Australian Board in General Surgery
Royal Australasian College of Surgeons & General Surgeons Australia

Selection Regulations:

2026 Australian Selection to Surgical Education and Training in General Surgery for 2027 Intake

Approved:25 November 2025

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1. INTRODUCTION

1.1 DEFINITIONS AND TERMINOLOGY

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

Acronym/term	shall mean/is defined as:
GSA	The Australian Society of Specialist General Surgeons trading as General Surgeons Australia
ABiGS	The Royal Australasian College of Surgeons Australian Board in General Surgery
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
Applicant	A person who has submitted an application for the Surgical Education and Training Program in General Surgery through the Australian Board in General Surgery application process administered by General Surgeons Australia.
Application closing date	The due date for submitting a completed application, which is 17:00 AEDT 19 March 2026.
CSET	Committee of Surgical Education and Training
Business days	Monday to Friday excluding Public Holidays
Consultant	A surgeon employed in the position of Consultant.
Curriculum Vitae or CV	The scored components of the application for selection.
FRACS	Fellow of the Royal Australasian College of Surgeons
Ineligible	Applicants who fail to satisfy one or more of the eligibility requirements.
Interview	A panel interview conducted as part to the selection process.
MBA	Medical Board of Australia
RACS	Royal Australasian College of Surgeons
Referee	A person who knows the applicant, is willing to describe or report on observed work performance, character, and abilities; and meets the eligibility requirements outlined in these Regulations.
Referee Reports	An in-depth report conducted as part of the selection process.
Registration closing date	The due date for submitting an intent to apply through the RACS registration process.
SET Program	The surgical education and training program in General Surgery as approved by the Australian Board in General Surgery. The ABiGS program is referred to as General Surgery Education and Training (GSET) program.
Successful	Refer to clause 7.1
Unsuccessful	Refer to clause 7.1
Unsuitable	Refer to clause 7.1

1.2 PURPOSE OF REGULATIONS

1.2.1. The purpose of these Regulations is to set forth and establish the principles, terms, and conditions of the selection process for the Royal Australasian College of Surgeons (RACS) Surgical Education and Training Program in General Surgery (GSET) for the 2026 intake in Australia. This is a public document.

1.3 ADMINISTRATION

1.3.1. RACS is the body accredited and authorised to conduct Surgical Education and Training (SET) in Australia and New Zealand.

1.3.2. The Australian Board in General Surgery is responsible for the delivery of the General Surgery Education and Training Program (GSET), the accreditation of hospital posts, and the assessment and supervision of General Surgery Trainees in Australia. For further information, refer to the Australian Board in General Surgery Terms of Reference located on the.

1.3.3. These Regulations apply to Australia only. Applicants who are applying to the Aotearoa New Zealand SET program are not eligible to apply to the Australian SET program the same year.

1.3.4. Selection is conducted annually. These Regulations may be changed from year to year and cannot be relied on for the intakes conducted in future years for the GSET Program. Any Selection Regulations for the GSET Program from any previous years are not applicable and cannot be relied on for meeting the selection requirements for the 2027 intake unless specifically stated in these Regulations.

1.3.5. Scores from previous applications are not relevant to a current application.

1.3.6. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current selection year.

1.3.7. All documentation must be in English or be accompanied by a certified English translation. Translation services are available from the National Accreditation Authority for Translators and Interpreters.

1.3.8. All communication during the selection process will be conducted in writing via email. Applicants are responsible for ensuring their contact information is current. Applicants must notify the ABiGS via email selection@generalsurgeons.com.au of any changes as soon as possible.

1.4 OBJECTIVE OF THE GSET PROGRAM

1.4.1. The overall objective of the GSET Program is to produce competent independent general surgeons with the experience, knowledge, skills, and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe ethical and comprehensive care and leadership.

1.4.2. The GSET Program is structured to ensure trainees achieve competencies in:

a. Medical expertise
b. Judgement and clinical decision making
c. Technical expertise
d. Professionalism
e. Health advocacy
f. Communication
g. Collaboration and teamwork
h. Leadership and management
i. Scholarship and Teaching
j. Cultural competence and cultural safety

2. PRINCIPLES AND SELECTION CRITERIA

2.1 PRINCIPLES OF SELECTION

2.1.1. The aim of the selection process is to select trainees of the highest calibre for the General Surgery training program on the basis of merit through a fair, open, and accountable process.

2.1.2. The selection process will be documented, transparent, and objective with applicants having access to eligibility criteria, information on the selection process, general selection criteria and a reconsideration, review and appeal process.

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

2.1.4. The selection process will abide by the principles of the RACS Regulation: Registration and Selection to Surgical Education and Training.

The number of Applicants selected in any year will depend on the number of eligible Applicants together with the number of accredited training posts available in the following year.

2.2 GENERAL SELECTION CRITERIA

2.2.1. Applicants are expected to have adequate insight in General Surgery to make an informed decision about the specialty as a potential career path.

2.2.2. Applicants are advised to review the General Surgery Person Specification available on the GSA website which provides an overview of the role of a General Surgery trainee and Applicant criteria.

3. SELECTION INITIATIVES AND SPECIAL MEASURES

3.1 ABORIGINAL AND TORRES STRAIT SELECTION INITIATIVE

3.1.1. Special measures are introduced for the purpose of addressing the low participation of Aboriginal and Torres Strait Islanders in the GSET Program.

3.1.2. Applicants wishing to be considered for this initiative must at the time of registration:

a. have identified as Aboriginal and/or Torres Strait Islander in the registration process; and

b. have met the eligibility requirements for membership of Australian Indigenous Doctors' Association; and

c. have met the eligibility requirements and minimum standards for selection contained in these Regulations.

3.1.3. The special measures apply preferencing of the top ranked Aboriginal and/or Torres Strait Islander who has satisfied the eligibility requirements and minimum standards for all selection tools as detailed in these Regulations.

3.1.4. Eligible Aboriginal and/or Torres Strait Islander applicants may be exempt from paying the GSA application fee.

3.1.5. 10% of the total offers identified for the first round of appointments will be quarantined for eligible Aboriginal and Torres Strait Islander applicants. Any offers made in subsequent rounds will be made in accordance with ranking and these Regulations.

3.1.6. In the circumstance where more than two applicants meet the above criteria, the post(s) will be allocated to the highest-ranking applicant.

3.1.7. An applicant's status as Aboriginal or Torres Strait Islander will only be known to staff and ABiGS members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

3.2 REGIONAL DISTRIBUTION

3.2.1. The ABiGS has introduced Regional Training Nominations that will better support the distribution and retention of surgeons across Australia and address geographical imbalances in the surgical workforce.

3.2.2. Applicants to the GSET Program in Australia will have the option of indicating their preferences for the following regions:

a. New South Wales*/Australian Capital Territory
b. Queensland
c. South Australia*
d. Victoria*/Tasmania
e. Western Australia

3.2.3. *New South Wales, South Australia, and Victoria have rotations through the Northern Territory.

3.2.4. Applicants should number each region in order of preference according to the following guidelines:

a. Applicants to the SET Program in General Surgery in Australia may list up to four (4) preferences for regions as per 3.2.2.

b. Should an applicant not wish to be considered for a post in a particular region, they should select the "No Preference" option rather than numbering that region. This will ensure that applicants are not offered a region that they have no desire to accept.

c. If an applicant wishes to be considered for a post in any region and is willing to accept a post in any region offered to them, they should number each region in order of preference (up to four preferences). Where applicants' scores are identical, or are deemed to be equivalent within a 2% banding, the offer for a place on the General Surgery Training Program will be made according to the following criteria:

i. The applicants' first region of preference.

ii. Where both applicants first region of preference is the same, the applicant with the higher interview score will receive the offer

3.2.5. Preferences cannot be added to or altered after submission of the application.

3.2.6. Applicants must understand that if they accept an offer outside of their first preference, their training will occur in that region and a transfer in the future to another region is not guaranteed.

