



Training Regulations

General Surgery Education and
Training Program



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1. INTRODUCTION

1.1. Definitions and Terminology

The following and their associated definitions, will be used throughout the Regulations.

Term	Definition
Board (the Board)	Australian Board in General Surgery
EPA	Entrustable Professional Activity
GSA	General Surgeons Australia
GSET Program	General Surgery Education and Training Program
Hub Supervisor	In Victoria-Tasmania, Queensland and New South Wales-Australian Capital Territory, hospitals with accredited training posts are divided into Hubs/Networks. In these jurisdictions, a Hub Supervisor is appointed to each Hub to oversee Trainees allocated to hospitals within the Hub. The Hub Supervisor is a consultant surgeon appointed and approved by the Board and is a member of the relevant Training Committee.
PBA	Procedure Based Assessment
RACS	Royal Australasian College of Surgeons
Rotation	The accredited training post a Trainee has been allocated to for a term.
Hospital Surgical Supervisor	The Hospital Surgical Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Surgical Supervisor is appointed and approved by the Board and is a member of the relevant Training Committee. The Hospital Surgical Supervisor coordinates the management, education and training of accredited Trainees in accredited training positions. This includes monitoring performance, completing assessments, and developing and overseeing Learning and Development Plans. The Hospital Surgical Supervisor may delegate the responsibilities outlined in these Regulations to a Unit Supervisor or Hub Supervisor.
Term	The length of a term is six (6) months.
Training Committee	The Training Committee is a Subcommittee of the Board and is responsible for the management of Trainees in New South Wales-Australian Capital Territory, Victoria-Tasmania, Queensland, Western Australia, and South Australia-Northern Territory.
Unit Supervisor	The Unit Supervisor is a delegate of the Hospital Surgical Supervisor and is a consultant surgeon, with a Fellowship of the Royal Australasian College of Surgeons, on an accredited Unit which Trainees are allocated to. The Unit Supervisor may perform the duties of the Hospital Surgical Supervisor as outlined in the Regulations and as delegated by the Hospital Surgical Supervisor.

Term	Definition
Trainer or Assessor	A surgeon on an accredited post involved in training a Trainee on the GSET Program.
Training Year	A year consists of two (2) six-month terms.

1.2. Governance Overview

- 1.2.1. The RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.
- 1.2.2. The GSET Program is the accredited training program to obtain Fellowship of the RACS in General Surgery in Australia.
- 1.2.3. The Board is responsible for the delivery of the GSET Program in Australia, including selection, the accreditation of hospital posts, and the supervision and assessment of General Surgery Trainees.
- 1.2.4. The administration and management of the Board and GSET Program is delegated to GSA as an agent of the RACS.
- 1.2.5. The Australian Board in General Surgery Terms of Reference are available on the RACS website.

1.3. Regulations Overview

- 1.3.1. The Regulations encompass the rules, procedures, requirements, administrative processes and principles for the conduct of the GSET Program. These Regulations are in accordance with the policies of the RACS. At times these Regulations may refer directly to a generic RACS policy available on the RACS website.
- 1.3.2. These Regulations are applicable to all Trainees who commenced training from 2022 onwards. Trainees who commenced training prior to 2022 should consult the Training Regulations for the SET Program in General Surgery.
- 1.3.3. All Trainees must be familiar with the applicable RACS policies, which are specifically referred to throughout these Regulations.
- 1.3.4. All Trainees, Hospital Surgical Supervisors, Unit Supervisors, Hub Supervisors, Trainers, Training Committees, and Board Members are required to comply with these Regulations.
- 1.3.5. 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 the [GSA website](#). 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 board@generalsurgeons.com.au.
- 1.3.6. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.

2. PROGRAM STRUCTURE

2.1. Graduate Outcome

- 2.1.1. The overall objective of the GSET Program is to ensure that the graduating General Surgery Trainee has the competencies and skills required to undertake core General Surgery procedures, be able to participate independently in an acute on call general surgical roster, and be competent in the RACS Core Competencies.
- 2.1.2. To achieve the overall objective, competencies of a graduating Trainee have been developed across the RACS Core Competencies of Medical Expertise, Technical Expertise, Judgement - Clinical Decision Making, Communication, Collaboration and Teamwork, Leadership and Management, Health Advocacy, Education and Training, Professionalism, and Cultural Competency and Safety. These are referred to as Competency Domains.

2.2. Duration and Structure

- 2.2.1. The GSET Program is structured on a two-level sequential program to facilitate the cumulative attainment of experience, knowledge, skills, and attributes aligned with the overall objective.
- 2.2.2. The GSET Program can be completed in five years subject to satisfactory progression through the levels in the timeframes outlined in these Regulations.
- 2.2.3. The GSET1 to GSET3 levels are referred to as Core and focus on the foundation skills relating to General Surgery. The Trainee will gradually assume more responsibility, skills and knowledge as they progress through the Core levels.
- 2.2.4. The GSET4 to GSET5 levels are referred to as Principal where the Trainees' involvement and clinical complexity is increasing. The Trainee builds on the responsibilities, skills, and knowledge gained through the Core levels.
- 2.2.5. The maximum time for completion of the GSET Program is the expected duration of the GSET Program plus three (3) years. The maximum time period in which Trainees must achieve all the requirements of the GSET Program will therefore be eight (8) years from the commencement of the Program. The following conditions apply to the calculation of maximum time period:
 - a. If Accelerated Learning (Section 20.11) is granted, the maximum time is reduced according to the period granted.
 - b. Approved medical, parental or carers interruption (Sections 5.2 - 5.4) shall not be included in the calculation of the maximum period of training.
 - c. Suspension from training during a period of review (Section 23.2.1a) shall not be included in the calculation of the maximum period of training.
 - d. Research Interruption up to a maximum of three (3) years shall not be included in the calculation of the maximum period of training. Research Interruption beyond three (3) years will not extend the maximum time period. (Section 5.5)
 - e. Flexible - Part-time Training will extend the maximum time period by the equivalent clinical training period accredited. (Section 6)
 - f. Additional Clinical Training (Section 8), Extended Learning (Section 20.6 and Section 20.9), interruption due to personal leave (Section 5.6), terms that are deemed not accredited due to extended leave (Section 4.1), and terms rated as Below Performance Expectation do not extend the maximum time period.
 - g. If an extension to deferral is granted, the maximum time period will be reduced as per Section 11.

2.3. Clinical Training Posts and Terms

- 2.3.1. Training Posts are accredited in accordance with the Hospital Accreditation and Trainee Feedback Regulations available on the [GSA website](#) and the RACS Training Post Accreditation and Administration Policy.
- 2.3.2. The training year comprises of two terms - Term 1 and Term 2. All training terms are six (6) months in duration.
- 2.3.3. Trainees will be placed in a single rotation per term. Trainees may not undertake more than **two (2)** weeks on a night roster per six-month term.
- 2.3.4. The number of rotations required to be satisfactorily completed is outlined in Section 16.1.3 and Section 20.
- 2.3.5. Trainees may be required to undertake additional rotations based on performance and level of competency.
- 2.3.6. Trainees are allocated rotations in their region according to regional processes.
- 2.3.7. Trainees will be required to fulfil any rotation allocated to them by the Training Committee. Trainees will not be permitted to change rotations unless prior approval has been granted by the Training Committee.
- 2.3.8. Trainees are required to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.

2.4. Trainee Performance Outcomes per Rotation

- 2.4.1. Each rotation will be deemed as one of the following:

Rating	Description	Outcome
Meeting Performance Expectation	Trainee has demonstrated the required competencies.	The rotation contributes towards the required number of rotations.
Below Performance Expectation	Trainee has not demonstrated the required competencies.	The rotation does not contribute towards the required number of rotations.
Not accredited	Trainee has taken excessive leave.	The rotation does not contribute towards the required number of rotations unless the Trainee meets Section 4.1.3.
Not Progressing	Trainee has not achieved the required competencies by end of Term 2 of GSET3 as per Section 20.5.3.	The rotation does not contribute towards the required number of rotations.
Competency Not Achieved	Trainee has not achieved the required competencies by 15 October of Term 2 GSET5 as per Section 20.8.2.	The rotation does not contribute towards the required number of rotations.

2.5. Failure to Complete Training Requirements

- 2.5.1. At the commencement of the final maximum year of training, Trainees will be notified in writing of the outstanding requirements that must be met during the final year.
- 2.5.2. Trainees who do not complete all the requirements in the time period specified in Section 2.2.5 will be considered Time Expired and will not be permitted to continue on the GSET Program.

2.6. Program Requirements and Structure

The below depicts the overall requirements of the GSET Program and indicates the GSET year in which they are applicable.

The below is a guide only and each individual Section should be consulted to determine the specific conditions and criteria.

Requirement	Description/Quantity	GSET1	GSET2	GSET3	GSET4	GSET5
Rotation	Satisfactory completion of two (2) six-month terms	✓	✓	✓	✓	✓
EPA	Total minimum of 35 Core EPAs to the level of Entrustable	✓				
	Total minimum of 70 Core EPAs to the level of Entrustable		✓			
	Completion of all Core EPAs (100) to the level of Entrustable			✓		
	Total minimum of 30 Principal EPAs to the level of Entrustable				✓	
	Completion of all Principal EPAs (60) to the level of Entrustable					✓
PBA	Total minimum of ten (10) Core PBAs to the level of Able to Perform Independently	✓				
	Total minimum of 25 Core PBAs to the level of Able to Perform Independently		✓			
	Completion of all Core PBAs (37) to the level of Able to Perform Independently			✓		
	Total minimum of 15 Principal PBAs to the level of Able to Perform Independently				✓	

Requirement	Description/Quantity	GSET1	GSET2	GSET3	GSET4	GSET5
	Completion of all Principal PBAs (28) to the level of Able to Perform Independently					✓
Logbook Report	- One (1) per six-month rotation	✓	✓	✓	✓	✓
Logbook Majors	- 100 majors minimum per term with a minimum total of 1000 prior to Fellowship	✓	✓	✓	✓	✓
Logbook Endoscopy	- 200 prior to Fellowship	✓				
Logbook Colonoscopy	- 100 prior to Fellowship	✓				
Primary Operator Rate	Satisfactory primary operator rate	20%	30%	50%	60%	60%
		25%	40%			
SEAM	Minimum two (2) modules per six month term	✓	✓			
Skills Courses	ASSET	✓				
	CCrISP	✓				
	EMST	✓				
	TIPS	✓				
Research	500 points	✓				
Teaching Sessions	GSA Trainees' Days	✓				
	Regional Educational Sessions	✓				
Examination	Fellowship Exam					✓

3. TRAINING ADMINISTRATION

3.1. Registration and Training Fees

- 3.1.1. Trainees selected to the GSET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.
- 3.1.2. There are two components to the training fee in General Surgery - RACS and Specialty. The RACS is responsible for determining the College component. GSA is responsible for determining the Specialty component.
- 3.1.3. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SETenquiries@surgeons.org
- 3.1.4. Trainees who fail to pay outstanding monies to the RACS will be dismissed in accordance with the RACS Dismissal from Surgical Training Policy.

3.2. Medical Registration

- 3.2.1. As per the RACS Medical Registration for the Surgical Education Policy, Trainees are required to hold general registration from APHRA without conditions or undertakings.
- 3.2.2. Trainees are required to notify the Board within two (2) business days of any change to their medical registration status whilst on the GSET Program, including any changes whilst on interruption, exam or fellowship pending.
- 3.2.3. This includes, but is not limited to:
 - a. the recordings of any undertakings, conditions, or cautions.
 - b. the expiry, suspension or cancellation of the Trainee's medical registration.
- 3.2.4. Failure to report to the Board may result in dismissal from the GSET Program.
- 3.2.5. Failure to maintain the appropriate medical registration may result in disciplinary action including but not limited to dismissal.

