferral, interruption and part-time training must be made in accordance with the RACS *Trainee Registration and Variation Policy*.

3.3.2. The Board does not have the authority to grant requests which do not comply with RACS Policy.

3.3.3. All requests for interruption or part-time training must be made via the Trainee Online Request (refer Section 3.6) and must include all applicable information.

3.3.4. Should a Trainee resign from a position of employment, they must also resign from the Training Program via the Trainee Online Request (refer Section 3.6). Trainees should not resign from employment, before contacting their Supervisor of Training for support, advice and assistance.

3.3.5. Trainee requests for interruption to training for the following year must be approved by the Board by 30 June each year. Requests submitted after this date will only be considered in exceptional circumstances. Requests for interruption in Term 2 in any given year will only be approved in exceptional circumstances.

3.3.6. All requests are to be considered by the relevant Regional Subcommittee, with final approval by the Board.
3.3.7. Trainees will be formally notified by the Board as to whether their request has been approved or otherwise. Trainees are advised not to undertake any action until formal notification from the Board has been received.

3.3.8. In accordance with Section 3.3.1, all requests must be received at least 6 months prior to the term/s of interruption required. Refer to Section 3.6 on how to submit a request.

3.3.9. For applicants to the SET program, requests for deferral must be submitted at the time of acceptance of offer. Requests submitted after this time will only be considered in exceptional circumstances.

3.3.10. Each request will be considered by the relevant Regional Subcommittee, and its decision forwarded to the Board for approval.

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

3.3.12. The Board fully supports the concept of part time training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that part time accredited training posts can be identified and requests fulfilled.

   a. Requests for part-time training will only be approved in blocks of twelve (12) months.
   b. Twelve (12) months of part-time training will be accredited as one rotation if deemed satisfactory in accordance with Section 7 of the Regulations.
   c. Trainees undertaking part-time training will be required to complete three-monthly assessments, with the six-month assessment being equivalent to a mid-term and twelve-month assessment being the end of term.

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

3.3.14. In accordance with the RACS Trainee Registration and Variation Policy, the total time permitted to satisfactorily complete the requirements of the General Surgery SET program is nine (9) years if commencing in SET1 or eight (8) years if commencing in SET2, unless recognition of prior learning has been granted, in which case the maximum time is reduced according to the period granted.

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

3.4 Transfer of Training Between Regions

3.4.1. Upon acceptance of a position on the SET Program, Trainees are expected to remain in their allocated region of training for the duration of the Program. Transfers between regions are difficult to accommodate and are limited in availability.

3.4.2. Requests to the Board regarding transfer between regions, must first have been approved by both Regional Subcommittees of the applicable regions. These requests must be submitted via the Online Trainee Request (refer Section 3.6) and approved by the Board no later than 30 June annually.

3.4.3. Trainees must demonstrate satisfactory progress in training. Requests made:
   a. during a probationary or unsatisfactory term will not be approved
   b. to transfer following an unsatisfactory term, where the proceeding term will be probationary, will not be approved

3.4.4. Approved transfer requests may be withdrawn if a transfer coincides with a subsequent unsatisfactory or probationary term.
3.5  **Research for Higher Degree**

3.5.1. A period of full time research, relevant to General Surgery, during the SET Program is strongly encouraged. Full time research with a view to the successful completion of a university higher degree (MD or PhD) for two (2) or more years of full-time study will be supported.

3.5.2. **Prospective** application is required for the research project to be approved by the Board, on the advice of the Regional Subcommittee.

3.5.3. Requests for prospective research approval can be made using Trainee Online Requests (refer **Section 3.6**). Applicable documentation including a letter of support from the intended supervisor, synopsis of research project utilising the “Trainee Research Approval” Form (available on the GSA Website for Australian Trainees and the College website for NZ Trainees) and/or proof of offer **must be attached** to the request.

3.5.4. Interruption of Training will be granted for research towards a higher degree, provided the above criteria are met and are in accordance with the RACS **Research during Surgical Education and Training Policy**.

3.5.5. Trainees will not be granted interruption to training to commence full time research for two (2) or more years until satisfactory completion of the SET1 requirements, including satisfactory completion of the SSE and CE examinations.

3.5.6. Trainees must be performing satisfactorily at the time of interruption to training. Interruption for Higher Degree by Research will not be approved if the Trainee’s most recent term was unsatisfactory or the Trainee is currently on probation.

3.5.7. A progress report must be provided by the supervisor of research for each six-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the Regional Subcommittee within **two (2)** weeks of the completion of each six-month period.

3.5.8. The Research Reporting form can be found logging onto the GSA **website** for Australian Trainees and the RACS **website** for New Zealand Trainees.

3.5.9. A final report must be provided by the supervisor of research to the Regional Subcommittee within **two (2)** weeks of the completion of the research. The completion of the research project must be certified by the Board on the advice of the Regional Subcommittee.

3.5.10. The Board, on the advice of the Regional Subcommittee, may prospectively grant exemption from **one (1)** year of accredited clinical training in lieu of satisfactory completion of full time research leading to the awarding of an MD or PhD. Proof of enrolment and progress towards a recognised higher degree of two (2) years minimum full-time study is required on application for exemption to be considered.

3.5.11. The Board may grant conditional exemption from **one (1)** year of accredited clinical training pending receipt of satisfactory assessments and logbooks following the Trainees return to training.

3.5.12. If a Trainee has been granted exemption of **one (1)** year of accredited clinical training in lieu of prospective full time research, the eligibility criteria to sit the Fellowship Examination, and the eligibility criteria for the awarding of a Fellowship in General Surgery, will be reduced by **two (2)** terms and the equivalent logbook numbers. All remaining criteria must be satisfied.

3.5.13. The Board reserves the right not to accredit research towards clinical training, if the applicable level of clinical competency is not evident at the point of re-entering the program after completing the research.