3.2.7. The ABiGS will provide an approximate number of how many offers will be made in each region at the commencement of July prior to first round offers. The ABiGS cannot guarantee offers will be made in each of the five regions.

3.3 RURAL EQUITY

3.3.1. RACS Council has approved the Rural Health Equity Strategic Action Plan. The ABIGS has introduced special measures that will increase the rural surgical workforce and reduce workforce maldistribution through the Select for Rural and Retain for Rural strategies. Please refer to section 8 of these regulations.

4. ELIGIBILITY REQUIREMENTS

4.1 RACS GENERIC ELIGIBILITY REQUIREMENTS

4.1.1. Applicants who wish to apply for the GSET Program in Australia must first register in accordance with the RACS Regulation: Registration and Selection into Surgical Education and Training available on the RACS website.

4.1.2. Applicants must confirm for themselves that they meet the minimum RACS generic and General Surgery in Australia eligibility criteria required before submitting their completed registration form.

4.1.3. Applicants must submit a completed registration form including the required supporting documentation and pay the registration fee by the registration closing date.

4.1.4. Applicants must have permanent residency or citizenship of Australia at the time of registration.

4.1.5. Applicants must have general (unconditional) registration with the Medical Board of Australia in accordance with RACS Regulation: Medical Registration for the Surgical Education and Training Program

4.1.6. Applicants must have completed the following online learning module:

a. The Operating with Respect eLearning module (retired 2023) or the Introduction to Operating with Respect Course on the RACS website.

4.1.7. Applicants will be emailed confirmation of completed registration and eligibility by RACS.

4.2 DISQUALIFICATION FROM ELIGIBILITY

4.2.1. Applicants with any conditions or undertakings associated with their medical registration in any country or jurisdiction at the time of application, or in the five years immediately prior to the closing date for applications, are ineligible to apply.

4.2.2. Applicants who have been terminated, or received a finding of misconduct, or received two or more written warnings related to their employment, at the time of application, or in the three years immediately prior to the closing date for applications, are ineligible to apply.

5. ONLINE APPLICATION

5.1 APPLICATION

5.1.1. Applications must be submitted via the GSA Online Application system during the published dates. No other form of application will be accepted.

5.1.2. Access to the online application system will be made available to all registered and eligible applicants on the opening date for applications.

5.1.3. Documentary evidence and achievements must be entered in the correct section. If entered in the incorrect section of the online application, achievements will not attract points.

5.1.4. Applications may be started, saved, printed, and re-accessed during the application period.

5.1.5. Applications must be submitted by the closing date and time. Saved un-submitted applications will not be considered. No extensions will be granted under any circumstances.

5.1.6. Once an application is submitted, it cannot be changed or added to, this includes candidates emailing additional documentation. Applicants are responsible for ensuring their application is complete and correct at the time of submission.

5.1.7. Incomplete applications or those that do not comply with the instructions within the online application system, or these Regulations will not be considered.

5.1.8. Applicants will receive email confirmation when they have successfully submitted their application.

5.1.9. Applicants must pay a selection application fee at the time of application to be considered for selection. If the fee is not received by the closing date and time, the application will not be considered. The fee is non-refundable under any circumstances.

5.2 DOCUMENTARY EVIDENCE

5.2.1. Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.

5.2.2. In most cases, evidence must be retrospective. Prospective evidence will not be accepted.

5.2.3. Forms of evidence other than what is outlined in these Regulations will not be accepted.

5.2.4. Where a signature is required, the signature must be either a physical, handwritten signature or an electronic scanned version of such a signature. Address-blocks, typed signatures, and email signatures are not acceptable.

5.2.5. Letters of evidence must be dated and on letterhead.

5.2.6. All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided. Where a translation has not been provided, the entry will be deemed invalid and not considered.

5.2.7. Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations, or where the evidence does not meet the verification requirements will not be awarded points.

5.2.8. The Selection process and requirements change on an annual basis; no data is carried over from one year's Selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current Selection year.

5.3 DISCLOSURE REQUIREMENTS

5.3.1. To enable the ABiGS to give effect to the generic eligibility requirements under clause 2.2, applicants are required to disclose, at the time of application, all or any of the following information:

a. In the last 10 years has the applicant been made aware of any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA or any other regulatory health complaints entity in any State or Territory of Australia or in Aotearoa New Zealand relating to their medical practice?

b. If the applicant has practised in other countries, whether the applicant is aware of any similar notifications or complaints made in those countries?

c. Is the applicant aware of any formal complaint made to any hospital or health service in which they have been engaged or employed during the last five years?

d. Is the applicant aware of any other formal complaint being made otherwise in relation to their practice as a medical practitioner in the last five years?

5.3.2. Applicants are required to provide full details if answering 'yes' to any of the above questions.

5.3.3. Disclosure of any matters set out above will not automatically disqualify an applicant but are relevant to the ABiGS' assessment of the applicant's suitability for the GSET Program.

5.3.4. If the ABiGS makes any adverse decision based on the applicant's response to any of the questions contained in clause 5.3.1, the applicant will be entitled to respond by making submissions for the ABiGS to consider.

5.4 COMPLETING THE APPLICATION

5.4.1. The information collected as part of the application and during the selection process will be used to assess the applicant's suitability for the GSET Program. Information may be disclosed to other parties for the purpose of selection or where required to do so by law. The ABiGS may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the ABiGS will deem the applicant unsuitable for selection and their application will be withdrawn. This does not include verifying information that is incomplete or not provided in accordance with the application – i.e. not providing the correct form of documentation as evidence. Additionally, CV scorers will not verify incomplete information via the internet or hyperlinks provided.

5.4.2. By submitting the application, the Applicant is consenting to the collection, use, disclosure and storage of the information by the ABiGS or its agents for the purpose of processing the application.

5.4.3. By submitting an application, the Applicant understands that the application cannot be updated or altered once it has been submitted.

5.4.4. By submitting an application, the Applicant is consenting to references being collected, and to the named referees within the application providing the information requested as part of the Referee Report process.

5.4.5. By submitting an application, the Applicant verifies the information provided is correct and in accordance with these Regulations. The applicant also verifies no false or tampered documentation will be submitted.

5.4.6. It is a condition of application for selection that, should at any time during the selection process or in the future, the ABiGS becomes aware that any evidence submitted as part of the application was false or tampered with, or the responses in the application are incorrect, misrepresented, or are untruthful, the applicant may be deemed unsuitable for selection, not considered further in the selection program, and the ABiGS may, at its absolute discretion, report this to the relevant authorities and/or disqualify the applicant from making further application to the SET program. If the applicant has already been selected, the applicant may be dismissed from the GSET program. It would be sufficient grounds for dismissal that the ABiGS has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful.

5.4.7. By submitting an application, the Applicant understands that any offer to the GSET Program is conditional upon completion of any clinical rotations required for eligibility by 31 December 2026 as well as the conditions as stipulated in clause 14.3.3.