3.3. Employment

- 3.3.1. Trainees are allocated to accredited training posts as determined by the relevant Training Committee. Trainees are employed by the relevant hospital and/or health network.
- 3.3.2. Trainees are required to notify the Board within two (2) business days of any change to their employment status whilst allocated to accredited posts on the GSET Program.
- 3.3.3. This includes, but is not limited to:
 - a. Details of the commencement and outcome of any disciplinary action taken by the employer.
 - b. Details of any restrictions, conditions, cautions or reprimands.
 - c. Details of the suspension or termination of employment.
- 3.3.4. Failure to report to the Board may result in dismissal from the GSET Program.
- 3.3.5. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one (1) term.
- 3.3.6. In accordance with the RACS Trainee Registration and Variation Policy, this period of interruption will count towards the maximum training time.
- 3.3.7. Should a Trainee be refused employment for a second rotation the following process will occur:

- a. The Trainee will be requested to attend a meeting with a Panel consisting of the Training Committee Chair and one further member of the Training Committee.
- b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review the reasons behind the refusal from the hospital and continuation on the GSET Program.
- c. The Trainee may invite a support person who is not a practicing lawyer.
- d. The Trainee will be provided with an opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
- e. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.
- f. Where a Trainee has been duly notified of the meeting as per Section 3.3.7b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.
- g. The Panel will make a recommendation to the Training Committee who will determine possible outcomes including but not limited to dismissal. The Training Committee will make a final recommendation to the Board.
- h. If dismissal is not recommended by the Training Committee, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a Learning and Development Plan to ensure operative and non-operative skills are at the level required.
- i. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- j. The Board will make the final decision on whether or not the Trainee should be dismissed.
- k. The Trainee will be notified of the Board's final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the process if dismissal is recommended.
- l. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.
- m. If the Trainee is dismissed, the dismissal will take effect immediately.

4. LEAVE

4.1. Maximum Entitlement

- 4.1.1. 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. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carers leave.
- 4.1.2. Periods beyond this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in Section 20.
- 4.1.3. Where a Trainee takes more than six (6) weeks leave during a six-month term, the term may be deemed assessable if the following conditions have been met:
- a. The Supervisor and consultants have been able to adequately assess the Trainee.
 - b. The Trainee has achieved the minimum logbook numbers (Section 16.2.3) and primary operator rate (Section 16.2.4).
 - c. The required minimum number of EPAs and PBAs has been achieved (Section 17.6.2d).
- In this scenario the Trainee will still undertake an End of Term Assessment.
- 4.1.4. If a term has been deemed not accredited the following will apply:
- a. If a Trainee has undertaken a Mid-term assessment, the outcome of the Mid-term will stand and be recorded.
 - b. The Trainee's period of clinical training will be extended by a minimum of six (6) months.
 - c. The Training Committee may place condition(s) on the Trainee's return to training, including but not limited to a Learning and Development Plan.
- 4.1.5. Where a Trainee has taken more than six (6) weeks leave due to medical reasons, the following will apply:
- a. The Trainee must submit a medical certificate from their treating doctor confirming the medical reason(s).
 - b. The Trainee must submit a medical certificate from their treating doctor three (3) weeks prior to the commencement of the next rotation confirming that the Trainee is fit to return to clinical training.

4.2. Request Process

- 4.2.1. Trainees wishing to take more than six (6) weeks of leave in one (1) term must obtain approval by the employing authority. Neither the Board nor the Training Committee has any jurisdiction over employment leave entitlements and the approving of leave from the hospital.
- 4.2.2. It is the Trainee's sole responsibility to ensure that a request is made according to these Regulations. Trainees must submit a Trainee Request as per Section 12.
- 4.2.3. Trainees who take leave from Training without the prior approval of or notification to, the Board and Training Committee 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 GSET Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with the RACS Misconduct Policy and Section 24.

5. INTERRUPTION

5.1. Overview

- 5.1.1. An interruption is a period of approved absence from clinical training by a Trainee from the GSET Program following commencement of GSET.
- 5.1.2. The Board is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.
- 5.1.3. Trainees may apply for the following types of interruption:
 - a. Medical
 - b. Parental
 - c. Carer
 - d. Research
 - e. Personal
- 5.1.4. With the exception of interruption for medical, carers or parental leave, Trainees cannot apply for interruption for the first rotation of training.
- 5.1.5. Applications for interruption must be for periods in multiples of six months.
- 5.1.6. In order to minimise vacancies on the GSET Program and to not disadvantage other Trainees, the Board may require the period of interruption to be greater than applied for.
- 5.1.7. To ensure the Trainee is supported in returning to training, the Board may set conditions the Trainee must meet prior to returning to clinical training following a period of interruption. The Board may also set conditions applicable to the Trainee's clinical training upon returning from a period of interruption. The conditions will be specified at the time the interruption is approved and may include, but not be limited to, a Learning and Development Plan to assist in setting goals.
- 5.1.8. Requests for interruption must be made in accordance with the RACS Trainee Registration and Variation Policy and these Regulations. The Board does not have the authority to grant requests that do not comply with RACS Policy or these Regulations.
- 5.1.9. All requests for interruption must adhere to the processes outlined in Sections 5.2 - 5.6 and Section 12.
- 5.1.10. 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.

5.2. Medical

- 5.2.1. Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required, from their treating doctor at the time of the request.
- 5.2.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training. Failure to provide a medical certificate confirming the ability to resume training will result in the Trainee being placed on a period of further interruption.

5.3. Parental

- 5.3.1. Parental leave is defined as leave that is required when a child is born or adopted. Parental leave includes:

- a. maternity leave
- b. paternity and partner leave
- c. adoption leave
- d. infant death or miscarriage

5.4. Carers

5.4.1. Carers leave is defined as leave that is required to care for or support a member of the Trainee's immediate family or household who is sick, injured or who has an emergency.

5.5. Research

5.5.1. The term Approved will refer to the research topic being deemed appropriate for the purposes of the Research Requirement. Trainees are still required to complete the approved research activity and present or publish their work and inform the Board when this has occurred in order to for the relevant points to be awarded.

5.5.2. Trainees will not be granted Research Interruption until there has been completion of the following requirements:

- a. GSET1
- b. GSET2
- c. Completion of all (100) Core EPAs to the level of Entrustable
- d. Completion of all (37) Core PBAs to the level of Able to Perform Independently
- e. ASSET
- f. CCrISP
- g. EMST
- h. TIPS
- i. SEAM (Eight modules)

5.5.3. At the time of applying for Research Interruption, Trainees must submit applicable documentation including a letter of support from the intended Supervisor, synopsis of research project and/or proof of offer to a Higher Degree must be attached to the request.

5.5.4. 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 on the condition the request adheres to the conditions in these Regulations.

5.5.5. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Research Interruption will not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.

5.5.6. Trainees on Research Interruption must submit an annual progress report with confirmation by the Research Supervisor. The Training Committee will review the progress report and confirm with the Trainee if they deem the progress satisfactory.

5.5.7. Trainees who are not progressing satisfactorily with their project or who do not submit the annual report may not have the research contribute to the required Research points if it is an approved project.

5.5.8. A final report must be provided by the Supervisor of research to the Training Committee within two (2) weeks of the completion of the research.

5.5.9. Trainees must notify the Board if they are unable to proceed with or complete their research. The Training Committee may withdraw approval of Research Interruption. In the event that

Research Interruption is withdrawn, the Trainee may be required to recommence training when a training post becomes available.

5.5.10. 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 considered for approval.

5.5.11. The Board will not consider or approve accreditation of clinical rotations in lieu of research under any circumstances.

5.6. Personal

5.6.1. Personal leave is defined as leave that does not fall under categories 5.1.3a-d.

5.6.2. Trainees will be permitted to take personal leave for a maximum period of 12 months at any one time.

5.6.3. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Personal Interruption may not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.

6. FLEXIBLE TRAINING

6.1. Overview and Types

- 6.1.1. The Board fully supports the concept of flexible training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that flexible accredited training posts can be identified and requests fulfilled.
- 6.1.2. Requests for flexible training must be made in accordance with the RACS Trainee Registration and Variation Policy. The Board does not have the authority to grant requests that do not comply with RACS Policy.
- 6.1.3. The Board will consider two types of flexible training:
 - a. Training undertaken in an accredited post in Part-time employment that is on a less than full-time basis. This will be referred to as Part-time Training.
 - b. Training undertaken over two rotations equating to six months. This will be referred to as Split Rotation Training.

6.2. Part-time Training

- 6.2.1. Requests for Part-time training must have a training commitment of at least 50% of a full time Trainee. Other full time equivalent requests will be considered provided the assessments can be completed and a rotation is available.
- 6.2.2. Requests for Part-time training will only be approved in blocks of twelve (12) months.
- 6.2.3. Twelve (12) months of Part-time training will be accredited as one (1) rotation if assessed as Meeting Performance Expectation.
- 6.2.4. Trainees undertaking Part-time training will be required to complete three monthly assessments to ensure adequate feedback and assessment is undertaken.
- 6.2.5. Trainees undertaking Part-time training will be required to complete a Mid-term Assessment at the end of six months (Term 1 of Part-time Training) and an End of Term Assessment at the end of twelve (12) months (Term 2 of Part-time Training).
- 6.2.6. Trainees granted approval to undertake a period of Part-time training must meet all requirements of training equivalent to full time training.
- 6.2.7. All requests for Part-time training must adhere to the processes outlined in Section 12.

6.3. Split Rotation Training

- 6.3.1. In the event that a Trainee is to interrupt their training outside of a scheduled six-month rotation and therefore only partially complete a rotation, a Trainee may apply to have retrospective recognition of the training undertaken if the following conditions are met:
 - a. The interruption has been caused due to medical, parental or carers leave.
 - b. The Trainee has worked for a minimum of six months in the given year of interruption.
 - c. The Trainee has worked full-time for a minimum of two continuous months on a single surgical Unit, without leave.
 - d. A formal assessment is undertaken at the completion of each such period of training.
 - e. The Supervisor of each component worked must provide a letter of support.
 - f. The assessments must be rated as Meeting Performance Expectation.
 - g. The Trainee is not on Probation or on a Learning and Development Plan in the year prior to application or in the year of application.

- 6.3.2. The Board will review the request and determine if the time in training can be accredited towards one (1) rotation.
- 6.3.3. All accreditation of Split Rotation training must adhere to the processes outlined in Section 12.

7. TRANSFERS

7.1. Transfer of Training Region

- 7.1.1. Upon acceptance of a position on the GSET 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.
- 7.1.2. Requests to the Board regarding transfer between regions must first have been approved by both Training Committees of the applicable regions.
- 7.1.3. Trainees must demonstrate satisfactory progress in training. Requests made:
 - a. during a Probationary or Below Performance Expectation term **will not** be approved.
 - b. to transfer following a Below Performance Expectation term, where the proceeding term will be Probationary, **will not** be approved.
- 7.1.4. Approved transfer requests may be withdrawn if a transfer coincides with a subsequent Below Performance Expectation or Probationary term.
- 7.1.5. All transfer of training region requests must adhere to the processes outlined in Section 12.

7.2. Transfer of Hub/Network

- 7.2.1. Trainees allocated to New South Wales-Australian Capital Territory, Victoria-Tasmania and Queensland will also be allocated to a hub/network. Trainees are expected to remain in their allocated hub/network for the duration of the Program. Transfers between hubs/networks are difficult to accommodate and are limited in availability.
- 7.2.2. Hub/network transfer requests are approved by the relevant Training Committee however must first have been approved by both Hub Supervisors.
- 7.2.3. Requests for transfer of hub/network must also adhere to Section 7.1.3 - 7.1.4 and processes outlined in Section 12.

8. ADDITIONAL CLINICAL TRAINING

- 8.1.1. Requests for additional clinical training are permitted, if approved, for up to two (2) additional clinical rotations during GSET1-4.
- 8.1.2. The Training Committee may also require a Trainee to undertake additional clinical training based on performance.
- 8.1.3. Requests by Trainees must specify the following:
 - a. Length of extension
 - b. Reason for the extension
 - c. Areas the Trainee does not feel competent in
- 8.1.4. Additional clinical training will only be granted if a suitable post is available.
- 8.1.5. If a request for additional clinical training has been approved, the Trainee **must** complete the training before Fellowship is approved and participate in all assessment processes as outlined in Sections 17 to 19.
- 8.1.6. Additional clinical training will not extend the maximum training time required to complete all the requirements as outlined in Section 2.2.5.
- 8.1.7. Requests, by the Trainee, will follow the process and timelines as outlined in Section 12.