3.5.14. Trainees, who extend a period of interruption to training in order to complete Research by Higher Degree, must first meet all of the above criteria before an extension is approved.
3.6 Trainee Requests

3.6.1. For all training requests referred to in Sections 3.2 to 3.5 and 5.7, the following processes are applicable:

a. For Australian Trainees – log in to the Members Section on the GSA website [www.generalsurgeons.com.au](http://www.generalsurgeons.com.au), to “Online Trainee Requests”.

b. For New Zealand Trainees – log in to the RACS website [www.surgeons.org](http://www.surgeons.org), proceed to the Education and Trainees section, then the Training section to find the “Trainee Online Request Form”.

3.6.2. All Trainee submissions made online are sent to the applicable Regional Subcommittee for recommendation to the Board. Once a decision at the applicable Board meeting has been reached, Trainees will be notified of the outcome within seven (7) working days of the meeting. Trainees are reminded that Regional Subcommittees do not meet every month in all regions, and if a request is urgent, a follow up call or email to the Regional Executive Office is required (refer Appendix 2 – Contacts).

3.6.3. Trainees are reminded that, where applicable, they are not to take action, or make any arrangements prior to receiving final outcome of their request from the Board. All submissions to the Board must be in reference to these Regulations and the applicable RACS Policy to your request. (Refer to Appendix 1 - Policies)
4. **SET PROGRAM – GENERAL REQUIREMENTS**

The SET Program in General Surgery is designed to allow the Surgical Trainee to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, independent practice as a specialist general surgeon.

4.1 **Training, Terms and Posts**

4.1.1. All training terms are six (6) months in duration. Trainees will be required to satisfactorily complete a minimum of:

   a. Ten (10) rotations if commencing in SET1
   b. Eight (8) rotations if commencing in SET2

4.1.2. Trainees may be required to undertake additional terms based on performance and level of competency.

4.1.3. During SET1, terms may consist of placements in several rotations no less than ten (10) weeks per post. Trainees may not undertake more than eight (8) weeks on a night roster over two (2) consecutive six-month terms unless prior approval is granted by the Board.

4.1.4. Trainees will have up to nine (9) years from the time they are accepted onto the SET in General Surgery program if commencing in SET1 or eight (8) years if commencing in SET2, to meet all requirements including the rotations. Unless recognition of prior learning has been granted, in which case the maximum time is reduced according to the period granted.

4.1.5. During SET2-5, Trainees will be placed in a single rotation per six-month term. Trainees may not undertake more than two (2) weeks on a night roster per six-month term unless prior approval has been granted by the Board.

4.1.6. Rotations are allocated according to preference and ranking at initial intake. Subsequently, Trainees are allocated rotations in their region according to regional processes.

4.1.7. Trainees will be required to fulfil any rotation allocated to them by the Regional Subcommittee. Trainees will not be permitted to change rotations unless prior approval has been granted by the Regional Subcommittee.

4.2 **Logbook of Surgical Experience**

4.2.1. Trainees are required to maintain accurate and complete logbooks of operative and major non-operative cases, as set out in the Board’s logbook proforma. Logbook downloads are located on the GSA website for Australian Trainees and the RACS website for New Zealand Trainees. The logbook must be maintained according to the specified data fields.

4.2.2. Trainees in SET1 are encouraged to focus on developing operative skills in minor and intermediate operative cases. There are no specified requirements for Trainees in SET1 regarding the minimum number of major cases.

4.2.3. The minimum operative experience to be gained in accredited terms in SET2-5 is 800 major cases. It is expected that Trainees will be involved in a minimum of 100 major cases per six-month term, with minimum primary operator experience as follows:

   a. SET2, first six months : 20%
   b. SET2, second six months : 25%
   c. SET3, first six months : 30%
   d. SET3, second six months : 40%
   e. SET4, first six months : 50%
   f. SET4, second six months : 50%
g. SET5, first six months : 60%
h. SET5, second six months : 60%

4.2.4. The primary operator is defined as the following logbook categories:
a. Surgeon Mentor Scrubbed
b. Surgeon Mentor in Theatre
c. Surgeon Mentor Available

4.2.5. The Trainee’s logbook data will be reviewed at the Mid-term assessment and evaluated as part of the End of Term assessment. An accurate and complete logbook is required at the end of each six-month term including the final training term. Trainees must record and present data according to the recommended logbook format.

4.2.6. The Surgical Supervisor may seek input from other members of the Unit in order to adequately evaluate and verify logbook data.

4.2.7. At the completion of each six-month term, the Trainee, Surgical Supervisor and Training Coordinator where applicable are required to sign the logbook summary.

4.2.8. The Trainee is responsible for submitting a completed and signed logbook summary to the Regional Office with two (2) weeks of the term ending.

4.2.9. Any unsatisfactory performance relating to the logbook data will be reported to the Regional Subcommittee and may result in non-accreditation of the term.

4.2.10. Non-submission of a complete, accurate and signed logbook summary by the due date will result in non-accreditation of the term.

4.3 Case Mix

4.3.1. The operative and non-operative experience should adequately cover the major areas of General Surgical Training as defined in the curriculum (refer Section 4.7).

4.3.2. Trainees are permitted to gain private hospital operative experience in addition to their normal public hospital posts, provided they are supervised by a RACS accredited training post Supervisor. The operative experience gained can contribute to overall logbook numbers, up to a maximum of two (2) lists per week. However, Trainees must only do this with the approval of their Surgical Supervisor.

4.4 Endoscopy Training

The Australian and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy set the minimum training standards required prior to granting recognition of training in Upper Gastrointestinal Endoscopy, Colonoscopy and Endoscopic Retrograde Cholangio-Pancreatography (ERCP). The Board recognises the role of both setting minimum training standards and acknowledges that the CCRTGE provide the means of formal recognition and certification of gastrointestinal endoscopy training.

4.4.1. It is recommended that all Trainees register with either the Australian or New Zealand Conjoint Committee upon acceptance of a place in the General Surgery Program.

4.4.2. As the CCRTGE requirements may change from time to time, Trainees are advised to check the CCRTGE websites before applying for recognition of training.

b. New Zealand Trainees should refer to http://www.nzsg.org.nz/training/endoscopy/ for their information and requirements.
4.4.3. The Board requires all Trainees to complete 100 upper gastrointestinal endoscopies and 50 colonoscopies before applying to sit the Fellowship Exam.