5.4.8. By submitting an application, the Applicant understands that, if successful, may be allocated to a training post outside of their current geographical location and accepts that if they decline this allocation, they will be forfeiting the offer of a training position and will be required to reapply in a future year.

6. SELECTION PROCESS

6.1 STAGES OF SELECTION AND KEY DATES

STAGE	DATE
RACS Registration Opens	12 noon AEDT Tuesday 6 January 2026
RACS Registration Closes	12 noon AEDT Friday 30 January 2026
General Surgery Applications Open	12 noon AEDT on Wednesday 18 February 2026
General Surgery Applications Close	5:00pm AEDT on Thursday 19 March 2026
Referee Reports Open	Wednesday 22 April 2026
Referee Reports Close	Wednesday 6 May 2026
Interviews	28 May through to 20 June 2026
Notification of First Round Offers	Friday 24 July 2026 *Note: Dates for subsequent rounds will be available on the GSA website.*
Notification of Final Offers	Friday 6 November 2026

6.2 SELECTION COMPONENTS

6.2.1. The selection process compromises of four selection components, each contributing the following weightings to the overall selection score out of 100.

Selection Components	Weighting	Minimum score to be deemed suitable for selection	Scored in accordance with clause
a) Rurality	10%	Refer to Clause 6.2.2	8
b) Curriculum Vitae	20%		9
c) Professionalism Referee Reports	20%		10
d) Interview	50%		12
Total Overall Score	100%	Refer to Clause 6.2.2	

6.2.2. To satisfy the minimum standard for selection, applicants must rank above the fourth quartile (i.e. within the top 75% of ranked applicants). These applicants will be considered suitable for selection. Applicants in the last quartile (i.e. within the bottom 25% of ranked applicants) will be deemed unsuitable and will be notified accordingly.

6.2.3. Only applicants who satisfy the eligibility and application requirements in accordance with RACS Regulations and these Regulations will be considered in open competition for selection to the GSET program.

6.2.4. Applications to the GSET Program must meet the minimum eligibility criteria as specified in clauses 6.3 – 6.6. The minimum eligibility criteria comprise of the following:

a. Clinical Rotations: General Surgery and Critical Care (Clause 6.3)
b. Procedural Skills and Professional Capabilities (Clause 6.4)
c. RACS Surgical Science Generic Examination (Clause 6.5)
d. Support from four Surgeons (Clause 6.6)

6.2.5. Applicants who fail to meet any one of the eligibility requirements during application will be deemed unsuitable as per Clause 7.1.2 and will not proceed in the selection process.

6.3 ELIGIBILITY REQUIREMENT – CLINICAL ROTATIONS

6.3.1. Applicants must note the following Australian General Surgery specific eligibility requirement:

Rotation Type	Minimum Duration	Validity Period	Completed By
General Surgery Rotation (Refer to Clause 6.3.7)	26 weeks Refer to 6.3.2	Refer to 6.3.4	By application closing date
Critical care rotation (refer to 6.3.8)	1 X 8 weeks	N/A	By application closing date

6.3.2. Rotations must be a minimum of eight (8) continuous weeks in duration on the one unit (unless undertaking nights or relieving positions in which applicants must meet 6.3.7n or o) in a full-time capacity. The 26 weeks may include up to a maximum of three (3) weeks leave. The leave must have been taken during the General Surgery rotations utilised for minimum eligibility.

6.3.3. Night and relieving rotations will be accepted for the purposes of minimum eligibility and must adhere to 6.3.2, 6.3.7n for nights and 6.3.7o for relieving.

6.3.4. The validity period for General Surgery rotations is between 1 December 2022 and the application closing date except where 6.3.5 or 6.3.6 applies.

6.3.5. Where the applicant has been undertaking active full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2024 and 2025 (24 months), minimum eligibility will consider the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for less than 24 months during 2024 and 2025.

6.3.6. Where the applicant has been on parental leave for a minimum of three months between 1 December 2022 and the closing date of applications, the validity period will be extended backwards by the number of months of parental leave taken.

6.3.7. A General Surgery rotation is defined as one of the following:

a. Acute Surgical Unit
b. Breast and Endocrine
c. Colorectal
d. General Surgery
e. General Surgery rotations that are combined with Urology, Orthopaedics, Neurosurgery, Plastic and Reconstructive and Cardiothoracic Surgery will only be considered General Surgery where the documentation states that 80% of the rotation was in General Surgery, working for a General Surgeon and on the General Surgery on call roster.
f. Surgical Oncology
g. Transplant
h. Trauma
i. UGI/HPB

j. Head and Neck (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

k. Thoracic (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

l. Vascular (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

m. Paediatric General Surgery (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**) Paediatric Surgery rotations with a consultant who holds dual General/Paediatric FRACS do not need to provide this documentation. Applicants must indicate which consultant hold dual FRACS and this will be verified with RACS.

n. Nights where 80% of the night term is undertaken for covering General Surgery units as specified in 6.3.7a – 6.3.7m. **This must be specified in the documentation.**

o. Relieving term where 80% of the relieving term is undertaken in a General Surgery unit as specified in 6.3.7a – 6.3.7m. Nights cannot be included in a relieving term. **This must be specified in the documentation.**

6.3.8. A Critical Care rotation is defined as one of the following:

a. Trauma Unit
b. ICU
c. HDU
d. ED
e. Cardiothoracic Unit
f. Vascular Unit
g. Burns Unit
h. Anaesthetic Unit
i. Transplant/HPB
j. Critical Care Unit

6.3.9. A Critical Care rotation cannot also be considered for a General Surgery rotation as part of the minimum eligibility. Applicants will need to stipulate if the rotation is to be considered a General Surgery rotation or Critical Care rotation.

6.3.10. Applicants must provide proof of completed Surgical or Critical Care rotations at the time of application in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates, and any leave taken. A contract, letter of appointment, or roster will not suffice as documentation.

6.3.11. Rotations for which documentation does not meet Clause 6.3.10 will not be taken into consideration and may deem the application unsuitable.

6.3.12. Applicants who do not meet the minimum eligibility requirement will be deemed unsuitable as per Clause 7.1.2 and will not proceed in the selection process.

6.4 ELIGIBILITY REQUIREMENT – PROCEDURAL SKILLS AND PROFESSIONAL CAPABILITIES

6.4.1. Applicants must demonstrate proficiency in a range of procedural skills and professional capabilities.

6.4.2. Applicants must submit the completed Australian Board in General Surgery Procedural Skills and Professional Capabilities Form available on the GSA website.

6.4.3. Each Procedural Skill and Professional Capability listed must be verified by the consultant surgeon supervising the rotation(s).

6.4.4. A Consultant is defined as one of the following:

a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or
b. A vocationally trained surgeon employed as a specialist surgeon.

6.4.5. Each procedure must be verified during rotations undertaken between 1 December 2022 and the closing date of applications except where Clause 6.3.5 and 6.3.6 applies.

6.4.6. Applicants who do not have each Procedural Skill and Professional Capability verified in accordance with Clause 6.4.3, 6.4.4 and 6.4.5 will be deemed unsuitable as per Clause 7.1.2 and will not proceed in the selection process.

6.5 ELIGIBILITY REQUIREMENT – RACS GENERIC SURGICAL SCIENCE EXAMINATION

6.5.1. Applicants must successfully complete the RACS Generic Surgical Science Examination by the application closing date.

6.5.2. Applicants who have not successfully completed the RACS Generic Surgical Science Examination by the application closing date will be deemed unsuitable as per Clause 7.1.2 and will not proceed in the selection process.