9. OVERSEAS TRAINING

- 9.1.1. A Trainee may request approval to train overseas and have the time accredited towards their training.
- 9.1.2. A Trainee must upload supporting documentation, which must include:
 - a. Letter from the intended Supervisor confirming the position, the experience the Trainee will gain including logbook exposure and numbers, and that they will undertake the required assessments
 - b. A position description
- 9.1.3. Trainees must be performing at the level of Meeting Performance Expectation at the time of the request. Overseas training will not be approved or may be withdrawn if the Trainee's most recent term was rated at Below Performance Expectation or the Trainee is currently on Probation.
- 9.1.4. The relevant Training Committee will review the request and approve or not approve as appropriate. If the Training Committee does not approve, an explanation is to be minuted.
- 9.1.5. If the request is approved, the relevant Training Committee must stipulate that the Trainee is permitted to undertake the overseas training and whether the time in the overseas post will be accredited towards their training, pending appropriate assessments and logbook ratings.
- 9.1.6. A Training Committee may approve the overseas training request but may not approve that it be accredited towards the required number of rotations. In this instance, a Trainee will be deemed to be on interruption for personal reasons.
- 9.1.7. Overseas training will only be approved for a maximum of two (2) continuous terms.
- 9.1.8. All overseas training requests must adhere to the processes outlined in Section 12.

10. WITHDRAWAL FROM GSET PROGRAM

- 10.1.1. Trainees who do not wish to continue on the GSET Program must notify the Board of their withdrawal via a Trainee request (refer Section 12).
- 10.1.2. The Trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated terms for the training year.
- 10.1.3. Trainees who withdraw without sufficient notice will not be considered in good standing, except in exceptional circumstances at the discretion of the Board.
- 10.1.4. Should a Trainee resign from a position of employment, they must also resign from the GSET Program via a Trainee request (refer Section 12). Trainees should not resign from employment before contacting their Hospital Surgical Supervisor for support, advice, and assistance.

11. DEFERRAL

- 11.1.1. Requests for deferral must be made in accordance with the General Surgery Selection Regulations. The Board does not have the authority to grant requests that do not comply with these Regulations.
- 11.1.2. For applicants to the GSET 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.
- 11.1.3. The standard period of deferral will be 12 months (one year). In exceptional circumstances, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.
- 11.1.4. Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period as specified in Section 2.2.5 will be reduced by the extra time granted for deferral.
- 11.1.5. Requests for deferral in order to complete unaccredited rotations **will not** be approved.
- 11.1.6. Trainees are not permitted to apply for retrospective accreditation of clinical rotations undertaken during any period of deferral.

12. TRAINEE REQUESTS PROCESS

12.1. Due Date

- 12.1.1. For all training requests referred to in Sections 5, 6.2, 7 - 9 and 11 the following timelines are applicable:
- a. All requests for the following year must be approved by the Board by **31 July** each year. Requests for medical, carers or parental interruption will be provided with exemptions to this timeline provided appropriate documentation is submitted with the request. Requests must first be reviewed by the relevant Training Committee before approval by the Board.
 - b. Requests submitted after this date will only be considered in exceptional circumstances.
 - c. Requests for interruption in Term 2 in any given year will only be approved in exceptional circumstances.

12.2. Process

- 12.2.1. For all requests referred to in Sections 4 - 9 and 20.11, Trainees must:
- a. Discuss their request with either their Hospital Surgical Supervisor and/or Hub Supervisor. A supporting letter must be provided with their request.
 - b. Submit an online request through the GSA website.
- 12.2.2. All Trainee requests referred to in Sections 4 - 6, 7.1, 8 - 11, 15.2, 15.4 and 20.11 are sent to the applicable Training Committee for recommendation to the Board.
- 12.2.3. 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.
- 12.2.4. Trainees are advised, where applicable, not to take action, or make any arrangements, prior to receiving the final outcome of their request from the Board.
- 12.2.5. All submissions to the Board must be in reference to these Regulations and the applicable RACS Policy to the request.

13. EDUCATION

13.1. Curriculum

Trainees are required to be familiar with the General Surgery curriculum. Details of the curriculum are available on the [GSA website](#). The Board is responsible for the development and maintenance and updating of the General Surgery curriculum together with the New Zealand Board in General Surgery. The curriculum will be reviewed every three (3) years or as determined by the Binational Advisory Curriculum Committee.

13.1.1. The curriculum comprises both technical and non-technical modules.

13.1.2. The technical modules cover the following areas:

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

13.1.3. The non-technical modules cover the following areas as per RACS Competencies:

- a. Collaboration and Teamwork
- b. Communication
- c. Health Advocacy
- d. Leadership and Management
- e. Professionalism
- f. Education and Training
- g. Cultural Competency and Safety

13.2. Training Committee Educational Activities

Training Committees of the Board 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 Training Committee activities are aimed at providing opportunities for Trainees to meet components of the General Surgery curriculum.

13.2.1. Trainees are required to participate in Training Committee educational activities.

13.2.2. Each Training Committee has set the minimum attendance rate that Trainees are required to meet per year as follows:

Training Committee	Educational Program	Minimum Attendance
New South Wales- Australian Capital Territory	Saturday Educational Sessions	60% over GSET1-3 training period to be eligible to attend Fellowship Exam Course.
Victoria-Tasmania	Trainees Weekend	Attendance at a minimum of two (2) days for two (2) Trainees Weekends to be eligible to attend Fellowship Exam Course.
South Australia	Long Course	60% per year
Western Australia	Western Australian Registrar Training in Surgery (WARTS)	80% per year
Queensland	Core Course	75% per year

13.2.3. Each Training Committee will have the discretion to grant exemption to Section 13.2.2 for Trainees who are not able to attend sessions due to geographical restrictions and/or illness.

13.2.4. The Training Committees may rate a rotation as Below Performance Expectation if a Trainee does not meet the minimum attendance rate and has not been granted an exemption from this requirement.

13.3. National Training Activities

13.3.1. Trainees must attend at least four (4) GSA Trainees' Days over the course of their training. Trainees' Days are held in conjunction with the RACS Annual Scientific Congress and the GSA Annual Scientific Meeting annually.

13.3.2. Trainees who attend the following courses during the GSET Program may, upon proof of attendance, count this course towards one (1) of the four (4) compulsory GSA Trainees' Days:

- a. RACS Developing a Career in Academic Surgery (DCAS)
- b. GSA Management of Surgical Emergencies (MOSES)
- c. Minimum of two (2) days attendance at the Victorian Trainees Weekend
- d. Definitive Surgical Trauma Care (DSTC) Course

13.3.3. Four (4) Trainee Days must be attended before approval for Fellowship is granted.

13.4. Courses

13.4.1. The following RACS courses are a compulsory component of the GSET Program. Refer to Section 2.6 and Section 20 for information on when courses must be completed in order to progress through the GSET Program.

- a. Australian and New Zealand Surgical Skills Education and Training (ASSET)
- b. Care of the Critically Ill Surgical Patient (CCrISP)
- c. Early Management of Severe Trauma (EMST)
- d. Training in Professional Skills (TIPS)

13.5. Surgical Education and Assessment Modules (SEAM)

13.5.1. SEAM consists of the following eight (8) modules.

- a. Acute Abdomen
- b. Anatomy
- c. Haematology
- d. Nutrition
- e. Operating Theatre
- f. Peri-operative Care
- g. Post-Operative Care
- h. Trauma and Critical Care

13.5.2. There is no specific order in which Trainees must complete the modules. Each module stands alone in terms of content and assessment.

13.5.3. Trainees are advised to undertake a minimum of two (2) modules per six-month term.

13.5.4. There are three Sections to each module as follows:

- a. eLearning Content
- b. Formative Assessment
- c. Summative Assessment

13.5.5. Trainees must complete the eLearning Content component and pass the Formative Self-Assessment component within the module before being permitted to undertake the Summative Assessment for the module.

13.5.6. The Summative Assessment of each module will consist of 20 multi-choice questions. Successful completion of each module is defined as achieving the minimum pass mark of 80% in the Summative Assessment for each module.

13.5.7. Trainees will have a maximum of four (4) attempts at the Summative Assessment for each module.

13.5.8. Trainees will be “locked” out of a module for a period of 48 hours if they do not pass the Summative Assessment for the module. During the “lock out” period, Trainees are able to review the content in the module but are unable to attempt the Summative Assessment.

13.5.9. Following the second and third unsuccessful attempts at the Summative Assessment, the Trainee will receive a feedback report outlining the topics of the questions answered incorrectly. Individual questions answered incorrectly will not be provided.

13.5.10. Following the third unsuccessful attempt at the Summative Assessment, Trainees must discuss their preparation and study plan with their Supervisor and submit this to the Training Committee Chair who will then approve a fourth and final attempt.

13.5.11. Dismissal from the GSET Program **will** occur if:

- a. Trainees do not pass the Summative Assessment of any individual module as per Section 13.5.6 and Section 13.5.7; or
- b. Trainees do not satisfactorily complete all eight (8) modules by Mid-term in the second term of their second clinical year. Below Performance Expectation or Not Accredited rotations do not extend the timeframe in which SEAM must be completed.

14. RESEARCH

14.1. Purpose

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

14.1.2. The purpose of the Research Requirement is to:

- a. enable a Trainee to gain competencies associated with scientific research in order to fulfil the requirements for General Surgery;
- b. ensure education and training in research is aligned with the requirements of the General Surgery curriculum; and
- c. identify how research education and training can be delivered during the GSET Program.

14.2. Requirement

14.2.1. To satisfactorily complete the Research Requirement, Trainees must accumulate a total of 500 points.

14.2.2. The categories in which points are awarded are:

- a. Approved Research Projects
- b. Higher Degrees
- c. Grants, Scholarships and Prizes
- d. Courses
- e. Completed Research Projects prior to GSET Commencement

14.2.3. Refer to Appendix 4 for the outline of points awarded in each category and the maximum points permitted.

14.3. Approved Research Projects

14.3.1. The following criteria must be met in order for a research project to be approved by the Training Committee:

- a. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)
- b. Not be a case report or case series.
- c. The project must be undertaken during GSET.
- d. Trainee has identified a Supervisor for the project.
- e. Estimated duration of project is specified and appropriate.
- f. Project design is appropriate.

14.3.2. Points are awarded based on the component/s of the research the Trainee has contributed to.

14.3.3. The Trainee must submit the project proposal with confirmation from the Research Supervisor validating the Trainee's involvement.

14.3.4. Points will only be awarded once the research has been published or presented at either an International or National meeting. The meeting must also adhere to Section 14.5.5. The Trainee must submit documentation of the publication or presentation together with confirmation from the Research Supervisor of the Trainee's involvement.

14.4. Higher Degrees

- 14.4.1. The following criteria must be met in order for a Higher Degree to be approved by the Training Committee:
 - a. The topic of the Higher Degree (PhDs, MDs, Masters, Diplomas and Graduate Certificates) is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery).
 - b. The Higher Degree must include a research component. The Trainee must submit supporting documentation outlining the component of research.
- 14.4.2. Points are awarded depending on type of Higher Degree.
- 14.4.3. The Trainee must submit the project proposal for approval.
- 14.4.4. Points will only be awarded once the Higher Degree has been completed and marked.
- 14.4.5. For Higher Degrees that have been completed prior to commencing on the GSET Program, Trainees may request Recognition of Prior Learning, however Sections 14.4.1a, 14.4.1b and 14.4.4 must be adhered to.

14.5. Grants, Scholarships and Awards

- 14.5.1. Trainees may earn points for receiving grants, research scholarships or awards for oral presentations at a recognised meeting.
- 14.5.2. Grants, scholarships and awards must be relevant to General Surgery.
- 14.5.3. For grants and scholarships, Trainees must submit the confirmation of the grant or scholarship, together with the criteria for awarding of such.
- 14.5.4. For awards, Trainee must submit the award confirmation, award criteria, and confirmation from the meeting organiser that the meeting was subject to Section 14.5.5a and 14.5.5b.
- 14.5.5. The Board publishes a list of meetings on the [GSA website](#). This is not an exhaustive list, however the meeting must meet the following criteria:
 - a. Be subject to abstract selection
 - b. Include sessions that are chaired

14.6. Courses

- 14.6.1. Points will be awarded for the satisfactory completion of the RACS CLEAR course upon presentation of the course certificate.
- 14.6.2. Research courses that include formative and summative assessments may be considered. The Trainee must submit supporting documentation outlining the course structure. The Training Committee will assess the validity of the course and determine if the course is suitable. Points will only be awarded following satisfactory completion of the course and upon submission of the course certificate to the Training Committee.

14.7. Completed Research Projects prior to GSET Commencement

- 14.7.1. Research projects undertaken prior to commencing on the GSET Program may be considered.
- 14.7.2. The following criteria must be met in order for a research project to be approved by the Training Committee:

- a. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)
- b. Not be a case report or case series.
- c. The project must have been undertaken in the five (5) years prior to commencing on the GSET Program.
- d. Trainee has identified a Supervisor for the project.
- e. Project design is appropriate.