4.4.4. Trainees are required to maintain a logbook of all gastrointestinal endoscopy experiences; the minimum standards of logbook data are as stipulated by the relevant CCRTGE. Note that this logbook will need to be presented prior to Fellowship Examination approval.

4.4.5. In some cases, exemption from the requirements in Section 4.4 may be granted. Trainees are advised to seek the approval of their Regional Subcommittee and the Board, by submitting a Trainee Online Request (refer Section 3.6).

4.5 Research Requirement

4.5.1. All Trainees must complete the mandatory RACS Research Requirement as per the RACS Research during Surgical Education and Training Policy.

4.5.2. The mandatory research requirement must be certified as complete by the Regional Subcommittee Chair, and notified to the Board, prior to applying for Fellowship in General Surgery.

4.5.3. The Trainee must contribute significantly to the conduct of the research activity. Activities that may satisfy the RACS Research Requirement are outlined in Appendix 3.

4.5.4. Trainees must obtain approval from the Regional Subcommittee to ensure projects are appropriate. Refer to Appendix 3 for further details on approval process.

4.5.5. It is the responsibility of the Trainee to provide documentation verifying completion. This includes outlining the extent of involvement in the research activity, presentation and/or publication.

4.5.6. If the Surgical Supervisor is certifying completion on the End of Term In Training Assessment form, documentation verifying this must be attached and forwarded to the Regional Office via the Trainee Online Request (refer Section 3.6).

4.6 Portfolio of Training

4.6.1. The Trainee will keep a portfolio of their training, which will include:
   a. Updated curriculum vitae
   b. Surgical logbook experience
   c. Documentation relating to skills courses and research activities
   d. Documentation relating to any period of probationary training
   e. All formative and Summative Assessment forms and results

4.6.2. To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

4.6.3. The Trainee will be required to present their portfolio of training to the Regional Subcommittee when applying to sit for the Fellowship Examination (refer to Section 8).
4.7 **Curriculum**

Trainees are required to be familiar with the General Surgery curriculum. Details of the curriculum are available on the GSA [website](#) for Australian Trainees and the RACS [website](#) for New Zealand Trainees. The Board is responsible for the development, maintenance and updating of the General Surgery curriculum.

4.7.1. The Curriculum comprises of both technical and non-technical modules.

4.7.2. The technical modules cover the following areas:

a. Abdominal Wall  
b. Breast  
c. Colorectal  
d. Duodenum and Small Bowel  
e. Emergency  
f. Endocrine  
g. Head and Neck  
h. Sepsis  
i. Skin and Soft Tissue  
j. Surgical Oncology  
k. Transplantation  
l. Trauma  
m. Upper GI/HPB  
n. Vascular

4.7.3. The non-technical issues cover the following areas:

a. Collaboration  
b. Communication  
c. Health Advocacy  
d. Management and Leadership  
e. Professionalism and Ethics  
f. Scholar and Teacher

4.8 **Regional Educational Activities**

Regional Subcommittees of the Board in General Surgery may coordinate, oversee or endorse tutorial programs, workshops, skills courses, examination preparatory courses, journal clubs, registrar paper days and other similar educational activities for the benefit of Trainees. These regional activities are aimed at providing opportunities for Trainees to meet components of the General Surgery curriculum.

4.8.1. Trainees are required to participate in regional educational activities.

4.8.2. Each region will set the minimum attendance rate that Trainees are required to meet per year.

4.8.3. Each region will have the discretion to grant exemption to section 4.8.2 for Trainees who are not able to attend sessions due to geographical restrictions and / or illness.

4.8.4. The Regional Subcommittees may rate a rotation as unsatisfactory if a Trainee does not meet the minimum attendance rate and are not granted an exemption from this requirement.
4.9 National Educational Activities

It is compulsory for trainees who commence training from 2011 in Australia, and all current Trainees in New Zealand, to attend the applicable specialty society’s trainee’s days as follows:

4.9.1. Australian Trainees must attend at least four (4) General Surgeons Australia (GSA) Trainee’s Days over the course of four (4) years of their training. Trainee Days are held in conjunction with the RACS Annual Scientific Congress and the GSA Annual Scientific Meeting annually.

   a. Trainees who attend the RACS Developing a Career in Academic Surgery course may, upon proof of attendance, count this course towards one of the four compulsory GSA Trainee’s Days.

4.9.2. New Zealand Trainees must attend two (2) New Zealand Association of General Surgeons training days per year of training during SET2-5. Training days are held in March and September annually and are also recommended but optional for SET1.
5. COURSES AND EXAMINATIONS

The following courses are a compulsory component of the General Surgery Training Program. Refer to Section 2 - Program Overview and Section 6 - Program and Progression Requirements for information on when courses must be completed in order to progress through the program.

5.1 Australian and New Zealand Surgical Skills Education and Training

5.1.1. The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory aspect of Surgical Training.

5.1.2. The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery. Information regarding the ASSET course can be found on the RACS website.

5.2 Care of the Critically Ill Surgical Patient

5.2.1. The CCrISP course assists Trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.

5.2.2. The course focuses on clinical knowledge, acumen, and procedural skills together with communication, responsibility and leadership. Information regarding the CCrISP course can be found on the RACS website.

5.3 Critical Literature Evaluation and Research

5.3.1. CLEAR is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials.

5.3.2. The course aims to make the language and methodology relevant to surgeons and their day to day activities. Information regarding the CLEAR course can be found on the RACS website.

5.3.3. Trainees may apply for exemption from the CLEAR Course if they hold a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.

5.3.4. Trainees who hold postgraduate qualifications may apply to the Board, via the relevant Regional Subcommittee through the Online Request Form (refer Section 3.6), for exemption from the CLEAR Course. Applicants must provide evidence of an acceptable Evidence Based Surgery component to the qualification. Trainees should refer to the RACS Recognition of Prior Learning Policy.