6.6 SUPPORT FROM CONSULTANT SURGEONS

6.6.1. Applicants must obtain support from four (4) Consultant surgeons including at least one General Surgeon.

6.6.2. A Consultant is defined as one of the following:

a. Fellow of the RACS employed as a specialist surgeon; or

b. A vocationally trained surgeon employed as a specialist surgeon.

6.6.3. Applicants must complete the prescribed template with the details of each surgeon. The form must include the Consultant's full name, practising address, RACS ID number, and Surgical Specialty. Where all the required information is not included on the template, the applicant will be deemed unsuitable and will not proceed in the selection process.

6.6.4. Applicants who do not provide evidence of the above or who do not have support from four consultants will be deemed unsuitable and will not proceed in the selection process.

7. SELECTION PROCESS

7.1 OVERVIEW

7.1.1. Applicants who satisfy the eligibility and application requirements in accordance with RACS Regulations and these Regulations will be considered in open competition for selection to the GSET Program in Australia.

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

a. **Unsuitable** being an eligible applicant who failed to satisfy a minimum standard for selection.

b. **Unsuccessful** being an eligible applicant who satisfied the minimum standards for selection and is therefore suitable for selection but who did not rank highly enough in comparison to the intake to be made an offer of selection.

c. **Successful** being an eligible applicant who satisfied the minimum standards for selection and is therefore suitable for selection and who has ranked highly enough in comparison to the appropriate intake to be made an offer of selection.

8. RURALITY - MAXIMUM 10 POINTS

8.1 RURAL AND REMOTE CLASSIFICATION

8.1.1. The ABiGS relies on the Modified Monash Model (MM) to define rurality. The Modified Monash Model (MM 2019) is made up of 7 categories:

- MM 1 Metropolitan areas
- MM 2 Regional centres
- MM 3 Large rural towns
- MM 4 Medium rural towns
- MM 5 Small rural towns
- MM 6 Remote communities
- MM 7 Very remote communities

8.1.2. The Health Workforce Locator available on the Department of Health website can be used to determine rural or remote classification by selecting the filter for 'Modified Monash Model'.

8.1.3. For the purposes of these Regulations, hospitals in areas classified MM2 – 5 will be considered **rural**.

8.1.4. For the purposes of these Regulations, hospitals in areas classified MM6 - 7 will be considered **remote**.

8.2 RURAL EDUCATION – MAXIMUM 3 POINTS

8.2.1. Rural Education is defined as one academic year or more of attendance at a Rural Clinical School (during medical degree) in any of the 21 universities participating in the Rural Health Multidisciplinary Training (RHMT) program.

8.2.2. A list is available here: https://www.health.gov.au/our-work/rhmt.

8.2.3. Applicants must provide as evidence a letter from the relevant rural site certifying that the applicant spent a whole academic year (or more) at the rural site. This must be on appropriate letterhead.

8.2.4. Applicants who have spent one academic year or more in a Rural Clinical School specified in 8.3.1 will be awarded 3 points.

8.3 RURAL ORIGIN – MAXIMUM 3 POINTS

8.3.1. The Australian Government currently defines 'Rural Origin' as residency for at least 10 years cumulatively or any 5 years consecutively in a MM2-7 area. Shorter periods of time may be added together but must make up 10 years cumulatively in an MMM2-7 area.

8.3.2. Certification of Rural Origin is required from an independent source(s) and must be uploaded with the application.

8.3.3. Refer to Appendix 2 for full evidence required which includes a statutory declaration completed by the applicant along with supporting evidence.

8.3.4. Applicants who can certify that they are of Rural Origin will be awarded 3 points.

8.4 RURAL AND REMOTE SURGICAL EXPERIENCE – MAXIMUM 4 POINTS

8.4.1. Applicants who demonstrate a commitment to working in the rural or remote sector within Australia will be awarded points on their CV. Points will be awarded where an applicant has spent a minimum of six (6) continuous months working in a Surgical Position in a rural or remote hospital as defined by the Monash Medical Model.

8.4.2. Applicants must have spent a minimum of six (6) continuous months at a single hospital or while rotating through rural and remote hospitals within one employment network. Any placement shorter than six (6) continuous months at one hospital, or within rural and remote rotations in the same network, will not be considered for scoring.

8.4.3. Experience must be within the validity period between 1 December 2022 and the closing date of applications.

8.4.4. A maximum of six weeks leave per six month rotation is acceptable to still be awarded points.

8.4.5. Where the applicant has been undertaking active full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2024 and 2025 (24 months), the validity period will be extended backwards to the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for less than 24 months during 2024 and 2025.

8.4.6. Where the applicant has been on parental leave for a minimum of three months between 1 December 2022 and the closing date of applications, the validity period will be extended backwards by the number of months of parental leave taken.

8.4.7. Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates, and any leave taken. A contract, letter of appointment, or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.

8.4.8. Documentation not provided on letterhead or signed will not be accepted and the rotation will not be scored.

8.4.9. Rural experience must be entered into the relevant section on the online application to be eligible for scoring.

8.4.10. Refer to Appendix 2 for scoring.

9. CURRICULUM VITAE – ONLINE APPLICATION

9.1 OVERVIEW AND PURPOSE

9.1.1. The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process, and referees. In addition, it includes the Curriculum Vitae which collects information on rurality, qualifications, publications, presentations, and teaching.

9.2 SCORING

9.2.1. Each Curriculum Vitae will be scored by two (2) people nominated by the ABiGS without reference to the opinions of others using a structured scoring system. The Curriculum Vitae will be scored first by a GSA staff member. The second scorer will be a member of the ABiGS. Where any discrepancy occurs in the scores provided by the two (2) scorers, the ABiGS Chair, or appointed representative, will score the Curriculum Vitae to identify the anomaly and determine the correct score.

9.2.2. The Curriculum Vitae has a maximum of 19 points. The components scored are:

a. Qualifications (Maximum 4 points)
b. Presentations (Maximum 3 points)
c. Publications (Maximum 5 points)
d. Scholarship and Teaching (Maximum 3 points)
e. Indigeneity and Ethnicity (Maximum 4 points)

9.2.3. Rurality is scored separately in accordance with clause 8.

9.2.4. The score out of 19 will be adjusted to an overall weighted percentage score rounded to two decimal places for the Curriculum Vitae selection tool.

9.2.5. The scoring guide for the Curriculum Vitae component of the Selection Process can be found in Appendix 1.

9.3 QUALIFICATIONS (MAXIMUM 4 POINTS)

9.3.1. Scoring only includes higher degrees and diplomas successfully completed at the time of application at a recognised institution as determined by the ABiGS. Scoring only includes:

a. Diplomas/Graduate Diplomas in a medically related area
b. Masters degree/s in a medically related area by either coursework or thesis
c. PhD in a medically related area

9.3.2. A medically related discipline is one related to the science or practice of medicine. This would include, but not be limited to, the following (the final decision will be made by the Board Chair):

a. Anaesthesiology
b. Anatomy
c. Critical care
d. Epidemiology
e. Health Promotion
f. Medical and biomedical sciences
g. Medical genetics
h. Medical imaging
i. Neurology
j. Nursing
k. Pathology
l. Public health
m. Radiology
n. Surgery

o. Surgical education

p. Traumatology

q. Tropical health

9.3.3. Higher Degrees and Diplomas must be awarded by the time of application to be considered.

9.3.4. Scoring does not include primary medical qualifications including the MBBS/MBChB/MD or overseas equivalent, graduate certificates/certificates, or other Bachelor degrees including Honours.