14.7.3. Points will only be awarded once the research has either been presented or published. The Trainee must submit documentation of the presentation or publication, together with confirmation from the Research Supervisor of the Trainee's involvement.

14.7.4. A maximum of two (2) previously completed projects will be awarded points.

14.8. Submission and Approval Process

14.8.1. For all requests referred to in Sections 14, Trainees must submit an online request through the GSA website with the relevant documentation.

14.8.2. The relevant Training Committee or their appointed Research Subcommittee will review the submission. Where a Research Subcommittee exists, the Subcommittee will review the request and submit a recommendation to the Training Committee.

14.8.3. Trainees will be notified of the outcome within seven (7) working days of the Training Committee meeting.

14.8.4. Trainees are advised, where applicable, not to take action, or make any arrangements prior to receiving the final outcome of their request from the Training Committee.

14.8.5. Research points are only awarded upon approval from the Training Committee and in accordance with these Regulations.

15. RECOGNITION OF PRIOR LEARNING

15.1. Overview

- 15.1.1. Recognition of Prior Learning (RPL) involves the evaluation of prior experience, which is comparable to the components of the GSET Program.
- 15.1.2. Requests for RPL will only be considered once a Trainee has commenced on the GSET Program.
- 15.1.3. RPL will only be considered for the following requirements of the Program:
 - a. Skills Courses
 - b. SEAM Summative Assessment
 - c. Endoscopy and Colonoscopy Numbers
- 15.1.4. There is no automatic entitlement to RPL for Section 15.1.3a and Section 15.1.3c. Trainees must submit documentation via a Trainee request (refer Section 12.2) for the components from which they wish to be exempt.
- 15.1.5. There will be no recognition of clinical training undertaken prior to commencing on the GSET Program. Trainees may progress through the Program at an accelerated rate as per Section 20.11.

15.2. RPL for Skills Courses

- 15.2.1. The RACS publishes a list of courses that are considered equivalent to the following Skills Courses:
 - a. ASSET
 - b. EMST
 - c. CCrISP
- 15.2.2. RPL for Skills Courses will be considered when supported by a completion certificate displaying the Trainee name and successful completion date.
- 15.2.3. Applications for RPL for non-RACS provided courses not recognised by the RACS may be considered. Such applications must be accompanied by a completion certificate displaying the Trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology that reflects substantial comparability to the RACS Skills Courses.

15.3. RPL for SEAM Summative Assessment

- 15.3.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry, will automatically be awarded RPL for modules where the Summative Assessment component was completed satisfactorily in accordance with Section 13.5.6 and within five (5) years prior to recommencing GSET.

15.4. RPL for Endoscopy and Colonoscopy Numbers

- 15.4.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program (SET or GSET) and have subsequently regained entry may apply for recognition of prior learning for Endoscopy and Colonoscopy undertaken whilst in an accredited training post on the General Surgery Training Program (SET or GSET).
- 15.4.2. RPL for Endoscopy and Colonoscopy will be considered when supported by previous General Surgery accredited logbooks.

16. CLINICAL TRAINING

16.1. GSET Levels

16.1.1. As per Section 2.2, the GSET levels are defined as follows:

- a. GSET1 - 3 - Core
- b. GSET4 - 5 - Principal

16.1.2. All Trainees will commence at GSET1 without exemption.

16.1.3. Each GSET level will be deemed as satisfactorily completed when two (2) rotations have been rated as Meeting Performance Expectation.

16.2. Logbook of Operative Experience, Case Mix, and Primary Operator Rate

16.2.1. Trainees are required to maintain an accurate and complete logbook of operative cases, as set out in the Board's logbook proforma. The RACS MALT logbook must be utilised.

16.2.2. It is expected that Trainees will be involved in a minimum of **100** major cases per six-month term. The **total** minimum operative experience to be gained in accredited terms before approval to present for the Fellowship Examination and for eligibility for awarding of the Fellowship is outlined in Sections 21 and 22.

16.2.3. The minimum primary operator rate required per each GSET level and term is as follows:

GSET Level	Term	Minimum Primary Operator Rate
GSET1	Term 1, first six months	20%
	Term 2, second six months	25%
GSET2	Term 1, first six months	30%
	Term 2, second six months	40%
GSET3	Term 1, first six months	50%
	Term 2, second six months	50%
GSET4	Term 1, first six months	60%
	Term 2, second six months	60%
GSET5	Term 1, first six months	60%
	Term 2, second six months	60%

16.2.4. The primary operator is defined as the following logbook categories:

- a. Surgeon Mentor Scrubbed
- b. Surgeon Mentor in Theatre
- c. Surgeon Mentor Available
- d. Partial Primary Operator (where the Trainee has undertaken 25-75% of the case).

16.2.5. The Trainee's logbook data will be reviewed at the Mid-term Assessment. As part of the End of Term Assessment the logbook will be rated as either Satisfactory or Unsatisfactory.

- 16.2.6. The Hospital Surgical Supervisor may seek input from other members of the Unit in order to adequately evaluate and verify logbook data.
- 16.2.7. At the completion of each term, the Trainee must submit an approved logbook report from the MALT system.
- 16.2.8. The Trainee is responsible for submitting a completed and approved logbook report within three (3) days of the term ending.
- 16.2.9. Any unsatisfactory performance relating to the logbook data will be reported to the Training Committee and may result in non-accreditation of the term (Section 17.5.9).
- 16.2.10. Non-submission of a complete, accurate and approved logbook report by the due date will result in the term being rated as Below Performance Expectation.
- 16.2.11. The operative experience should adequately cover the major areas of General Surgical Training as defined in the curriculum (Section 13.1).
- 16.2.12. 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 Hospital Surgical 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 Hospital Surgical Supervisor.

16.3. Endoscopy and Colonoscopy Exposure

The Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) sets 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 the CCRTGE in the setting of minimum training standards and acknowledges that the CCRTGE provides the means of formal recognition and certification of gastrointestinal endoscopy training.

- 16.3.1. It is recommended that all Trainees register with the CCRTGE upon acceptance of a place in the GSET Program. To assist with registration, GSA will provide the details of newly appointed candidates to the CCRTGE.
- 16.3.2. As the CCRTGE requirements may change from time to time, Trainees are advised to check the CCRTGE [website](#) before applying for recognition of training.
- 16.3.3. The Board requires all Trainees to complete **200** upper gastrointestinal endoscopies and **100** colonoscopies before applying for Fellowship. The following categories will be used to calculate the total number of endoscopies and colonoscopies:
 - a. Endoscopy: Total Completed Unassisted
 - b. Colonoscopy: Total Completed Unassisted to Caecum/Ileum
- 16.3.4. 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.

16.4. Assessment and Competency

- 16.4.1. The Board has deemed that competency consists of behavioural markers that describe the performance of a Trainee who can be trusted to perform with minimum supervision, unless the situation is complex.
- 16.4.2. The Board will assess competency through the following:
 - a. Entrustable Professional Activities
 - b. Procedure Based Activities
 - c. Competency Domains

16.5. Entrustable Professional Activities

- 16.5.1. The following EPAs are deemed Core and must be completed within GSET1-3 as per Section 20:
- Arrange and Complete Surgery for a Simple Acute Case
 - Assessing Simple New Elective Case in Outpatient Clinic
 - Delivering Results to a Patient
 - Discharge Planning for a Complex Patient
 - Leading A Team Ward Round
 - Management of Acute admissions - Evening or Weekend Shift
 - Opportunistic Student Teaching Session
 - Present at MDM/X-Ray Meeting
 - Presentation at Departmental Meeting
 - Run a Student Teaching Session - Topic Based
- 16.5.2. The following EPAs are deemed Principal and must be completed within GSET4-5 as per Section 20:
- Arranging Acute Surgery for a Complex Condition
 - Management of a New Cancer Patient in the Outpatient Clinic
 - Delivering News to a Patient - End of life Prognostic Discussion
 - Delivering News to a Patient - Unable to Undertake Procedure on the Day
 - Operative Supervision of a Junior Colleague
 - Present at MDM/X-Ray Meeting of a Complex Case
- 16.5.3. Principal EPAs may be completed during GSET1-3.
- 16.5.4. An EPA is rated as one of the following:
- Entrustable** defined as when a Trainee can be trusted to perform the activity at the required standard of performance with distant supervision, when an assessor is confident that a Trainee knows when to ask for additional help, and the Trainee can be trusted to seek appropriate assistance in a timely manner.
 - Not Entrustable** defined as when a Trainee is unable to be trusted to perform the activity at the required standard without close supervision and direction.
- 16.5.5. Each EPA listed in 16.5.1 and 16.5.2 must be completed to the level of Entrustable by multiple assessors/trainers. An assessor/trainer is defined as a consultant on an accredited General Surgery training Unit.
- 16.5.6. The maximum number of assessments to the level of Entrustable an individual assessor/trainer may undertake for each EPA listed in 16.5.1 and 16.5.2 is three (3). Trainees are encouraged to complete additional EPAs with the individual assessor/trainer, to further cement skills and enhance competency. These additional EPAs will not be counted in the number required for progression.
- 16.5.7. Each EPA listed in 16.5.1 and 16.5.2 is required to be rated as Entrustable ten times.
- 16.5.8. An assessor/trainer may obtain feedback to inform the assessment of the EPA from other medical staff including but not limited to nurses, allied health, fellows, ED staff, SIMGs, and other consultants.

16.5.9. An assessment is commenced by a Trainee who must inform the assessor/trainer prior that they request to be assessed. The Trainee will undertake an initial reflection prior to the consultant's assessment.

16.6. Procedure Based Activities

16.6.1. The following PBAs are deemed Core and must be completed within GSET1-3 as per Section 20.

- a. Anastomosis
- b. Appendicectomy - Laparoscopic or Open
- c. Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess
- d. Groin Hernia - Laparoscopic or Open
- e. Open and Closing Abdominal Incision
- f. Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram
- g. Small Bowel Resection
- h. Stoma Formation

16.6.2. The following PBAs are deemed Principal and must be completed within GSET4-5 as per Section 20:

- a. Axillary Node Dissection
- b. Colonoscopy
- c. Hartmann's Procedure or Acute Left Colectomy
- d. Laparotomy or Adhesiolysis
- e. Right Hemicolectomy - Laparoscopic or Open
- f. Sigmoid Colectomy/Anterior Resection
- g. Thyroidectomy
- h. Upper GI Endoscopy
- i. Wide Local Excision/Mastectomy

16.6.3. Principal PBAs may be completed during GSET1-3.

16.6.4. A PBA is rated as one of the following:

- a. **Able to Perform Independently** defined as the Trainee is able to complete the procedure with minimal supervision and guidance, and demonstrates knowledge of when to request appropriate assistance.
- b. **Not Able to Performance Independently** defined as the Trainee required close supervision and guidance, and does not demonstrate knowledge of when to request appropriate assistance.

16.6.5. The required total number of PBAs to be rated as Able to Perform Independently is as follows:

Level	PBA	Number
Core	Anastomosis	6
	Appendicectomy - Laparoscopic or Open	6
	Examination Under Anaesthetic Anus - Incision and Drainage of Perianal Abscess	3

Level	PBA	Number
	Groin Hernia - Laparoscopic or Open	3
	Open and Closing Abdominal Incision	6
	Simple Laparoscopic Cholecystectomy with or without Intraoperative Cholangiogram	6
	Small Bowel Resection	4
	Stoma Formation	3
Principal	Axillary Node Dissection	2
	Colonoscopy	4
	Hartmann's Procedure or Acute Left Colectomy	4
	Laparotomy or Adhesiolysis	4
	Right Hemicolectomy - Laparoscopic or Open	4
	Sigmoid Colectomy/Anterior Resection	2
	Thyroidectomy	2
	Upper GI Endoscopy	4
	Wide Local Excision/Mastectomy	2

- 16.6.6. Each PBA listed in 16.6.1 and 16.6.2 must be completed to the level of Able to Perform Independently by multiple assessors. An assessor/trainer is defined as a consultant on an accredited General Surgery training Unit.
- 16.6.7. The maximum number of assessments to the level of Able to Perform Independently an individual assessor/trainer may undertake for each PBA listed in 16.6.1 and 16.6.2 is two (2). Trainees are encouraged to complete additional PBAs with the individual assessor/trainer, to further cement skills and enhance competency. These additional PBAs will not be counted in the number required for progression.
- 16.6.8. An assessment is commenced by a Trainee who must inform the assessor/trainer prior that they request to be assessed. The Trainee will undertake an initial reflection prior to the consultant's assessment.