5.4 Early Management of Severe Trauma

5.4.1. The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.

5.4.2. Information regarding the EMST course can be found on the RACS website.

5.5 Surgical Science and Clinical Examinations

5.5.1. SET1 Trainees must satisfactorily complete all components of the General Surgery Surgical Sciences and Clinical Examinations within two (2) years of commencement in the SET program, with a maximum of four (4) attempts permitted.

5.5.2. At least one (1) attempt at the examinations must be made in SET1. Failure to make an attempt at the examinations in SET1 must be discussed with the Supervisor of Training.

5.5.3. Failure to comply with section 5.6.1 will result in dismissal from the program in accordance with the RACS Dismissal from Training Policy.
5.5.4. Information regarding the General Surgery Surgical Sciences and Clinical examination can be found on the RACS website.

5.6 Recognition of Prior Learning

5.6.1. Recognition of Prior Learning involved the evaluation of prior training or experience which is comparable to the components of the General Surgery Program.

5.6.2. The regulations comply with the RACS Recognition of Prior Learning Policy.

5.6.3. There is no automatic entitlement to RPL. Trainees must submit documentation via the Trainee Online Request (refer Section 3.6) for the components they wish to be exempt from.

5.6.4. Applications for RPL will only be considered once a trainee has commenced the General Surgery Program.

5.6.5. As per the RACS policy, the MRCS is not considered equivalent to the SSE and CE, therefore Trainees will not be given RPL for these examinations.

5.6.6. In addition to the clinical rotation requirements listed in the Policy as mentioned in section 5.7.2; the Board requires documentation demonstrating and verifying the following, attached to all requests for exemption from a period of clinical training:

   a. Terms are on a general surgery unit or one of its recognised disciplines (such as Upper GI, Colorectal, Vascular, Trauma, Breast and Endocrine, HPB);

   b. Adequate level of consultant supervision (the consultant must be adequately credentialed);

   c. Terms must be of minimum 6 month duration, full time;

   d. The operative and non-operative log book provided must reflect case mix and case load;

   e. Operative logbook to reflect information in current General Surgery trainee logbook;

   f. Satisfactory performance assessment forms must demonstrate competencies equivalent to RACS competencies.
6. Program and Progression Requirements

6.1 SET1

6.1.1. The requirements for successful completion of SET1 and progression to SET2 are:
   a. Satisfactory completion of at least two (2) six-month terms
   b. Satisfactory completion of any period of probationary training
   c. Satisfactory Completion of the ASSET Course (refer Section 5.1)
   d. Satisfactory completion of the CCRISP Course (refer Section 5.2)
   e. Completion of at least one (1) Surgical DOPS and one (1) Mini-CEX assessment per three-month rotation (if six-month term comprises of two rotations) or one (1) Surgical DOPS and one (1) Mini-CEX per six-month term (if six-month term comprises of single rotation). (refer Section 7.1 and 7.2)
   f. An attempt at the SSE Generic and Specialty Specific, and the CE must be made in SET1 (refer Section 5.6)

6.1.2. Satisfactory completion of all components of the SSE package and the CE must be met within two (2) years of commencing SET1. A maximum of four (4) attempts is permitted. (refer Section 5.6)

6.1.3. Failure to meet these requirements will result in dismissal from the SET Program.

6.2 SET2-5

6.2.1. The requirements for successful completion of SET2-5 and admission to Fellowship are:
   a. Satisfactory completion of eight (8), six-month terms in posts accredited by the Board (beyond SET1)
   b. Satisfactory completion of any probationary terms
   c. Satisfactory surgical logbook statistics consisting of a minimum of 800 major operative cases over eight (8) accredited terms (beyond SET1) and with satisfactory primary operator rates and case mix (refer Section 4.2 and 4.3)
   d. Satisfactory completion of the College Research Requirements (refer Section 4.5)
   e. Completion of gastrointestinal endoscopy and colonoscopy requirements (refer Section 4.4)
   f. Satisfactory completion of the CLEAR Course (refer Section 5.4)
   g. Satisfactory completion of the EMST Course (refer Section 5.5)
   h. Satisfactory completion of the General Surgery Fellowship Examination (refer Section 8)
   i. Fully paid up dues and fees owing to the RACS
7. **ASSESSMENT**

7.1 **Direct Observation of Procedural Skills in Surgery (Surgical DOPS) Assessment**

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

7.1.2. The form can be found on the GSA website for Australian Trainees and RACS website for New Zealand trainees.

7.1.3. **SET1** Trainees are required to participate in at least one (1) assessment during each six-month term or one (1) per three-month rotation if the six-month term comprises of two (2) rotations.

7.1.4. These assessments are formative and are aimed at guiding further development of surgical skills.

7.1.5. Assessments should be completed in time for review during the Mid-term assessment. The forms must be submitted to the Regional Office immediately following completion of the DOPS assessment. Failure to return the form may result in the term being deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.

7.1.6. Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

7.1.7. Trainees are advised to retain a copy of the assessment in their Training Portfolio.

7.2 **Mini-Clinical Examination (Mini-CEX)**

7.2.1. The Mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning. Information relating to the Mini-CEX can be found on the RACS website.

7.2.2. The form can be found on the GSA website for Australian Trainees and RACS website for New Zealand trainees.

7.2.3. **SET1** Trainees are required to participate in at least one (1) assessment during each six-month term or one (1) per three-month rotation if the six-month term comprises of two (2) rotations.

7.2.4. These assessments are formative and are aimed at guiding further development of clinical skills.

7.2.5. Assessments should be completed in time for review during the Mid-term assessment. The forms must be submitted to the Regional Office immediately following completion of the Mini-CEX assessment. Failure to return the form may result in the term being deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.

7.2.6. Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

7.2.7. Trainees are advised to retain a copy of the assessment in their Training Portfolio.
7.3 **Formative Assessment**

7.3.1. *Formative* assessments aim to identify areas of good performance and areas of performance that require improvement to reach competency. Formative assessments also provide opportunities for improving performance.