9.3.5. A Graduate Diploma/Diploma is one that meets the Australian Qualifications Framework definition.

9.3.6. Scoring does not include successful completion of the RACS Basic Surgical Examination (completed prior to February 2008), Surgical Science, or Clinical Examination or overseas examinations.

9.3.7. Scoring does not include the MRCS qualification.

9.3.8. Documentary evidence of completion must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.

9.4 PRESENTATIONS (MAXIMUM 3 POINTS)

9.4.1. Scoring will consider presentations undertaken in the past five (5) years.

9.4.2. Presentations must be complete, that is presented, at the time of application closing date. Prospective presentations will not be scored.

9.4.3. Scoring only includes presentations relating to General Surgery, Basic Surgical Science, and Surgical Education. The applicant must justify why the presentation should be classified as General Surgery, Basic Surgical Sciences, or Surgical Education.

9.4.4. Surgical Education refers to curriculum, assessment, teaching methods, or learning theories to support the education of surgeons.

9.4.5. Presentations that relate to the following surgical specialties **will not** be scored:

a. Cardiothoracic Surgery
b. Plastic and Reconstructive Surgery
c. Vascular Surgery
d. Otolaryngology Head and Neck Surgery
e. Orthopaedic Surgery
f. Neurosurgery
g. Urology
h. Paediatric Surgery
i. Surgical History
j. Maxillofacial Surgery
k. Ophthalmology

9.4.6. The following criteria will be assessed when determining whether a presentation is General Surgery or related to one of the above specialties:

a. Majority involvement of Specialist General Surgeons as co-authors
b. Nature and specialty of conference or meeting
c. The subspecialty section under which the presentation is classified in the conference program, if applicable
d. Whether the presentation relates to a **core** General Surgery topic e.g. a disease or condition that is typically *only* managed by General Surgeons
e. For topics that overlap between General Surgery and other specialties, whether General Surgeons commonly lead the care of such patients.

9.4.7. The final determination is made by the Chair.

9.4.8. Scoring only includes presentations personally given by the applicant.

9.4.9. Scoring only includes presentations made at subject to competitive abstract selection. The meeting must have a clear process of abstract selection and peer review which must be submitted with the presentation documentation. **If not provided the entry will not be scored.** The documentation pertaining to the abstract selection and peer review process must include timeline for abstract submission, the composition of the review panel, and the criteria by which abstracts are assessed. Please refer 9.4.16 for exemptions.

9.4.10. Hospital or Network/Hub based presentations will not be scored.

9.4.11. Presentation of a Masters/PhD dissertation will not be scored.

9.4.12. Poster Presentations will only be scored where the applicant is the first author and the named presenter in the meeting program. Documentary evidence that does not include this information will not be scored**.**

9.4.13. Poster presentations that include a short oral presentation will be scored as a Poster presentation – this includes Quick Shot Presentations.

9.4.14. Presentations that have sufficiently similar topics or that have been presented at more than one scientific meeting or conference will only be scored once.

9.4.15. When the same body of research has been published in a peer reviewed journal and presented, both the publication and the presentation will each be scored individually in accordance with the Regulations.

9.4.16. The following documentary evidence of a presentation is required:

a. a certificate of presentation clearly stating the presentation title, type of presentation (oral or poster) and applicant's name **OR**

b. a letter from the organising committee stating the applicant undertook the presentation and the title of the presentation *(please note it is A or B but not both)* **AND**

c. a copy of the submitted abstract with the **applicant's name** clearly identified.

d. evidence of competitive abstract selection and peer review process as stipulated in 9.4.9 (this is not required for meetings run by RACS / RACS affiliated organisations or GSA / GSA affiliated organisations).

e. The meeting program which identifies the title and name of presenter **(not required for poster presentations or for meetings run by RACS / RACS affiliated organisations or GSA / GSA affiliated organisations)**.

9.4.17. Acceptable evidence does not include a letter from the supervisor or acceptance of presentation for a meeting. Letters of acceptance will deem the entry invalid and will not be scored.

9.4.18. Scoring does not include presentations made through predatory online websites – for example but not limited to World Academy of Science, Engineering and Technology (WASET) presentations, International Institute for Research in Science and Technology or any conferences organised by MEDDOCS, Euroscience or affiliated organisations. The final determination is made by the Chair.

9.5 PUBLICATIONS (MAXIMUM 5 POINTS)

9.5.1. Scoring will consider publications undertaken in the past five (5) years.

9.5.2. Publications must be complete, that is published (online or in print), at the time of closing date for applications.

9.5.3. Articles uploaded online but awaiting peer review are not considered to be published and will not be scored (this includes F1000 articles).

9.5.4. Publications in General Surgery, Basic Surgical Science, and/or Surgical Education will be scored where eligible. The applicant must demonstrate how the publication is relevant to General Surgery, Basic Surgical Sciences, or Surgical Education.

9.5.5. Surgical Education refers to curriculum, assessment, teaching methods, or learning theories to support the education of surgeons.

9.5.6. A maximum of one (1) publication that falls within the following surgical areas will be scored (the publication that attracts the highest number of points will be scored):

a. Cardiothoracic Surgery
b. Plastic and Reconstructive Surgery
c. Vascular Surgery
d. Otolaryngology Head and Neck Surgery
e. Orthopaedic Surgery
f. Neurosurgery
g. Urology
h. Paediatric Surgery

9.5.7. The following criteria will be assessed when determining whether a publication is General Surgery or related to one of the above specialties:

a. Majority involvement of Specialist General Surgeons as co-authors
b. Nature and specialty of publication

9.5.8. The final determination is made by the Chair.

9.5.9. Each publication can only be scored once.

9.5.10. Only publications in a peer reviewed journal (including open access online journals) will be scored.

9.5.11. Published abstracts will not be scored.

9.5.12. Scoring excludes letters to editors, book reviews, and media releases.

9.5.13. Articles published but awaiting peer review are not scored (this includes F1000 articles).

9.5.14. Surgical History, General medicine or health publications and specialties not listed in 9.5.6 will not be scored.

9.5.15. Weighting is applied where the applicant is the first or last/senior author. Joint first or last authors will be scored the same as first / last author and must be listed on the publication.

9.5.16. Publications from Trainee Research Collaboratives:

a. Publications from collaboratives must include the addendum of authors with the applicant's name highlighted for ease of identification. If this is not included the publication will not be scored. A link to the list of contributors will not be accepted.

b. Applicants listed as a national or state lead, member of the steering committee or writing committee, will be scored as non-first authors.

c. Applicants listed at any other level will be scored as per a case report and will be considered in the total case reports scored as per 9.5.19.

9.5.17. Case Reports, "How I Do it", "Commentary", and "Perspective" articles will only be scored where the applicant is the first author. All will be scored as a Case Report.

9.5.18. Images for Surgeons published after 1 July 2022 will not be scored. Images for Surgeons published prior to 1 July 2022 will be scored as a Case Report.

9.5.19. A maximum of three (3) Case Reports or equivalent will be scored. This will be inclusive of any case reports, relevant authorship in collaborative research publications, and articles referred to in 9.5.17 and 9.5.18.

9.5.20. The only documentary evidence of a publication that will be accepted is a **PDF copy** of the published journal article, book chapter, case report or equivalent.

9.5.21. Entries where adequate documentation is not provided will not be scored. Submission of the journal abstract will not be accepted.