16.7. Goal Setting

- 16.7.1. Goal setting is a skill that is essential for Trainees to develop in order to be able to take responsibility for their own learning and progression on the GSET Program.
- 16.7.2. Goal setting on the GSET Program will be undertaken as follows:
- At the commencement of a term, Trainees will identify the EPAs and PBAs they will focus on and complete during the term, together with any other goals relating to the core competencies or other requirements of the GSET Program.
 - The Hospital Surgical Supervisor or Unit Supervisor will review the goals and either approve or suggest changes.

- c. At the Mid-term, the goals are reviewed by the Trainee and Hospital Surgical Supervisor or Unit Supervisor and altered if required.
- d. At the End of Term, the goals are reviewed to assist in setting new goals (if applicable).

16.7.3. The purpose of goal setting and reviewing of such is to enable Trainees to direct their own learning. Goals are reviewed and evolve in line with the Trainee's needs. It is acknowledged that Trainees may not be able to achieve all their goals in one (1) term and hence not meeting goals is not a factor assessed at the Mid or End of Term, unless the goal relates to completion of the minimum requirements for EPAs and PBAs.

16.8. Portfolio of Training

16.8.1. The Trainee will keep a portfolio of their training, which will include:

- a. Surgical logbook experience
- b. Documentation relating to skills courses and research activities
- c. Documentation relating to any period of Probationary Training
- d. Formative and Summative Assessments
- e. Learning and Development Plans

16.8.2. To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Hospital 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.

16.8.3. To assist with 16.8.1 and 16.8.2 the approved Hospital Surgical Supervisor will have access to the Trainees online Portfolio through the GSA Trainee System.

16.8.4. The Chair of the Board and relevant Training Committee will review the portfolio when applying to sit the Fellowship Examination (refer to Section 21) and when applying for Fellowship (refer Section 22).

17. ASSESSMENT

17.1. Overview

- 17.1.1. The GSET Program undertakes formative and summative assessments.
- 17.1.2. **Formative assessments** aim to identify areas of good performance and areas of performance that require improvement to reach competence. Formative assessments also provide opportunities for improving performance and may be used to inform the summative assessment.
- 17.1.3. **Summative assessments** are aimed at indicating whether a Trainee has demonstrated expected performance to permit accreditation of a period of training.
- 17.1.4. The GSET Program consists of the following formative and summative assessments:

Type	Assessment	Mandatory
Formative	Mid-Term Assessment	Yes
	Mini-CEX	If stipulated on Learning and Development Plan
	DOPS	
	Multi-Source Feedback	
	PMEX	
	Feedback Note	No
	EPAs	Yes
	PBAs	Yes
Summative	End of Term Assessment	Yes

- 17.1.5. The completion of EPAs and PBAs also form part of the End of Term Assessment rating as per Section 17.6.

17.2. Conducting Assessments

- 17.2.1. The Mid-Term and End of Term Assessments of Trainees are conducted by the Hospital Surgical Supervisor or their delegate, such as the Unit Supervisor, with the input of other consultants on the Unit as per 17.2.5.
- 17.2.2. The Trainee must undertake a self-assessment on their performance and submit this to the Unit or Hospital Surgical Supervisor.
- 17.2.3. The Unit Supervisor or Hospital Surgical Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).
- 17.2.4. If the Unit or Hospital Surgical Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the assessment at an earlier stage.
- 17.2.5. All consultant members of the Unit on which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each Competency Domain. If a Unit is unable to reach a consensus, the Hospital Surgical Supervisor will have the authority to make the final decision.

- 17.2.6. If the Unit Supervisor is delegated to complete the assessment, the Hospital Surgical Supervisor will still be required to undertake the final approval and assessment.
- 17.2.7. The Hospital Surgical Supervisor must subsequently meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Surgical Supervisor to ensure that this meeting occurs.
- 17.2.8. 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 in the following term.

17.3. Mid-term Assessment - Process

- 17.3.1. At the end of the first three (3) months of a six-month term, a Mid-term Assessment will be undertaken as per Section 17.2.
- 17.3.2. The completed assessment must reflect the discussions held during the assessment meeting between the Supervisor and/or Unit Supervisor and Trainee.
- 17.3.3. The Trainee must indicate if they agree or disagree with the assessment.
- 17.3.4. It is the responsibility of the Trainee to ensure that the completed assessment together with any associated documentation is submitted on the **Mid-Term date**.
- 17.3.5. Where applicable, the Hospital Surgical Supervisor will notify the Unit Supervisor of any concerns regarding the performance of the Trainee.
- 17.3.6. If the overall performance is deemed **Below Performance Expectation** an appropriate Learning and Development Plan will be implemented for the remainder of the term as per Section 19.2.
- 17.3.7. An assessment rated as **Below Performance Expectation** will be reviewed by the Training Committee.

17.4. Mid-term Assessment - Ratings

- 17.4.1. A Mid-term Assessment may be rated as one of the following
 - a. Meeting Performance Expectation
 - b. Below Performance Expectation
- 17.4.2. A Mid-term Assessment rated as Below Performance Expectation is defined as:
 - a. one or more Below Performance Expectation ratings in any of the Competency Domains; and/or
 - b. non-submission of completed assessment or any associated documentation by the Mid-term date.

17.5. End of Term Assessment - Process

- 17.5.1. Prior to the completion of each six-month term, an End of Term Assessment will be undertaken as per Section 17.2. This will consist of:
 - a. Evaluation of the operative logbook
 - b. Review of EPAs and PBAs
 - c. Assessment of performance against Competency Domains
- 17.5.2. The Trainee must provide:
 - a. MALT Summary Report for review and verification

- b. Data reflecting progress with any research activities
 - c. SEAM progress if applicable
 - d. Learning and Development Plan if applicable
- 17.5.3. The Board's End of Term In Training Assessment must be used to guide and document the feedback and assessment of the Trainee.
- 17.5.4. The Hospital Surgical Supervisor must indicate the following:
- a. Term rating
 - b. Logbook rating
 - c. If a Learning and Development Plan is required
- 17.5.5. The completed form must reflect the discussions held during the assessment meeting between the Hospital Surgical Supervisor or delegate and Trainee.
- 17.5.6. The Trainee must indicate if they agree or disagree with the assessment.
- 17.5.7. It is the responsibility of the Trainee to ensure that the completed assessment together with any associated documentation is submitted on the **End of Term date**.
- 17.5.8. The Training Committee is responsible for reviewing assessments and logbook data, and may undertake further review in order to determine if a term is to be accredited towards the required number of rotations.
- 17.5.9. The Training Committee may review any assessment, logbook and any other documentation pertaining to performance in determining the final outcome of a term. The Training Committee may revise the final outcome of the term, based on its review, and the Trainee will be advised in writing. The final outcome of the term may be one of the following:
- a. Meeting Performance Expectation: The Term will be accredited towards the required number of rotations as outlined in Section 16.1.3, Section 20 and Section 21.
 - b. Below Performance Expectation: If the Training Committee's initial review is to recommend that the term be rated as Below Performance Expectation, a panel must be formed and the Trainee interviewed.
 - c. Not accredited: If the term is deemed not accredited, the following will occur:
 - The Trainee's term will not be accredited towards the required number of rotations as outlined in Section 16.1.3, Section 20 and Section 21.
 - The Trainee's logbook numbers may be counted towards the logbook numbers required as outlined in Section 20 and 21. This will be determined by the Training Committee.
 - The Trainee's period of training will be extended by a minimum of six months.

17.6. End of Term Assessment - Rating

- 17.6.1. An End of Term Assessment may be rated as one of the following (except where Section 20.5.3 and 20.8.2 is applied):
- a. Meeting Performance Expectation
 - b. Below Performance Expectation
- 17.6.2. An End of Term Assessment rated as Below Performance Expectation is defined as one or more of the following:
- a. One or more Below Performance Expectation ratings in any of the Competency Domains; and/or

- b. Unsatisfactory logbook rating following review of the Training Committee as per Section 17.5.9; and/or
- c. Non-submission of completed logbook report, assessment or any associated documentation by the due date; and/or
- d. Non completion of the required number of minimum EPAs and PBAs as follows:

Level	GSET1	GSET2	GSET3	GSET4	GSET5
Term	2	2	2	2	2
Minimum total number of individual EPAs to the level of Entrustable	35 Core EPAs	70 Core EPAs	100 Core EPAs Refer to Section 20.5.3 for rating	30 Principal EPAs	60 Principal EPAs Refer to Section 20.8.2 for rating
Minimum total number of PBAs to the level of Able to Perform Independently	10 Core PBAs	25 Core PBAs	37 Core PBAs Refer to Section 20.5.3 for rating	15 Principal PBAs	28 Principal PBAs Refer to Section 20.8.2 for rating

18. PROBATIONARY TRAINING

18.1. End of Term Assessment - Below Performance Expectation

- 18.1.1. Receipt of a Below Performance Expectation assessment 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 Training Committee pending a review at the earliest possible time.
- 18.1.2. A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative), the Hospital Surgical Supervisor and one additional member of the Training Committee. This will be referred to as the Panel. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the interview are to be duly documented. The meeting will address the following:
 - a. Details of performance
 - b. Response of the Trainee
 - c. Remedial action advised via a Learning and Development Plan
 - d. Frequency at which plan must be submitted
 - e. Consequences of any further Below Performance Expectation assessments
- 18.1.3. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per Section 18.1.2a-e.
- 18.1.4. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) working days prior to the meeting.
- 18.1.5. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting to ensure all parties have appropriate documentation.
- 18.1.6. The Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information will be considered at this time by the Trainee for inclusion in the minutes.
- 18.1.7. Following Section 18.1.2 - 18.1.5, the ensuing process will commence:
 - a. The Training Committee will undertake a review of the assessment at the earliest possible time. If it is agreed by the Training Committee that the assessment is Below Performance Expectation, the Training Committee will recommend to the Board that the period of training be deemed Below Performance Expectation.
 - b. This recommendation will be considered at the next meeting of the Board. If agreed that the period of training is deemed Below Performance Expectation 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 remainder of the term.
 - c. The Trainee's period of clinical training will be extended by six months at a minimum.
 - d. The Trainee's logbook numbers will not be counted towards the logbook numbers required as outlined in Section 21 and 22.

18.2. Process

- 18.2.1. Probationary terms are **one (1) term** that is **six (6)** months in duration (unless undertaking Part-time training as per Section 6.2). During Probationary Training, the Trainee is required to participate in a Learning and Development Plan. The plan will be tailored to address the areas of performance requiring improvement and development. The process aims to allow the Trainee to implement strategies to improve performance, monitor progress and to identify if the Trainee has achieved competency at the end of the Probationary term.
- 18.2.2. Trainees who are on Probation are not permitted to change training regions or terms or commence Interruption of Training to undertake full time research.
- 18.2.3. Trainees will be required to satisfactorily meet the requirements of Probationary Training in order to have the Probationary term accredited. If performance is considered Meeting Performance Expectation at the conclusion of the Probationary period, the Probationary status will be removed and the Trainee will be allowed to continue in the GSET Program.
- 18.2.4. The End of Term Assessment in the Probationary term may be conducted at a time within the final **six (6)** weeks of term, between the Hospital Surgical Supervisor and the Trainee, to finalise the assessment.
- 18.2.5. If a Trainee receives a Below Performance Expectation rating for the End of Term Assessment as per Section 17.6, having satisfactorily met the requirements of a prior Probationary term, the Trainee will commence a second six-month term of Probationary Training as outlined in Section 18.
- 18.2.6. If a Trainee receives a rating of Below Performance Expectation for the End of Term Assessment for a Probationary term, the term will not be accredited and the Trainee will be placed on suspension for a minimum period of **six (6)** months pending review (refer to Section 23). The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program should the Trainee return to the training following the review. The Trainee's continuation in the Program will be reviewed in accordance with the RACS Dismissal from Surgical Training Policy and these Regulations.

19. LEARNING AND DEVELOPMENT

19.1. Continual Assessment and Learning

19.1.1. Regular formative feedback to the Trainee by consultant members of the Unit is necessary to identify:

- a. Areas of good performance
- b. Areas of deficiency or underperformance
- c. Areas requiring development and improvement

This is in addition to the formal Mid-term and End of Term Assessments and should happen continuously throughout the term in the context of the surgical teaching environment.