7.3.2. The components of formative assessment during **SET1** consist of:
   a. Surgical DOPS
   b. Mini-CEX
   c. Mid-term In Training Assessments

7.3.3. The components of formative assessment during **SET2-5** consist of:
   a. Mid-term In Training Assessments
   b. Mini-CEX and Surgical DOPS may still be recommended as part of a performance management plan or as a continual assessment tool.

7.4 **Summative Assessment**

7.4.1. *Summative Assessments* are completed in **SET1** and **SET2-5** and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training.

7.4.2. If unsatisfactory performance is reflected in a Summative Assessment, the period of training will not be accredited and the Trainee will be placed on Probationary Training (refer Section 7.8 and 7.9).

7.4.3. The Summative Assessment requires completion of an End of Term In Training Assessment form.

7.4.4. If a Trainee is placed in more than one post during a six-month term in **SET1**, the following will apply.
   a. Upon commencing a new post, the Trainee is required to present the results of all preceding formative (e.g. Surgical DOPS, Mini-CEX if in **SET1** and Mid-term In Training Assessment form) and Summative Assessments to the new Surgical Supervisor for review.
   b. If preceding assessments have identified areas of performance requiring improvement, the Surgical Supervisor is required to make enquiries if necessary, to establish what progress has been made, and what further action is advised to permit continuity of probationary training.
   c. If a Performance Management Plan has been developed the Trainee needs to discuss the objective and progress to date with the Surgical Supervisor.
   d. When completing the End of Term In Training Assessment form, the Surgical Supervisor is required to seek the input of consultants from preceding posts, in order to reach a consensus in assessing the listed competencies and essential criteria (refer Section 7.5).
   e. When completing the End of Term assessment, the Trainee is required to present the results of all formative assessments undertaken during the term. The Surgical Supervisor is required to make enquiries to establish if satisfactory progress has occurred in areas of borderline or unsatisfactory performance, and to reflect this in the Summative Assessment.

7.5 **Conducting Assessments**

7.5.1. Both the Formative and Summative assessments of Trainees are conducted by the Surgical Supervisor or delegate, with the input of all other consultants on the Unit.
7.5.2. The Surgical Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).

7.5.3. If the Surgical Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the form at an earlier stage. For information regarding Surgical Supervisors, please refer to the RACS Surgical Supervisors Policy.

7.5.4. All consultant members of the Unit on which the Trainee is allocated to are required to contribute to the Trainee’s assessment. This might best be undertaken at a face-to-face meeting to discuss the performance of the Trainee, and to reach consensus on the assessment of each competency listed on the assessment form. Although the assessment form might be filled out in the absence of the Trainee, the Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment.

7.5.5. Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a period of training, and commencement of Probationary Training.

7.6 Mid-term In Training Assessment

7.6.1. At the end of the first three (3) months of a six-month term, the Surgical Supervisor will seek the input of all consultants on the Unit, and from any preceding posts during the term, to reach consensus on the formative assessment of the Trainee’s performance.

7.6.2. A review of the Trainee’s logbook will be undertaken as part of the assessment.

7.6.3. The Surgical Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Surgical Supervisor that this meeting occurs (refer Section 7.5).

7.6.4. The Board’s Mid-term In Training Assessment Form (and completed Mini-CEX and Surgical DOPS if in SET1) must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the GSA website for Australian Trainees and RACS website for New Zealand trainees.

7.6.5. The forms must be signed by the Surgical Supervisor, the Trainee and the Training Coordinator if applicable, and returned to the Regional Office within two (2) weeks of the Mid-term date.

7.6.6. It is the responsibility of the Trainee to ensure that the signed, completed assessment form together with any associated documentation is returned to the Regional Office (refer to Appendix 2 - Contacts) within the specified time.

7.6.7. If signed and completed formative assessment forms (i.e. Mini CEX, Surgical DOPS and Mid-term In Training Assessment) and any associated relevant documentation are not submitted to the Regional Office by the due date, the period of training will be deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing probationary training in the subsequent term.

7.6.8. When areas of performance are identified as “Borderline”, “Not competent” or “Unsatisfactory” the Surgical Supervisor will discuss this with the Trainee and an appropriate plan of Performance Management Plan will be agreed to.

7.6.9. Where applicable, the Surgical Supervisor will notify the Training Coordinator of any concerns regarding the performance of the Trainee.

7.6.10. If the overall performance is deemed “Unsatisfactory”, the Surgical Supervisor will inform the Training Coordinator and will undertake a further formal interview with the Trainee, at which time appropriate counselling and remedial action will be documented.

7.6.11. Advice may be sought from the Training Coordinator and other members of the Unit in developing an appropriate performance management plan for the Trainee.
7.6.12. Unsatisfactory grades in any part of the assessment will be reviewed by the Regional Subcommittee.

7.6.13. An unsatisfactory mid-term Assessment is defined as:
   a. an overall "Unsatisfactory" grade on the mid-term In Training Assessment form, and/or
   b. one or more "Unsatisfactory" grades in any of the essential criteria and/or
   c. non-submission of completed assessment form or any associated documentation within two (2) weeks of the mid-term.

7.7 End of Term In Training Assessment

7.7.1. Just prior to the completion of each six-month term, the Trainee will participate in an End of Term In Training (Summative) Assessment. This will consist of an evaluation of the operative and non-operative logbook data, review of whether research requirements have been met and an assessment of performance against the expected competencies and essential criteria.

7.7.2. The Trainee must submit:
   a. Complete and accurate logbook data, on the official Board form, to the Surgical Supervisor for review and verification
   b. Data reflecting progress with any research activities
   c. Performance management plans if applicable

7.7.3. The Board’s End of Term In Training Assessment Form must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the GSA website for Australian Trainees and RACS website for New Zealand trainees.

7.7.4. The Surgical Supervisor will seek the input of all consultants on the Unit, and make enquiries regarding formative assessments undertaken on preceding posts during the term, to reach consensus on the assessment of the Trainee’s performance (refer Section 7.5).

7.7.5. The Surgical Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Surgical Supervisor that this meeting occurs (refer Section 7.5).