9.5.22. Scoring will not include publications from predatory online websites for example, but not limited to, World Academy of Science, Engineering and Technology (WASET) publications. The final determination is made by the Chair.

9.6 SCHOLARSHIP AND TEACHING (MAXIMUM 3 POINTS)

9.6.1. Applicants may score for involvement in continued teaching.

9.6.2. Applicants must use the template provided for teaching experience. This will be the only evidence accepted for scoring.

9.6.3. Scoring only includes teaching relevant to the medical field.

9.6.4. Scoring only includes teaching that occurred for a minimum of two hours per week by the closing date of applications.

9.6.5. Academic teaching refers to university-based teaching aligned to semesters or trimesters.

9.6.6. Weekly, rostered teaching sessions of clinical skills involving patients in the clinical environment will be scored. Bed-side teaching that occurs as part of daily ward rounds is not scored. The template must indicate that the teaching sessions were not part of ward rounds or routine bed side teaching and were weekly, rostered, formal sessions.

9.6.7. Separate teaching positions during the same period of time will not be scored independently.

9.6.8. Teaching for one university semester, less than three trimesters or less than six months of continuous teaching will not be scored.

9.6.9. Entries where documentation does not clearly articulate the length or type of teaching will be scored at the discretion of the Chair with consideration to the scoring methodology in Appendix 1.

9.6.10. Scoring does not include undertaking periodic presentations at seminars, invigilating at examinations, workshops or hospital meetings including ward rounds, bed side teaching and Mortality and Morbidity meetings. Scoring does not include involvement as a mentor.

9.6.11. Scoring does not include teaching of medical students or interns as part of a normal medical employment.

9.6.12. Evidence of involvement from the relevant institution must be supplied on the template provided.

9.6.13. Entries for which documentation cannot verify the activities and time commitment, including dates and hours per week, will not be scored. Documentation must also specify that the teaching was outside of normal medical appointment. The only evidence accepted is on the prescribed template. Where the template is not completed correctly, the entry will not be scored.

9.6.14. Scoring only includes teaching undertaken in the last three years.

9.6.15. Where the applicant has been undertaking active full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2024 and 2025 (24 months), the validity period will be extended backwards to the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for less than 24 months during 2024 and 2025.

9.6.16. Where the applicant has been on parental leave for a minimum of three months between 1 December 2022 and the closing date of applications, the validity period will be extended backwards by the number of months of parental leave taken.

9.7 INDIGENEITY AND ETHNICITY (MAXIMUM 4 POINTS)

9.7.1. Eligible Aboriginal and/or Torres Strait Islander applicants as per section 3.1.2 will be awarded 4 points.

10. PROFESSIONALISM REFEREE REPORTS

10.1 OVERVIEW AND PURPOSE

10.1.1. The Professionalism Referee Report will focus on the areas of Communication, Teamwork and Collaboration, and Professionalism

10.2 PROCESS

10.2.1. The applicant must provide the names of a minimum of fifteen (15) referees from each of the following groups:

a. Clerical Staff
b. Nurses
c. Allied Health
d. ED/ICU/HDU medical practitioners
e. Junior Doctors

10.2.2. The referees must be from surgical rotations that are a minimum of eight (8) weeks on one unit completed since 1 December 2022 and by the closing date of application.

10.2.3. A surgical rotation is classified as one of the following:

a. Cardiothoracic Surgery
b. General Surgery (refer to 6.3.7)
c. Neurosurgery
d. Plastic and Reconstructive Surgery
e. Paediatric Surgery
f. Orthopaedic Surgery
g. Otolaryngology Head and Neck Surgery
h. Urology
i. Vascular Surgery

10.2.4. Applicants must provide a minimum of two (2) referees from each of the five (5) groups listed in clause 10.2.1. Applicants must confirm that the nominated people have agreed to act as a referee. No attempt should be made to canvas the referees' intended response.

10.2.5. Where an applicant has been in a rotation for a continuous period of 26 weeks or more, the applicant may nominate all referees from the rotation ensuring adherence to clause 10.2.4. The 26 week period may contain no more than six (6) weeks leave.

10.2.6. Where an applicant has been in a rotation for less than 26 weeks, they may nominate a maximum of five (5) referees from the rotation.

10.2.7. If an applicant elects not to provide the details for referees as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing referees who do not strictly comply with these Regulations, the applicant may be withdrawn from the selection process and their application will not be considered further.

10.2.8. The hospitals or units in which the applicant has worked may be contacted as part of the selection process to verify that the referees listed on the application form comply with these Regulations.

10.2.9. The ABiGS will select at its discretion five (5) primary referees to be contacted as part of the selection process. In selecting the referees, the ABiGS will give consideration to the duration, recency, and type of rotation.

10.2.10. The remaining nominated referees will be considered alternates. Reports completed by alternate referees will only be used as part of the selection process if one (1) or more of the primary reports identified in clause 10.2.8 are not received by the final submission date or if a report is deemed invalid (as per clause 10.3.3). The alternate referee reports, where required, will be used in order of their submission date.

10.2.11. The selected referee names **will not** be released to the applicants.

10.3 PROCESS AND SCORING

10.3.1. Referees will be requested to rate the applicant's performance, relative to their peers, for each of the ten (10) assessment areas. Referees will need to select one (1) of five (5) options for each of the areas. The ratings are as follows:

a. Lower 75% (average)
b. Top 16% – 25% (very good)
c. Top 6% - 15% (excellent)
d. Top 5% (exemplary)
e. As a referee, I did not observe this behaviour

10.3.2. The individual report scores will be converted to a percentage score rounded to two decimal places, calculated by dividing the total score for the report by the total number of questions for which the referee has provided a response.

10.3.3. If the referee has provided a response for less than 80% of the report, the report will be deemed invalid and will not be used as part of the selection process. In these circumstances an alternate report will be sought (as in Clause 10.2.9).

10.3.4. If, having applied Clause 10.2, the ABiGS has not obtained five (5) valid reports prior to the final submission date determined by the ABiGS, the applicant will be **deemed unsuitable and will not proceed in the selection process**.

10.3.5. The ABiGS is responsible for the collection of the reports. Applicants will not be provided with updates on the reports collected; nor will they be involved in the collection process in any way. Applicants will not be informed if referees have submitted a report or if they have received five valid reports during the collection time frame. It is the applicant's responsibility to ensure referees are aware of the collection timeframe and are able to complete the online form within the specified collection timeframe. All referees contacted as part of the selection process will be advised of the confidential nature of the reports. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant being deemed **unsuitable** for selection and removed from the selection process. Harassment includes, but is not limited to, repeated requests by the applicant to any referee for a copy of the report submitted.

10.3.6. The percentage scores for the five (5) individual reports will be averaged to provide an overall weighted percentage score, rounded to two decimal places, for the Professionalism Referee Report selection tool.

11. ELIGIBILITY TO PROCEED TO INTERVIEW

11.1.1. Applicants' combined scores from the following tools - rurality, CV and Professionalism Referee Reports - **must** be within the first two quartiles, that is, the first 50% of applicants, in order to proceed to interview. Applicants who do not meet this criterion will be deemed unsuitable and not be eligible for an interview. Applicants will be notified accordingly as per clause 7.1.

12. INTERVIEWS

12.1 OVERVIEW AND PURPOSE

12.1.1. The interview has been designed to:

a. Identify factors deemed important to the practice of General Surgery.
b. Address the RACS competencies.
c. Assess the suitability of the applicant for training.