19.1.2. Trainees are also encouraged to seek continual feedback and reflect on their own learning.

19.1.3. Where the Hospital Surgical Supervisor or Unit Supervisor has identified performance issues that require a Learning and Development Plan, a discussion should be had with the Trainee and documented to record the following:

- a. Details of performance that require development and/or improvement
- b. Response of the Trainee
- c. Remedial action advised via goal setting or clinical activities
- d. Consequences of any further concerns or unsatisfactory performance

19.1.4. Following this discussion between Trainee and Consultant, a summary of the meeting and areas discussed must be documented in writing contemporaneously and sent to the Trainee for both clarity of discussion and record keeping purposes.

19.1.5. This documentation will also be sent to the appropriate GSA Regional Executive Officer for filing and used to inform the next Assessment.

19.2. Learning and Development Plan

19.2.1. A Learning and Development Plan acts as a road map for Trainees and helps to support their career and personal development and progression through the GSET Program.

19.2.2. A Trainee may be required to undertake a Learning and Development Plan in the following circumstances:

- a. Trainee receives a Below Performance Expectation rating for the Mid-Term Assessment.
- b. Trainee receives a Meeting Performance Expectation rating for the Mid-Term Assessment with the recommendation that they be placed on a Learning and Development Plan.
- c. Trainee receives a Meeting Performance Expectation rating for the End of Term Assessment with the recommendation that they be placed on a Learning and Development Plan.
- d. Following review of either the Mid or End of Term Assessment, the Training Committee recommends the Trainee undertake a Learning and Development Plan.
- e. A Trainee may request to undertake a Learning and Development Plan.

19.2.3. Trainees who receive a Below Performance Expectation rating for the End of Term Assessment will be required to undertake a Learning and Development Plan as per Section 18.

19.2.4. Trainees who are on Extended Learning for GSET3 or GSET5 will be required to undertake a Learning and Development Plan (Section 20.10).

19.2.5. If a Trainee is recommended to undertake a Learning and Development Plan in accordance with Section 19.2.2a-d, the following process will be undertaken:

- a. The Trainee will be informed that the Training Committee or Hospital Surgical Supervisor recommends that they be placed on Learning and Development Plan.
- b. The Trainee will be informed that if they wish to have meeting to discuss the recommendation or assessment, they must respond within five (5) days otherwise the Learning and Development Plan recommendation will be accepted.
- c. In the event the Trainee does not request a meeting, a Learning and Development Plan will be drafted and sent to the Hospital Surgical Supervisor for input and confirmation. Advice may be sought from the Unit Supervisor and other members of the Unit in developing an appropriate Learning and Development Plan for the Trainee.
- d. Following the Hospital Surgical Supervisor's confirmation, the Learning and Development Plan will be sent to the Trainee for their input and acceptance.
- e. The Trainee will be required to confirm their acceptance of the Learning and Development Plan.
- f. If the Trainee does not confirm their acceptance of the Learning and Development Plan, following review by the Training Committee the term may be deemed not assessable.

19.2.6. If the Trainee requests a meeting the following process will be undertaken:

- a. The Trainee will be invited to meet with the Chair of the Training Committee and the Hospital Surgical Supervisor of the term (Panel). The Trainee may invite a support person who is not a practicing lawyer.
- b. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
- c. The Trainee and the Panel will be provided with an agenda together with the assessment (and Trainee submission if received) prior to the meeting to ensure all parties have appropriate documentation.
- d. Following the meeting, the Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.
- e. If the outcome from the meeting is that the Trainee is to be placed on a Learning and Development Plan, a Plan will be drafted as per 19.2.5c-f.
- f. If the outcome from the meeting is that the Trainee is not to be placed on a Learning and Development Plan, the minutes will clearly reflect this, and the Trainee will be informed in writing.

19.2.7. Trainees who are on a Learning and Development Plan are not permitted to change training regions or terms or commence Interruption of Training to undertake research.

19.2.8. Trainees who are placed on a Learning and Development Plan under Section 19.2.2 are not considered to be on Probation.

19.2.9. Should a Trainee not meet the requirements of the Learning and Development Plan, the End of Term Assessment may be rated as Below Performance Expectation and the process outlined in Section 18 will be undertaken.

19.2.10. The Learning and Development Plan must be returned to the relevant Training Committee office, by the Trainee, on a monthly basis until the end of term.

19.3. Mini-CEX

- 19.3.1. 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.
- 19.3.2. These assessments are formative and are aimed at guiding further development of clinical skills. Trainees may be required to undertake a Mini-CEX by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.
- 19.3.3. 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 an opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated.

19.4. DOPS

- 19.4.1. 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.
- 19.4.2. These assessments are formative and are aimed at guiding further development of surgical skills. Trainees may be required to undertake a surgical DOPS by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.
- 19.4.3. 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.

19.5. Multi-Source Feedback

- 19.5.1. As part of the Learning and Development Plan, a Trainee may be required to participate in a Multi-Source Feedback (MSF).
- 19.5.2. The MSF may be used to measure specific competencies for example, but not limited to, communication, teamwork, or leadership.
- 19.5.3. Where a Trainee is identified as requiring a MSF as part of their Learning and Development Plan and/or Probationary term, the following process will be undertaken:
 - a. The Hospital Surgical Supervisor will determine the expected level of performance required for all areas of the MSF.
 - b. The expected level of performance must be communicated to the Trainee in writing and included on the Learning and Development Plan.
 - c. The Hospital Surgical Supervisor will determine the timings of the MSF, for example, but not limited to, once per month, before the Mid-term Assessment and/or End of Term Assessment.
 - d. The Trainee will be requested to nominate a minimum of five (5) participants who will complete the MSF pertaining to their performance with a minimum of one (1) from each of the following positions:
 - Registrar equivalent or similar level as the Trainee
 - Staff specialists (for example, but not limited to, fellows, Emergency Department staff, trainers)
 - Medical/Clinical Nurse
 - Administration staff (non-medical)

- e. The Hospital Surgical Supervisor or Unit Supervisor will also nominate a minimum of five (5) participants to complete the MSF. The names of the nominees will not be made known to the Trainee. The Hospital Surgical Supervisor or Unit Supervisor should not be one of the five (5) participants.
- f. The Trainee will be required to undertake a self-assessment as part of the MSF.
- g. The MSF will be distributed to all participants through an online process, according with the agreed timing.
- h. A report containing the de-identified results will be provided to both the Trainee and the Hospital Surgical Supervisor and/or Unit Supervisor as appropriate. This report will form part of the Trainee's training portfolio.
- i. The report will then be discussed during either the Learning and Development Plan meeting, Mid-Term Assessment and/or End of Term Assessment meeting.

19.6. Professionalism Mini-Evaluation Exercise

- 19.6.1. The Professionalism Mini-Evaluation Exercise (P-MEX) is a tool for assessing professionalism skills. It also facilitates feedback in order to drive learning.
- 19.6.2. The assessments are formative and are aimed at guiding further development of professionalism skills. Trainees may be required to undertake a P-MEX by their Hospital Surgical Supervisor or Unit Supervisor to inform the Mid or End of Term Assessment or as part of a Learning and Development Plan.
- 19.6.3. Multiple scores of "Below Expectations" or a single score of "Unacceptable" 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.

19.7. Feedback Note

- 19.7.1. The Hospital Surgical Supervisor or Unit Supervisor (Supervisor) may lodge a note relating to feedback received on the Trainee's performance.
- 19.7.2. The Feedback Note is designed to provide a Trainee with feedback on areas for improvement as well as areas where they are performing at the expected level or above.
- 19.7.3. The Feedback Notes are a formative process, however the Supervisor may consider the feedback received during the term to inform the Mid or End of Term Assessment.
- 19.7.4. The Supervisor may enter feedback observed directly, received from consultants on the Unit, or from other medical staff including but not limited to nurses, allied health, fellows, ED staff, and SIMGs. Where the behaviour has not been observed directly, the Supervisor will indicate this.
- 19.7.5. The Feedback Note will detail the following information:
 - a. Context of where the performance occurred
 - b. Competencies the feedback relates to
 - c. Observation/Description of the feedback
 - d. Action/Advice if applicable
- 19.7.6. The process undertaken by the Hospital Surgical Supervisor or Unit Supervisor (Supervisor) to lodge a feedback note will be as follows:
 - a. The Supervisor lodges the Feedback Note via the GSA Trainee System, which is then submitted to the Trainee for review.

- b. The Trainee is required to review the feedback and confirm that they have read the Feedback Note. The Trainee will have five (5) days to provide comment.

20. PROGRAM AND PROGRESSION REQUIREMENTS

20.1. Requirements for GSET1

20.1.1. The requirements for completion of GSET1 are:

- a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
- b. Satisfactory completion of any period of Probationary Training;
- c. Satisfactory surgical logbook data including primary operator rates and case mix;
- d. Completion of a minimum 35 individual Core EPAs to the level of Entrustable by the end of the second term; and
- e. Completion of a minimum ten (10) individual Core PBAs to the level of Able to Perform Independently by the end of the second term

20.1.2. Trainees are advised to complete a minimum of four (4) SEAM modules.

20.2. Requirements for GSET2

20.2.1. The requirements for completion of GSET2 are:

- a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
- b. Satisfactory completion of any period of Probationary Training;
- c. Satisfactory surgical logbook data including primary operator rates and case mix;
- d. Completion of a minimum total of 70 individual Core EPAs to the level of Entrustable by the end of the second term ; and
- e. Completion of a minimum total of 25 Core PBAs to the level of Able to Perform Independently by the end of the second term.

20.3. Progression from GSET2 to GSET3

20.3.1. The requirements for completion of GSET2 and progression to GSET3 are:

- a. Satisfactory completion of requirements for GSET1 and GSET2; and
- b. Satisfactory completion of SEAM as detailed in Section 13.5.

20.3.2. Failure to meet the SEAM requirements will result in dismissal from the GSET Program.

20.4. Requirements for GSET3

20.4.1. The requirements for successful completion of GSET3 are:

- a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
- b. Satisfactory completion of any period of Probationary Training;
- c. Satisfactory surgical logbook data including primary operator rates and case mix;
- d. Completion of remaining Core EPAs (100) to the level of Entrustable by the end of the second term; and
- e. Completion of remaining Core PBAs (37) to the level of Able to Perform Independently by the end of the second term.

20.5. Progression from GSET3 to GSET4

20.5.1. The requirements for successful completion of GSET3 and progression to GSET4 are:

- a. Completion of requirements for GSET1, GSET2 and GSET3 as per 20.1 - 20.4.
- b. Satisfactory completion to the level of Entrustable for 100 Core EPAs.
- c. Satisfactory completion to the level of Able to Perform Independently for 37 Core PBAs.
- d. Satisfactory completion of any period of Probationary Training.
- e. Satisfactory completion of the ASSET, CCrISP, EMST, and TIPS courses.

20.5.2. Trainees who meet all the requirements as per Section 20.5.1a-e will proceed to GSET4.

20.5.3. Trainees who fail to meet these requirements by the second term in GSET3 will be rated and deemed **Not Progressing** and the Trainee will be placed on **GSET3 Extended Learning**. The Trainee will be required to attend a Performance Review and Counselling Meeting as per Section 20.10.

20.6. GSET3 Extended Learning

20.6.1. Extended Learning is an opportunity for a Trainee who has been deemed **Not Progressing** to satisfactorily complete the requirements as per Section 20.4 - 20.5.

20.6.2. The Trainee will be placed on Extended Learning for two (2) terms and will be classified as GSET3 – Extended Learning.

20.6.3. The Trainee will be required to meet the requirements for GSET3 as per Section 20.4 - 20.5. The Trainee will not be permitted to progress to GSET4 until the Extended Learning year has been completed and both terms are rated as Meeting Performance Expectation.

20.6.4. Trainees will be required to complete a Learning and Development Plan.

20.6.5. A Trainee who has not met the requirements as per Section 20.5 by the end of the Extended Learning year may be dismissed from the GSET Program in accordance with Section 23.

20.7. Requirements for GSET4

20.7.1. The requirements for successful completion of GSET4 are:

- a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
- b. Satisfactory completion of any period of Probationary Training;
- c. Satisfactory surgical logbook data including primary operator rates and case mix;
- d. Completion of a minimum 30 individual Principal EPAs to the level of Entrustable by the end of the second term; and
- e. Completion of a minimum 15 individual Principal PBAs to the level of Able to Perform Independently by the end of the second term.