7.7.6. The logbook summary (in the required format) and End of Term In Training Assessment forms are to be signed by the Trainee, the Surgical Supervisor and where applicable, the Training Coordinator.

7.7.7. The Trainee is required to forward the logbook summary and assessment form with any associated documentation to the Regional Office within two (2) weeks of the end of the six-month term. Should a Trainee not comply:
   a. the term will be deemed unassessed, and will not be accredited, resulting in an extension of training, and
   b. the Trainee will automatically commence Probationary Training for six-months, pending a review by the Regional Subcommittee.

7.7.8. The Regional Subcommittee is responsible for reviewing submitted assessments and logbook data, and may undertake further review in order to determine if a term is to be accredited.

7.7.9. Trainees are required to retain copies of all assessments. All assessment reports will form part of the Trainee’s portfolio that will be presented to the Surgical Supervisor at the beginning of each term.

7.8 Unsatisfactory End of Term Assessment

7.8.1. An unsatisfactory End of Term Assessment is defined as:
   a. an overall "Unsatisfactory" grade on the End of Term In Training Assessment form, and/or
b. one or more “Unsatisfactory” grades in any of the essential criteria and/or

c. non-submission of completed, signed logbook data or assessment form or any associated documentation within two (2) weeks of completing a six-month term as per Clause 7.7.7.

7.8.2. Receipt of an unsatisfactory assessment in accordance with Section 7.7.1 will result in the automatic commencement of Probationary Training in the following term. The continuation of this period of Probationary Training will be decided by the Regional Subcommittee pending a review at the earliest possible time.

7.8.3. In accordance with the RACS Assessment of Clinical Training Policy, upon receipt of an unsatisfactory assessment a formal interview will be convened as soon as possible with the Trainee, the Chair of the Regional Subcommittee (or representative), the Surgical Supervisor and one additional member of the Regional Subcommittee or supervisor. The Trainee may invite an advocate who is a Fellow of the College. The proceedings of the interview are to be duly documented. The interview will address the following:

a. Details of unsatisfactory performance
b. Response of the Trainee
c. Remedial action advised via a performance management plan
d. Consequences of any further unsatisfactory assessments

7.8.4. The following formal process will commence:

a. Probationary training automatically commences at the start of the term immediately following the unsatisfactory term.

b. The Regional Subcommittee will undertake a review of the assessment at the earliest possible time. If it is agreed by the Regional Subcommittee that the assessment is unsatisfactory, the Regional Subcommittee will recommend to the Board that the period of training be deemed unsatisfactory.

c. This recommendation will be considered at the next meeting of the Board. If agreed that the period of training is deemed unsatisfactory and therefore not accredited towards training, the Trainee will be advised of this in writing. The Trainee will be required to continue with probationary training for the entire six-month term.

d. The Trainee’s period of training will be extended by six months at a minimum.

e. The Trainee’s log book numbers will not be counted towards the log book numbers required as outlined in section 9.1.1 (b).

7.8.5. Trainees may be considered for dismissal for unsatisfactory performance, in accordance with the RACS Dismissal from Surgical Training Policy, if:

a. the Trainees’ performance has been rated as unsatisfactory during a probationary period applied in accordance with the RACS 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.

7.9 Probationary Training

7.9.1. Probationary terms are six (6) months in duration. During Probationary Training, the Trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement. The process should allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has achieved competency at the end of the probationary term.
7.9.2. Trainees will be required to satisfactorily meet the requirements of probationary training in order to have the probationary term accredited. Only when a probationary term is accredited will the Trainee be allowed to proceed in the SET program.

7.9.3. The End of Term Assessment in the probationary term may be conducted at a time within the final six (6) weeks of term to facilitate timely consensus to the assessment.

7.9.4. If a Trainee receives an unsatisfactory End of Term Assessment while on Probation, the probationary term will not be accredited and the Trainee will be placed on interruption to training for six (6) months pending review. The Trainee’s continuation in the Program will be reviewed in accordance with the RACS Dismissal from Surgical Training Policy.

7.9.5. If a Trainee receives an unsatisfactory End of Term In Training Assessment as per Clause 7.8.1, having satisfactorily met the requirements of a prior probationary term,
   a. the Trainee will commence a second six-month term of probationary training, pending a review by the Regional Subcommittee, and
   b. if the Trainees’ performance has been rated as unsatisfactory for three or more assessment periods at any time during the SET Program, the Trainee’s continuation in the Program will be reviewed in accordance with the RACS Dismissal from Surgical Training Policy. The Trainee will be placed on interruption to training for six (6) months pending review.

7.9.6. Trainees who are on Probation are not permitted to change training Regions or Terms or commence Interruption of Training to undertake full time research.

7.10 Dismissal

7.10.1. Trainees may be dismissed from the program in accordance with Clause 7.8.5 and the RACS Dismissal from Surgical Training Policy including but not limited to:
   a. Unsatisfactory performance
   b. Failure to satisfy medical registration and employment requirements
   c. Misconduct or serious misconduct

7.10.2. The Regional Subcommittee will recommend dismissal to the Board, and will present all relevant documentation to support the decision.

7.10.3. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.

7.10.4. If the Board approves the recommendation from the Regional Subcommittee, the Trainee will be notified of the decision with ten (10) working days of the meeting.

7.10.5. The Board will recommend dismissal to the RACS Chair of the Board of Surgical Education and Training who will review the decision including all relevant document to ensure that due diligence and process has occurred.

7.10.6. The Trainee will be notified of the final decision by the RACS Chair of the Board of Surgical Education and Training.