12.1.2. The interview seeks information on the attributes listed in the General Surgery Person Specification.

12.2 NOTIFICATION OF INTERVIEW

12.2.1. Applicants will be notified of the date, time, and location of the interview ten (10) business days prior.

12.2.2. It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the interview. The ABiGS accepts no responsibility for any costs incurred by applicants in attending the interview or applicants who fail to satisfy the minimum standards or eligibility who are not eligible to attend an interview.

12.2.3. Interviews will generally be held in Victoria, Queensland, New South Wales, South Australia, and Western Australia.

12.2.4. Applicants will be required to provide proof of identification at the interviews.

12.2.5. Interview dates will be published on the GSA website.

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

12.2.7. Applicants will be provided with a brief on the structure of the interview at the time of notification.

12.3 CONDUCT

12.3.1. The interviews will be conducted by a series of five (5) interview panels as per Clause 13.4.

12.3.2. Each panel will conduct a designated section of the interview for all applicants, with applicants rotating between panels.

12.3.3. Applicants will spend up to 10 minutes with each panel.

12.3.4. Each interview will be approximately 60 minutes in total duration, allowing for time to move between panels.

12.4 COMPOSITION OF INTERVIEW PANELS

12.4.1. Each Panel will comprise two (2) members from any of the following areas:

a. Members of the Australian Board in General Surgery
b. Members of the Training Committees of the Australian Board in General Surgery
c. Fellows of the RACS who are General Surgeons

12.4.2. Each panel will be permitted one (1) observer who will not participate in scoring.

12.4.3. Each panel will ask two (2) structured questions. Follow-up questions may be asked to explore the breadth and depth of their experience and insight. These questions may vary based on applicant responses.

12.5 SCORING

12.5.1. Applicants will be scored using a structured scoring system and criterion statements relating to topics outlined in Clause 13.1.2.

12.5.2. Each individual panel member will score the applicant out of five (5) per question.

12.5.3. Each individual panel member will also award a Global Score out of five (5) for each applicant. The Global Score is an overall score that includes an assessment of the following skills: communication, ethics, organisation, reflection of RACS competencies, situational awareness, and safety.

12.5.4. The interview scores from the five (5) panels will be collated and totalled. The score for each panel will be out of 30. The total maximum points for all five panels is out of 150.

12.5.5. The total will be converted to a weighted score and used in the final ranking of suitable applicants.

13. RANKING

13.1.1. Applicants who complete the components of the selection process will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 obtained for each of the four (4) selection tools, providing an overall percentage score:

1. Rurality 10%
2. Curriculum Vitae 20%
3. Professionalism Referee Reports 20%
4. Interview 50%

13.1.2. To satisfy the minimum standard for selection, applicants must rank above the fourth quartile (i.e. within the top 75% of ranked applicants). These applicants will be considered suitable for selection.

13.1.3. Applicants in the last quartile (i.e. within the bottom 25% of ranked applicants) will be deemed unsuitable and will be notified accordingly.

13.2 OFFERS

13.2.1. Successful applicants will be offered positions based on their national ranking and regional preferences, in accordance with Clause 3.2.

13.2.2. It is expected that there will be several rounds of offers to the GSET Program in Australia. The rounds will be published on the GSA website.

13.2.3. Applicants who have been deemed successful, in accordance with Clause 14.3 but who do not rank highly enough to receive a first-round offer to the GSET Program in Australia, will still be considered eligible for subsequent rounds of offers made by the ABiGS.

13.2.4. From Round 2 onwards, applicants who are identified as being next on the ranking to be offered a place, but who have already been offered a place in another specialty, will be contacted via email to ascertain if they do not wish to receive an offer from General Surgery. Applicants will have five (5) working days to respond. Applicants who reject an offer made by General Surgery will be removed from the ranking and no further offers will be made. Such applicants will be considered withdrawn from the selection process.

13.2.5. Applicants who do not wish to receive a later round offer to the GSET Program must advise the ABiGS by the stipulated deadline. Such applicants will be considered withdrawn from the selection process.

13.2.6. Applicants who receive an offer to a region other than their first preference and who wish to be considered eligible for subsequent rounds of offers must indicate this at the time of acceptance of offer. If the applicant fails to do so, the acceptance of the original offer will stand, and the applicant will not be considered for subsequent rounds of offers for their first preference.

13.2.7. Once an offer has been accepted, the relevant Training Committee will allocate the successful applicant to a Training Rotation according to the following guidelines:

a. Allocation will be based on national rank, preference, and the number of available positions.

13.2.8. While every effort will be made to match applicants to their preference, due to the number of posts available this will not always be possible and new trainees are required to accept the rotation allocated to them.

13.2.9. In the interest of fairness, allocations to posts may not be made until after several rounds of offers have been finalised.

13.2.10. Applicants who have been deemed suitable but who do not rank highly enough to receive an offer by the final round will be considered **unsuccessful.** Unsuccessful applicants will be notified in writing as outlined in Clause 14 of these Regulations.

14. FEEDBACK

14.1 UNSUITABLE APPLICANTS

14.1.1. Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:

a. That they have been deemed unsuitable for selection and will not be considered further in the selection process.
b. Information on the overall scores they received for each of the selection tools completed following completion of Selection offers.
c. Notification of the minimum standard or Regulation that they failed to satisfy.

14.1.2. Applicants will not be notified of their overall ranking.

14.2 UNSUCCESSFUL APPLICANTS

14.2.1. Applicants who have been deemed unsuccessful will be notified in writing via email of the following:

a. That they have been deemed suitable for selection but have not ranked highly enough to be made an offer in accordance with the intake and have therefore been unsuccessful.
b. Information on the overall scores received for each of the selection tools completed following completion of Selection offers.

14.2.2. Applicants will not be notified of their overall ranking but will be informed of the quartile ranking.

14.3 SUCCESSFUL APPLICANTS

14.3.1. Applicants who have been deemed successful in the selection process will be notified in writing via email of the following:

a. That they have been successful in the selection process and are being offered a position on the GSET Program in Australia subject to the conditions outlined in Clause 14.3.3.
b. Information on the Regional allocation and on the process for allocation to a training post.

14.3.2. Applicants will not be notified of their overall ranking.

14.3.3. Acceptance of the offer to the GSET Program in Australia will be conditional on the following:

a. The applicant being registered with the Australian Health Practitioner Regulation Agency (AHPRA) with no conditions or undertakings or pending any investigation.
b. The applicant being employed by the relevant health areas and/or the allocated hospital.
c. Completion of the RACS Cultural Competency Modules 1 and 2 prior to commencing Training.
d. The information submitted in the application form being true, verifiable and correct.
e. Provision of any outstanding documentation required by the Board.
f. Payment of all monies owed to RACS.
g. Acceptance and return of the signed Training Agreement.
h. Formal acceptance of the offer by the due date.

14.3.4. Applicants who fail to satisfy any of the conditions outlined in Clause 14.3.3 of these Regulations will automatically forfeit the offer.

14.3.5. Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

14.3.6. Applicants who return the acceptance of offer form by the stipulated deadline, and who satisfy the conditions outlined in Clause 14.3.3 will be contacted by the relevant Regional Office in accordance with Clause 13.2.7 of these Regulations.

14.3.7. Applicants' contact details will be provided to the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy to allow for automatic registration as required by the GSET Training Regulations.