20.8. Requirements for GSET5

20.8.1. The requirements for successful completion of GSET5 are:

- a. Completion of two (2) six-month terms with each term rated as Meeting Performance Expectation;
- b. Satisfactory completion of any period of Probationary Training;
- c. Satisfactory surgical logbook data including primary operator rates and case mix;
- d. Completion of remaining Principal EPAs (60) to the level of Entrustable by the end of the second term; and
- e. Completion of remaining Principal PBAs (28) to the level of Able to Perform Independently by the end of the second term.

- 20.8.2. If by 15 October each year, Trainees in their second term of GSET5 have not completed the following the Term will be rated and deemed as **Competency Not Achieved** and the Trainee will be placed on **GSET5 Extended Learning**:
- a. 51 Principal EPAs to the level of **Entrustable**
 - b. 24 Principal PBAs to the level of **Able to Perform Independently**
- 20.8.3. The Trainee will be required to attend a Performance Review and Counselling Meeting as per Section 20.10.

20.9. GSET5 Extended Learning

- 20.9.1. Extended Learning is an opportunity for a Trainee who has been deemed **Competency Not Achieved** to satisfactorily complete the requirements as per Section 20.8.
- 20.9.2. Trainees will be placed on Extended Learning for two (2) terms and will be classified as GSET5 – Extended Learning. Trainees will be required to meet the requirements for GSET5 as per Section 20.8.
- 20.9.3. Trainees will be required to complete a Learning and Development Plan.
- 20.9.4. Trainees will not be eligible for awarding of the Fellowship until the GSET5 Extending Learning rotations have been completed satisfactorily.
- 20.9.5. A Trainee who has not met the requirements as per Section 20.8 by the end of the Extended Learning year may be dismissed from the GSET Program in accordance with Section 23.

20.10. Extended Learning Performance Review and Counselling Meeting

- 20.10.1. Trainees who have been assessed as Not Progressing (Section 20.5.3) or Competency Not Achieved (Section 20.8.2) will undertake a Performance Review and Counselling meeting as follows:
- a. A formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative) and two members of the Training Committee. The Trainee may invite a support person who is not a practising lawyer. The proceedings of the interview must be documented. The meeting will address the following:
 - b. Details of performance
 - c. Response of the Trainee
 - d. Remedial action advised via a Learning and Development Plan
 - e. Frequency at which the plan must be submitted
 - f. Consequences of not completing requirements for the relevant GSET level and receiving Below Performance Expectation assessments
 - g. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed of the purpose of the meeting as per Section 20.10.1a.
 - h. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) working days prior to the meeting.
 - i. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the assessment, and the Trainee submission if received, prior to the meeting to ensure all parties have appropriate documentation.
 - j. The Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will

be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

20.11. Accelerated Learning

20.11.1. Accelerated Learning is defined as the process by which a Trainee may be able to demonstrate competency expeditiously.

20.11.2. A Trainee may be considered for Accelerated Learning when all of the following requirements have been met:

- a. Completion of GSET1 and GSET2 with no ratings of Below Performance Expectation
- b. Completion to the level of Entrustable of all Core EPAs and PBAs
- c. Completion to the level of Entrustable of 51 Principal EPAs
- d. Completion to the level of Able to Perform Independently of 24 Principal PBAs
- e. Completion of 850 major operations
- f. Completion of 85 colonoscopies
- g. Completion of 170 endoscopies
- h. Completion of Research Requirement
- i. Completion of ASSET, CCrISP, EMST, and TIPS
- j. Completion of SEAM

20.11.3. A Trainee must submit a request as per Section 12 and provide the following:

- a. Supporting letters from the approved Hospital Surgical Supervisor for each rotation in GSET1 and GSET2.
- b. If applying after GSET3, supporting letters from the approved Hospital Surgical Supervisor for each rotation from GSET1 to GSET3.

20.11.4. The Training Committee or Board may defer a decision on a request for Accelerated Learning for up to 12 months.

20.11.5. The maximum time a Trainee may be accelerated is by two (2) rotations (one (1) year). All remaining requirements must be met prior to the awarding of the Fellowship.

20.12. Regression

20.12.1. To ensure that all EPAs and PBAs remain **Entrustable** or **Able to Perform Independently**, the Supervisor will be requested to confirm at Mid and End of Term that the Trainee has retained their skills as demonstrated in the previously completed EPAs and PBAs.

20.12.2. If at Mid-term a Supervisor indicates that regression has occurred, the Trainee will be placed on a Learning and Development Plan and will be required to demonstrate competency for the regressed EPAs or PBAs by the End of Term.

20.12.3. If the Supervisor indicates that regression has occurred for any completed EPA or PBA at the End of Term or that the Trainee has not reached the required level following identification of regression at the Mid-term, the Training Committee will review the assessment and will conduct a Performance Review and Counselling Meeting with the Trainee as per the following.

- a. The Trainee will be invited to meet with the Chair of the Training Committee and the Hospital Surgical Supervisor of the term (Panel).
- b. The Trainee will be informed that the meeting has been called due to regression identification and will be informed of the areas identified.

- c. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
- d. The Trainee and the Panel will be provided with an agenda together with the assessment (and Trainee submission if received) prior to the meeting to ensure all parties have appropriate documentation.
- e. Following the meeting, the Trainee and Panel will be provided with the minutes of the meeting and the Learning and Development Plan. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.

20.12.4. The Trainee's term may be deemed as Below Performance Expectation and the Trainee will then be placed on Probation.

20.12.5. If Trainees complete any of the Principal EPAs or PBAs during GSET1-3, the Supervisor will be required to confirm that the EPAs/PBAs have remained at the competent level.

21. FELLOWSHIP EXAMINATION

21.1. Eligibility to Present

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

- a. Completion of GSET1, GSET2 and GSET3;
- b. Completion of GSET3 Extended Learning if applicable;
- c. Satisfactory completion of any period of Probationary Training;
- d. Completion to the level of **Able to Perform Independently** of 25% of the total Principal PBAs;
- e. Completion of **700** major operative cases in accredited and satisfactory terms, with an appropriate case mix and an overall satisfactory primary operator rate;
- f. Fully paid up dues and fees owed to the RACS and GSA; and
- g. Presentation of a satisfactory Portfolio of Training. This will be undertaken by the GSA Training Committee Staff at the time of Exam Application review. The Training Committee Chair will review the Training Portfolio.

21.1.2. A Trainee may sit the Fellowship Examination when the following have been undertaken:

- 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 to the RACS.
- c. Trainee submits a letter of support from their current Board approved Hospital Surgical Supervisor, if in an approved GSET post, directly to the Board via email at board@generalsurgeons.com.au. Trainees must submit a letter of support before every attempt. For Trainees not in a GSET Post refer to Section 21.2.
- d. Trainee submits evidence of three (3) valid Patient History and Clinical Examination Assessments with letter of support (refer *Section 21.3*).
- e. Training Committee submits a formal notification to the Board supporting the Trainee in presenting for the Fellowship Examination.
- f. Any further conditions that have been recommended by the Board or Training Committee as per the RACS Fellowship Examination Eligibility, Review and Feedback Policy have been satisfactorily completed.
- g. Board formally approves the Trainee's application to present for the Fellowship Examination. The Board is unable to approve applications to present where 21.1.1, 21.1.2c – d, and 21.1.2f have not been met.

21.1.3. Trainees who receive a Below Performance Expectation rating for the End of Term Assessment or Below Performance Expectation Mid-term Assessment, in the term preceding the Fellowship Examination attempt, will not be approved to present for the Fellowship Examination.

21.1.4. Trainees who are deemed to be Poor Performers or Safety Concerns as per the RACS Fellowship Examination Policy may not be approved to present for the following Fellowship Examination. Trainees will only be approved for a future Fellowship Examination following satisfactory completion of any conditions as per Section 21.1.6

21.1.5. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback in the form of a report from the Court of Examiners. The Trainee will be invited to attend a meeting in accordance with the RACS Fellowship Examination Eligibility, Review and Feedback Policy.

- 21.1.6. Trainees who are unsuccessful in the Fellowship Examination will be required to participate in specified exam preparation activities including the use of the Exam Preparation Form, upon recommendation by the Training Committee or the Board. Trainees will be provided with conditional approval to present for a subsequent sitting of the Fellowship Examination contingent upon the Trainee meeting all recommendations relating to exam preparation. The Board may withhold approval or withdraw conditional approval for presenting for the Fellowship Examination if Trainees fail to comply with or do not satisfactorily fulfil the exam preparation recommendations.

21.2. Exam Pending Trainees

- 21.2.1. Trainees who have completed all training requirements including Clinical Rotations but are yet to complete the Fellowship Examination will be considered Exam Pending.

- 21.2.2. Exam Pending Trainees will be required to provide the Training Committee with the following information one (1) month prior to the due date for the RACS Fellowship Examination application as per Section 21.1.2b:

- a. A description of clinical activities undertaken since completing Clinical Rotations in the GSET Program.
- b. A description of exam preparation activities undertaken since completing Clinical Rotations in the GSET Program.
- c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the GSET Program.
- d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Training Committee.
- e. A signed letter from a current clinical Supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing.
- f. Three (3) valid Patient History and Clinical Examination forms (refer Section 21.3).

- 21.2.3. Where an Exam Pending Trainee is unable to provide the required information or where the Training Committee deems it necessary to seek clarification on the suitability of the Trainee to present for the Fellowship Examination, the Training Committee may request further information or ask the Trainee to attend an interview.

- 21.2.4. The above documentation is **in addition** to the RACS Fellowship Examination Application form, which must be completed and returned to the RACS as per the Application Process outlined on the RACS [website](#).

21.3. Patient History and Clinical Examination Assessment

- 21.3.1. The Patient History and Clinical Examination Assessment has been designed to assess the Trainee on their ability to clinically examine a patient.

- 21.3.2. The assessment involves the Hospital Surgical Supervisor or delegate (Assessor) observing the Trainee interact with a patient in an unrehearsed clinical encounter in the workplace.

- 21.3.3. The Assessor's evaluation is recorded on a structured checklist which enables them to determine their readiness to practice as an independent Consultant.

- 21.3.4. The complexity of the patient's condition must be commensurate with the level expected of an independent Consultant in terms of clinical assessment and development of a management plan.

- 21.3.5. Assessors are required to observe and assess the trainee taking a history, performing a physical examination, and discussing a management plan with the patient.

- 21.3.6. Trainees will be assessed against eight (8) criteria and they will be marked as either:

- a. Below Expectation for an Independent Consultant
- b. Meets Expectation for an Independent Consultant

21.3.7. A Trainee must achieve a mark of Meets Expectation for an Independent Consultant for six (6) of the eight (8) criteria for a form to be deemed as 'Valid'.

21.3.8. Trainees applying to sit the Fellowship Examination will be required to submit three (3) valid Patient History and Clinical Examination Assessment by a minimum of two (2) different Assessors.

21.3.9. The Hospital Supervisor will co-sign each final Assessment form where they were not the Assessor. This will indicate that the Hospital Supervisor agrees with the outcome of the Assessment.

21.3.10. The three (3) observed cases must be from different disciplines within General Surgery.

21.3.11. Trainees do not need to submit new forms for each exam attempt unless specifically requested to in accordance with 21.1.6.

22. COMPLETION OF GSET

22.1. Fellowship Requirements and Process

- 22.1.1. A Trainee must meet the following requirements before being awarded the full RACS Fellowship:
- a. Satisfactory completion of GSET1 to GSET5
 - b. Completion of Core and Principal EPAs and PBAs
 - c. Satisfactory surgical logbook statistics consisting of a minimum of **1000** major operative cases over accredited and satisfactory terms and with satisfactory primary operator rates and case mix
 - d. Satisfactory completion of the minimum number of upper gastrointestinal endoscopies and colonoscopies
 - e. Satisfactory completion of the ASSET Course
 - f. Satisfactory completion of the CCrISP Course
 - g. Satisfactory completion of the EMST Course
 - h. Satisfactory completion of the TIPS Course
 - i. Satisfactory completion of the Research Requirement
 - j. Satisfactory completion of the General Surgery Fellowship Examination
 - k. Satisfactory attendance at the required number of GSA Trainees' Days
 - l. Fully paid up dues and fees owed to the RACS and GSA
- 22.1.2. Once the Trainee has successfully completed all requirements of the GSET Program, it is the Trainee's responsibility to complete the RACS Fellowship Application form to commence the awarding process.
- 22.1.3. Trainees may be approved for provisional Fellowship following submission of a Mid-term Assessment rated as At Expected Performance in the 10th rotation, providing all other requirements have been met.
- 22.1.4. The Chair of the relevant Training Committee will confirm successful completion of all components of the GSET Program.
- 22.1.5. Upon notification from the Training Committee, the Chair of the Board will recommend to the RACS awarding of the Full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.