7.11 Continual Assessment

7.11.1. Regular formative feedback and assessment of the Trainee by consultant members of the Unit is advisable, to identify and reinforce good performance and to review areas requiring improvement. These are in addition to the formative Mid-term in training assessment. Trainees are encouraged to seek continual feedback.
7.11.2. Borderline or unsatisfactory performance identified during continual feedback and assessment should be discussed with the Trainee and documented to record the following:
   a. Details of unsatisfactory performance
   b. Response of the Trainee
   c. Remedial action advised via a performance management plan
   d. Consequences of any unsatisfactory assessments
8. **FELLOWSHIP EXAMINATION**

8.1 **Eligibility to Present for Examination**

8.1.1. Trainees will be **eligible** to present for the Fellowship Examination after meeting the following requirements.

   a. Satisfactory completion of at least six (6), six-month terms beyond SET1 (any period of full-time research will be assessed according to the research guidelines under Section 3.5)

   b. Satisfactory completion of any period of probationary training

   c. Completion of **600** major operative cases beyond SET1, in accredited terms, with an appropriate case mix and an overall satisfactory primary operator rate (any period of full-time research will be assessed according to the research guidelines under Section 3.5)

   d. Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies

   e. Fully paid up dues and fees owed to the RACS

   f. Presentation of a satisfactory Portfolio of Training (refer Section 2.7)

8.1.2. A Trainee may sit the Fellowship Examination when the,

   a. Trainee has completed all eligibility requirements to sit the Fellowship Examination

   b. Trainee submits the required application form by the due date with any required payment

   c. Regional Subcommittee submits a formal notification to the Board supporting the Trainee in presenting for the Fellowship Examination

   d. Board formally approves the Trainee’s application to present for the Fellowship Examination.

8.1.3. Success in the Fellowship Examination will result in awarding of a full Fellowship in General Surgery **pending** satisfactory completion of any remaining training requirements (refer Section 9).

8.1.4. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a letter from the Court of Examiners. The Trainee will be invited to attend a meeting with the Surgical Supervisor and a member of the Regional Subcommittee to be counselled on their examination performance as per the RACS **Fellowship Examination Eligibility, Review and Feedback Policy**.
9. COMPLETION OF SURGICAL EDUCATION AND TRAINING

9.1 Fellowship Requirements and Process

9.1.1. A Trainee must meet the following requirements before being awarded the full RACS Fellowship in addition to Clause 8.1.1:

a. Satisfactory completion of eight (8), six-month terms in posts accredited by the Board (beyond SET1)

b. Satisfactory surgical logbook statistics consisting of a minimum of 800 major operative cases over eight (8) accredited terms (beyond SET1) and with satisfactory primary operator rates and case mix (refer Section 4.2 and 4.3)

c. Satisfactory completion of the CCrISP Course

d. Satisfactory completion of the ASSET Course

e. Satisfactory completion of the EMST Course

f. Satisfactory completion of the CLEAR Course

g. Satisfactory completion of the RACS research requirements

9.1.2. Once the Trainee has successfully completed all requirements of the training program, it is the Trainee’s responsibility to complete a Fellowship Application form available on the RACS website, to commence the awarding process.

9.1.3. Trainees may be approved for provisional Fellowship following submission of a satisfactory mid term assessment in the 8th rotation, providing all other requirements have been met.

9.1.4. The form requires approval from the Chair of the relevant Regional Subcommittee who will confirm successful completion of all components of the General Surgery Program.

9.1.5. Upon notification from the Regional Subcommittee, the Chair of the Board will recommend to the RACS Censor in Chief the awarding of the Full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.

9.1.6. Further information regarding the awarding process can be requested by the Trainee via an email to: general.board@surgeons.org addressed to the Fellowships Officer.
10. **GRIEVANCE AND APPEALS PROCESS**

10.1.1. Any person adversely affected by a decision made by the Board or a surgical supervisor may, within one (1) month of being notified of the decision apply in writing to the Board Chair to have the decision reviewed.

10.1.2. In submitting a written grievance the person must include the grounds for the grievance, and the remedy sought and any relevant supporting documentation.

10.1.3. The person submitting the written grievance may nominate a support person to accompany him or her at any stage of the grievance and appeal process. The support person must not be a legal practitioner or barrister.

10.1.4. Written grievances submitted to the Board must:
   a. Outline where the trainee believes the grievance lies, in accordance with the categories listed in section 10.1.7;
   b. Demonstrate that reasonable attempts were made to address the situation at the earliest possible time;
   c. Not be from a legal practitioner or barrister;
   d. Not be regarding a decision being discussed with the RACS under the Appeals Mechanism Policy;
   e. Not be in relation to a decision already reconsidered by the Board

10.1.5. The written grievance will be considered by the Board within twenty (20) working day of receipt.

10.1.6. The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate reasoning.

10.1.7. Where the Board overturns or varies the original decision the reasoning must fall into one of the following categories and must be justified:
   a. That the decision was based on a mistake of fact;
   b. That an error in due process occurred;
   c. That the relevant policies or procedures were not observed;
   d. That relevant and significant information was not appropriately considered in the decision;
   e. The grounds for special consideration as defined by the Board were established which justify the decision

10.1.8. Notwithstanding the above any person adversely affected by a decision made by the Board or a surgical supervisor may, within three (3) months’ of receipt of notice of such decision, apply for reconsideration directly through the Censor in Chief’s Appeal Review Committee or appeal the decision in accordance with the RACS Appeals Mechanism Policy

10.1.9. All queries relating to clarification of these regulations can be addressed to general.board@surgeons.org.
11. **APPENDIX 1 – POLICIES**

The Regulations are specific to the SET Program in General Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The Board advises that familiarity with the following RACS Policies is essential for Trainees, Board Members and General Surgery training administrators.