23. APPENDIX 1 - DISMISSAL UNSATISFACTORY PERFORMANCE

23.1. Conditions

23.1.1. Trainees may be considered for dismissal under the following circumstances:

- a. the Trainee's performance has been rated as Below Expected Performance during a Probationary period; or
- b. the Trainee's performance has been rated as Below Expected Performance for three (3) or more terms; or
- c. the Trainee has not completed the requirements for GSET1-3 by the end of GSET3 Extended Learning; or
- d. the Trainee has not completed the requirements for GSET4-5 by the end of GSET5 Extended Learning.

23.2. Review Process

23.2.1. Following confirmation that a Trainee has met one or more conditions in Section 23.1.1 the following process will occur:

- a. The Trainee will be placed on suspension for a minimum period of one (1) term pending review by the Training Committee and the Board.
- b. The Trainee will be interviewed by a Panel.

23.2.2. The Panel and interview will proceed as follows:

- a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.
- b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - c. Details of performance
 - d. Response of the Trainee
 - e. Continuation in the GSET Program
 - f. Process following interview
- g. The Trainee may invite a support person who is not a practicing lawyer.
- h. The Trainee will be provided with the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
- i. The Trainee and Panel will be provided with an agenda together with relevant documentation pertaining to the unsatisfactory assessments and the Trainee submission if received prior to the meeting to ensure all parties have appropriate documentation.
- j. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.
- k. Where a Trainee has been duly notified of the meeting as per Section 23.2.2b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.

23.2.3. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The

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

- 23.2.4. The Board will make the final decision on whether or not the Trainee should be dismissed. If dismissal is not recommended, the Board can stipulate any additional Probationary periods or conditions the Trainee will be required to abide by upon resuming training. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program.
- 23.2.5. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 23.2.6. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

24. APPENDIX 2 - MISCONDUCT

- 24.1.1. Conduct identified as misconduct is defined in the RACS SET Misconduct Policy.
- 24.1.2. Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Supervisor, Fellow or other person has identified the misconduct, it should be reported in writing to the Board.
- 24.1.3. The allegation may be put by the Board to the Trainee, in writing, for an initial response, including sufficient detail to enable a response.
- 24.1.4. If the Trainee's response is viewed by the Board as inadequate, or a response is not received, the process as per Section 24.1.6 and Section 24.1.7 will be followed.
- 24.1.5. If the Trainee's response is viewed by the Board as adequate, or if there is no documented proof of the allegation, no further action will be taken.
- 24.1.6. When Section 24.1.4 applies, the process is as follows:
 - a. The Trainee may be placed on suspension pending review by the Training Committee and the Board. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the GSET Program, should the Trainee return to the GSET Program following the review.
 - b. The Trainee will be interviewed by a Panel.
- 24.1.7. The Panel and interview will proceed as follows:
 - a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.
 - b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - c. Details of the allegation
 - d. Response of the Trainee
 - e. Continuation in the GSET Program
 - f. Process following interview
 - g. The Trainee may invite a support person who is not a practicing lawyer.
 - h. The Trainee will be provided the opportunity to make a formal written submission to the Panel. The Trainee will be provided with a reasonable opportunity to be heard, produce evidence, have relevant persons contacted and make written submissions in relation to all allegations. The submission must be received at least two (2) days prior to the meeting.
 - i. The Trainee and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any changes suggested by the Trainee will be considered by the Panel. No new information from the Trainee will be considered at this time for inclusion in the minutes.
 - j. Where a Trainee has been duly notified of the meeting as per Section 24.1.7b and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.
- 24.1.8. The Panel may determine possible penalties for the misconduct. The Panel will make a final recommendation to the Board.
- 24.1.9. If dismissal is not recommended by the Panel, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a Probationary term and Learning and Development Plan.

- 24.1.10. Where the Panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- 24.1.11. The Board will make the final decision on whether or not the Trainee should be dismissed.
- 24.1.12. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 24.1.13. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

25. APPENDIX 3 - RECONSIDERATION, REVIEW, AND APPEAL

25.1. Reconsideration Process

- 25.1.1. This section sets out the process undertaken by the Board in line with the RACS Reconsideration, Review and Appeal (RRA) Regulation.
- 25.1.2. The process provides for Reconsideration of the original decision under these Regulations and the RRA Regulation.
- 25.1.3. The original decision maker under these Regulations is the Board.
- 25.1.4. The Board will only consider decisions that are within Section 3.1 of the RRA Regulation.
- 25.1.5. Applications for Reconsideration must be addressed to the Board Chair via email board@generalsurgeons.com.au and as per Section 4.2 of the RRA Regulation.
- 25.1.6. Unless otherwise specified, references to any days are to be read as calendar days, not business days. If requests are submitted outside of business hours (Melbourne time), they will not be recorded until the next business day (Melbourne time). If due dates fall on a weekend or public holiday (Melbourne), the due date will be extended to the close of business of the next business day.
- 25.1.7. Applications submitted to the Board must:
 - a. be in accordance with Section 4.1 of the RRA Regulation ;
 - b. specify the decision to be reconsidered;
 - c. include the grounds for reconsideration as per Section 3.2 of the RRA Regulation; and
 - d. not be in relation to a decision previously subject to Reconsideration, Review or Appeal under these Regulations and the RRA Regulation.
- 25.1.8. If the grounds include an allegation of discrimination, bullying or sexual harassment, the allegation will be reported to the RACS in accordance with its Policies.
- 25.1.9. The Board or appointed representative will review the application and determine if it meets the criteria for reconsideration as per Section 3.2 of the RRA Regulation. If the application is deemed not to meet the criteria or if the matter has previously been through the Reconsideration process, the Trainee will be informed within seven (7) days of receipt of the application.
- 25.1.10. If the application meets the criteria, the application will be considered by the Board at the next appropriate Board meeting, noting that the Board does not meet monthly. The Trainee will be informed of the date the Board is meeting to undertake the Reconsideration.
- 25.1.11. The Board will take into consideration documentation as outlined in Section 4.3 of the RRA Regulation together with information gathered as part of 25.1.12.
- 25.1.12. In reviewing the documentation, the Board may inform itself as it sees fit and in line with the following:
 - a. Where the Board determines the process materially involves a third party or parties, they may be contacted and provided with the allegations made against them or details of the events they may have witnessed in a manner which allows them to properly consider and respond.
 - b. The Panel may request further information from the Trainee, or third parties identified as relevant at any time during the process.
 - c. The Board will afford the Trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.

- d. If a Trainee chooses not to provide further information requested by the Board, the process will be conducted in the absence of any response from the Trainee.
- e. The Board in undertaking its Reconsideration, or a nominated person acting on behalf of the Board, may liaise with the Trainee or other relevant people as appropriate. The Trainee will be notified of all persons to be contacted during the process.

25.1.13. If the Board is required to undertake the process outlined in 25.1.12, the Trainee will be notified that the final outcome cannot be determined until such time as the Board has finalised the process outlined in 25.1.12. The Trainee will be provided with a revised timeline.

25.1.14. The Board will provide a written response of the outcome seven (7) days after the Board meeting. The written response will not include the reason for the decision.

25.1.15. If the Board varies the decision the Board may stipulate conditions the Trainee will be required to adhere to.

26. APPENDIX 4 - RESEARCH POINTS

The following outlines the maximum number of points available per category and the points awarded within each category.

26.1. Approved Research Projects

26.1.1. Trainees may score a maximum of 500 points.

26.1.2. Trainees may score points for multiple projects that adhere to Section 14.3.

Component	Points
Concept and design of research project	20
Ethics submission of research project	20
Laboratory work or clinical study of research project	20
Data collection of research project	10
Data analysis of research project	20
Conclusion and/or discussion of outcomes of research project	10
Named author in each publication from the project	100
Named contributor (that is not a named author) in each publication from the project	25
International oral presentation undertaken by Trainee <i>Only the presenting Trainee is awarded points.</i> <i>An international meeting is one that is convened by an organisation or society outside of Australia and New Zealand except for the RACS Annual Scientific Congress, which will be considered International.</i>	50
National oral presentation undertaken by Trainee. <i>Hospital or State meetings are not considered National.</i>	25

26.2. Higher Degrees

26.2.1. Trainees may score a maximum of 500 points as follows:

Component	Points
PhD or MD <i>MDs awarded as basic medical degrees are excluded.</i>	500
Masters by course work or thesis <i>Course work must include a Research subject</i>	300
Diploma by course work or thesis <i>Course work must include a Research subject</i>	200
Graduate Certificate by course work or thesis	100

Component	Points
<i>Course work must include a Research subject</i>	

26.3. Grants, Scholarships, and Awards

26.3.1. Trainees may score a maximum of 100 points as follows:

Component	Points
Research grant submission as a chief investigator	50
Research grant received as a chief investigator	100
Research scholarship awarded	100
Best Oral Presentation at International/National/bi-National meeting <i>Receiving second or third place award or special mentions are excluded</i>	50
Best Oral Presentation at Australian state/territory, University, or Hospital meeting <i>Receiving second or third place award or special mentions are excluded</i>	25

26.4. Courses

26.4.1. Trainees may score a maximum of 100 points as follows:

Component	Points
CLEAR	50
Courses with formative and summative assessments	50

26.5. Completed Research Projects prior to GSET Commencement

26.5.1. Trainees may score a maximum of 100 points as follows:

Component	Points
Research publications as first author	50
Research publications as not first author	25
International oral presentation undertaken by Trainee <i>An International meeting is one that is convened by an organisation or society outside of Australia and New Zealand.</i>	50
National oral presentation undertaken by Trainee. <i>Hospital or State meetings are not considered National.</i>	25
Prospective randomised trial	50
Systematic Review (with PRISMA Criteria) / Meta-Analysis	50

27. APPENDIX 5 - SURGICAL EDUCATION AND ASSESSMENT (SEAM) STANDARD SETTING

27.1. Purpose and Scope

- 27.1.1. This Section provides the framework in which the assessment component of the Surgical Education and Assessment Modules (SEAM) will be Standard Set.
- 27.1.2. As per Section 13.5, SEAM is a summative evaluation of a candidate's knowledge, understanding and application of following key areas of the practice of General Surgery:
- a. Acute Abdomen
 - b. Anatomy
 - c. Haematology
 - d. Nutrition
 - e. Operating Theatre
 - f. Peri-operative Care
 - g. Post-Operative Care
 - h. Trauma and Critical Care
- 27.1.3. The requirements for the completion of SEAM by General Surgery Trainees and pass mark required for satisfactory completion is specified in Section 13.5.

27.2. Format of SEAM

- 27.2.1. SEAM consists of two segments and is conducted online as an eLearning Module:
- a. Content
 - b. Summative Assessment consisting of 20 randomly generated questions containing two (2) easy, sixteen (16) medium, and two (2) hard questions.

27.3. Method of Standard Setting Assessment Component

- 27.3.1. A modified Angoff Method will be used to Standard Set the assessment component of SEAM.

27.4. Subject Matter Experts (SME)

- 27.4.1. A minimum of six (6) to maximum of ten (10) SMEs will be selected to form the panel that will review a module.
- 27.4.2. SMEs will be either Board or Training Committee members.

27.5. Application

- 27.5.1. Each SME will review the questions and independently rate as easy, medium, or hard.
- 27.5.2. The probability categorisation of the ratings will be as follows:
- a. Easy - 90%
 - b. Medium - 80%
 - c. Hard - 70%
- 27.5.3. The SMEs will be provided with the performance statistics for each question and will have the ability to review their rating.
- 27.5.4. The ratings for each question will be averaged at the completion of the reviews.
- 27.5.5. The questions will be rated to the closest probability categorisation.

27.6. Review of Attempts

- 27.6.1. A Trainee's attempt will be reviewed if they have not satisfactorily passed the assessment component of a module and the following situation occurs:
- a. A question is deemed not suitable and therefore retired from the question bank.
 - b. A question is deemed to be considerably ambiguous such that a candidate would have been disadvantaged.
- 27.6.2. In the event of Section 27.6.1a or Section 27.6.1b, all Trainees who meet Section 27.6.1 who were presented with the question will have their score adjusted by 1 mark.
- 27.6.3. If the adjustment increases their attempt score to 80%, the Trainee will be informed that they have passed the summative assessment component of the module.

27.7. Timeframe

- 27.7.1. Each module will be Standard Set every two years.