Documents can be found on the RACS website under "Policies -> Education" and the following subheadings:

11.1.1. Education Board and Committees
   a. Board of Surgical Education and Training Terms of Reference
   b. Specialty Boards and their Regional Subcommittees Terms of Reference

11.1.2. Examinations and Assessments
   a. Assessment of Clinical Training
   b. Conduct of the SET Clinical Examination
   c. Conduct of the Surgical Sciences Examination – Generic Component
   d. Conduct of the Surgical Sciences Examination – Specialty Specific component

11.1.3. Fellowship
   a. Code of Conduct Handling Potential Breaches
   b. Complaints Process Policy

11.1.4. Surgical Education and Training
   a. Bullying and Harassment
   b. Dismissal from Surgical Training
   c. Former Trainees Seeking Permission to Reapply to Surgical Training
   d. Identification and Management of Academic Misconduct
   e. Ill, Injured and Impaired Trainees
   f. Recognition of Prior Learning
   g. Research During Surgical Education and Training
   h. SET: Fellowship Examination Eligibility, Review and Feedback
   i. Surgical Supervisors
   j. Surgical Training Fees
   k. Trainee Registration and Variation Policy
   l. Training Agreement
12. **APPENDIX 2 – CONTACTS**

12.1 **General Surgeons Australia – Head Office**

Address : 250 – 290 Spring St
East Melbourne VIC 3002
Fax: +61 3 9249 1257

Contacts : **Monica Carrarini**
General Manager - Education & Training
Telephone: +61 3 9249 1133
Email: monica.carrarini@surgeons.org

**Cassandra Neale**
Training Co-ordinator
Telephone: +61 3 9249 1141
Email: general.board@surgeons.org

12.2 **General Surgeons Australia – Regional Offices**

**NSW/ACT**

Address : 177A Albion Street
Surry Hills NSW 2010
Fax: +61 2 8354 0094

Contacts: **Marlene Valliere**
Tel: +61 2 8353 7415
Email: marlene.valliere@surgeons.org

**Nicola Giuliano**
Tel: +61 2 8353 7416
Email: nicola.giuliano@surgeons.org

**QLD**

Address : 50 Water Street
Spring Hill QLD 4004
Fax: +61 7 3832 5001

Contacts **Rachel Craddock**
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Email: rachel.craddock@surgeons.org

**Virginia Kelly**
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Karen Liu
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Email: karen.liu@surgeons.org

VIC/TAS
Erica Hewitt
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East Melbourne VIC 3002
Fax: +61 3 9249 1257
Contact : Tel: +61 3 9276 7472
Email: erica.hewitt@surgeons.org

12.3 NZAGS
Address :
PO Box 7451
Newtown 6242
Wellington
Fax: +64 4 385 8873
Contact : Linda Porter
Tel: +64 4 385 8247
Email: linda@nzags.co.nz
13. **APPENDIX 3 - RESEARCH REQUIREMENTS**

13.1 **Purpose**

13.1.1. To enable a Trainee to gain competencies associated with scientific research in order to fulfil the requirements for General Surgery.

13.1.2. To define the research requirements for General Surgery Trainees.

13.1.3. To ensure education and training in research is aligned with the requirements of the General Surgery Curriculum.

13.1.4. To assist trainees to acquire competency in research.

13.1.5. To identify how research education and training can be delivered during the SET program.

13.2 **Competencies**

13.2.1. The following competencies will be met:

   a. Professionalism
   b. Scholar and Teacher
   c. Medical Expertise

13.3 **Approved Research Activities**

13.3.1. The following are defined as approved activities that trainees may complete in order to contribute to the fulfilment the research requirement:

   a. Research, in the field of surgery, towards a higher degree
   b. Participation in a supervised research project, not towards a higher degree.
   c. Publication of research outcomes in a peer-reviewed scientific journal, as primary or major author
   d. Oral or poster presentation of research outcomes at a recognised peer-reviewed scientific state/territory, national or international meeting.
   e. An approved meeting is defined as one that has a competitive abstract selection process and is officially chaired.

13.4 **Criteria for Research Projects**

The following criteria must be met in order for a research project to be approved by the Regional Subcommittee:

13.4.1. The project must be undertaken either part-time or full time during SET.

13.4.2. The topic is relevant and related to the broad discipline of surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to surgery)

13.4.3. Trainee has identified a Supervisor for the project.

13.4.4. Estimated duration of project is specified and appropriate.

13.4.5. Project design is appropriate.

13.4.6. Trainee has significant involvement in project and contributes to all or a significant proportion of the project or to a significant part of the project including:

   a. Project concept
   b. Project design
   c. Written project proposal
   d. Ethics proposal and submission if required
   e. Project implementation
   f. Data collection
g. Data analyses  
h. Data Interpretation  
i. Translation of project results into clinical practice

13.4.7. Trainee may be involved from the start or at any point in a substantial project.

13.4.8. Satisfactory progress and performance as indicated by supervisor reports

13.5 **Criteria for Recognition of Prior Learning for research projects**

The following criteria must be met in order for a research project to be approved by the Regional Subcommittee, when recognition of a project completed before entry to the SET Program is requested. The below criteria is in addition to the criteria outlined in section 3.6 of the [Recognition of Prior Learning Policy](#).

13.5.1. All requests must be include the following details:

   a. Project Title  
   b. Names of Supervisor(s)  
   c. Research design  
   d. Brief description of research  
   e. Relevance of research project to surgery  
   f. Details of any related publications  
   g. Details of any related presentations  
   h. Statement of verification by supervisor of satisfactory participation in, and completion of, project.

13.5.2. The research project must also comply with all requirements as outlined in section 13.4.

13.6 **Approval Process**

13.6.1. To ensure projects are appropriate, and to provide a learning opportunity for submitting a research proposal, Trainees are required to seek approval by their Regional Subcommittee prior to undertaking a project.

13.6.2. An Approval Submission must be submitted (available from the GSA website for Australian Trainees and RACS website for New Zealand Trainees)

13.6.3. The regional subcommittee will determine the appropriateness of the project design (refer to Section 13.7). Case series or a single case report, or simple audit of treatment outcomes (monitoring and surveillance studies) are unlikely to be approved unless there is sufficient originality of content and the proposal includes a well-conducted systematic literature review.

13.7 **Satisfactory Completion of the Research Requirements**

13.7.1. In order to fulfil the mandatory research requirement the following must be met:

   a. Completion of the CLEAR course (compulsory requirement before applying to sit exam)  
   
   and one of the following:

   b. Satisfactory research project participation and a publication or presentation or  
   
   c. Satisfactory completion of research towards a higher degree, which includes associated publication or presentations.
13.8 Research Design

![Diagram of Research Design](image-url)

Classification of different study types:
- *1*, sometimes known as experimental research; *2*, analogous term: interventional; *3*, analogous term: non-interventional or non-experimental.