14.4 DEFERRAL

14.4.1. Applicants who wish to defer the commencement of their General Surgical Education and Training must lodge a request to the Australian Board in General Surgery at the time of acceptance using the following procedure:

a. Complete the required section on the acceptance offer including a request for first preference if applicable.
b. Provide documentary evidence of the reason surrounding the request for deferral.

14.4.2. All applications for deferral or interruption are governed by the **SET: Trainee Registration and Variation Regulation** available on the RACS website, and the Australian Board in General Surgery GSET Regulations.

14.4.3. Applications for deferral will only be considered for the following reasons:

a. Research towards a higher degree
b. Parental, Carers or Medical leave

14.4.4. The ABiGS does not have the authority to alter RACS Regulation, or to approve non-compliant requests.

14.4.5. Deferrals will not be granted in Round 4 and onwards due to logistical considerations.

14.4.6. All deferral applications made in accordance with clauses 14.4.1 and 14.4.3 will be considered but not necessarily granted. The ABiGS will make a determination taking into consideration the reasons for the request and logistical considerations. The ABiGS may consult the Regional Training Committee prior to determination.

14.4.7. The ABiGS can approve deferral of commencement for a fixed period of one year.

14.4.8. Applicants who receive approval to defer the commencement of training will be guaranteed a clinical training post in the region they accepted at the start of the year they commence clinical training.

14.4.9. Applicants on approved deferral will be required to begin their training in their region of offer following their period of deferral. Transfer of region requests are not accepted during any period of deferral.

14.4.10. An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

14.4.11. Requests for deferral may be denied. Should a request for deferral be denied, applicants must either accept the original offer or decline the offer and consider reapplying in any subsequent year.

14.5 FLEXIBLE TRAINING

14.5.1. Applicants who wish to be considered for Flexible Training in their first year must lodge a request to the ABiGS at the time of acceptance using the following procedure:

a. Complete the required section on the acceptance offer.
b. Provide documentary evidence of their request for a Flexible Training post.

14.5.2. The request will be considered and approval determined by the relevant Training Committee.

14.5.3. Whilst every effort will be made to accommodate flexible training requests, due to the limited posts available no guarantees can be provided. Where a flexible training request cannot be accommodated, the applicant will be made the offer to either accept full time training, decline the GSET Offer or defer for one year. Applicants who receive an offer in Round 4 and later are not eligible to defer.

14.5.4. All applications for flexible training are governed by the **SET: Trainee Registration and Variation Regulation** available on the RACS website, and the Australian Board in General Surgery GSET Regulations.

14.5.5. The ABiGS does not have the authority to alter RACS Regulation, or to approve non-compliant requests.

15. APPENDIX 1 – SCORING GUIDE FOR CURRICULUM VITAE – ONLINE APPLICATION

15.1 OVERVIEW

15.1.1. The following provides the scoring guide for the CV component of the General Surgery Selection Process for eligible entries that meet the criteria as per Clause 9.

15.1.2. Applicants must reference Clause 9 to determine eligible entries. Entries that do not meet the criteria in Clause 9 or where the documentation is insufficient will not be awarded points.

15.2 QUALIFICATIONS

15.2.1. Eligible Qualifications that meet the criteria in Clause 9.3 will be scored as follows:

a. 1 point – Graduate Diploma or Diploma in a medically related area
b. 2 points - Masters by coursework or thesis in a medically related area
c. 3 points – PhD in a medically related area

15.3 PRESENTATIONS

15.3.1. Eligible Presentations that meet the criteria in Clause 9.4 will be scored as follows:

a. 1 point - Poster presentation
b. 2 points - Oral presentation

15.4 PUBLICATIONS

15.4.1. Eligible Publications that meet the criteria in Clause 9.5 will be scored as follows:

a. 1 point - Case Report
b. 1 point - A peer reviewed journal article or book chapter where the applicant is not the first author
c. 2 points - A peer reviewed journal article or book chapter where the applicant is the first author

15.5 SCHOLARSHIP AND TEACHING

15.5.1. Eligible Scholarship and Teaching entries that meet the criteria in Clause 9.6 will be scored as follows:

15.5.2. Candidates will be awarded 1 point for:

a. Six months of continuous weekly teaching in one teaching position
b. Two (2) consecutive university semesters
c. One (1) year of consecutive university trimesters

15.5.3. Candidates will be awarded 2 points for:

a. Minimum of 12 months of continuous weekly teaching in one teaching position
b. Four (4) consecutive university semesters
c. Two (2) years of consecutive university trimesters

15.5.4. Candidates will be awarded 3 points for:

a. Minimum of 18 months of continuous weekly teaching in one position
b. Six (6) consecutive university semesters
c. Three (3) years of consecutive university trimesters

15.6 INDIGENITY AND ETHNICITY

15.6.1. Eligible candidates will be awarded 4 points.

16. APPENDIX 2 – RURALITY

16.1 RURAL ORIGIN ACCEPTABLE SUPPORTING DOCUMENTS

16.1.1. The applicant **must provide** a statutory declaration in their name.

16.1.2. If the applicant is providing bills or invoices in a parent's name, from when they were under 18, then both a statutory declaration from a parent and one from the applicant will be required. The statutory declaration/s must be accompanied by either 16.1.4 or 16.1.5.

16.1.3. An official statutory declaration template must be used, either your state or territory one or a Commonwealth one. You can find these by googling statutory declaration. In **addition** to a statutory declaration, the applicant must provide either 16.1.4 or 16.1.5.

16.1.4. Professional supporting letters from a GP/dentist, bank, school, university or workplace:

a. Professional supporting letters must be dated, signed, include your rural residential address and rural address history, and the dates that you resided at the address.

b. The professional supporting letters must detail how the applicant is known to the author of the letter and the applicant must be known in a professional capacity e.g. patient of the GP or student of the school/university.

c. The GP practice/school/bank/workplace/university should be in or around the same rural area the applicant is providing support for residing in. If not, the letter needs to clearly detail how the author is able to confirm the rural address history and time periods. The professional letter of support must be official on letterhead and include, if from a GP their AHPRA registration number or official practice stamp.

16.1.5. Documents to prove residence such as invoices for telephone, utilities, or bank statements showing the applicant `s (or the applicant's family's) address, can be provided.

a. If the applicant was over 18 at the time, bills and invoices will only be accepted if in the applicant's name.

b. Rates notices are not acceptable.

c. An online printed invoice will only be acceptable if dated the year it was issued. E.g. a bank statement must be dated the year the applicant is supporting (i.e. dated 19 July 2019 if the applicant is supporting the year 2019, it cannot be dated 2023 if the applicant is supporting the year 2019).

d. The professional letters of support and statutory declarations must include the rural address history and time periods.

16.2 RURAL ORIGIN UNACCEPTABLE SUPPORTING DOCUMENTS

16.2.1. School reports are not sufficient documentation.

16.2.2. Time spent at a holiday home (second residence) or during school holidays in a rural setting, will not be considered.

16.2.3. If selecting five years consecutive, then the supporting documentation must support five full years (documentation is required for every year) and must be consecutive.

16.2.4. If selecting 10 years cumulative then the supporting documentation must support 10 full years and documentation will be needed for each time period, one document for the start of each time period and one for the end of each time period (documentation is required for every year).

16.3 RURAL AND REMOTE SURGICAL EXPERIENCE SCORING

16.3.1. Rural Surgical Experience (Hospitals in areas classified MM2 – 5)

16.3.2. Experience must be at one individual hospital or within one employment or hospital network rotating to rural and/or remote hospitals within that network. All hospitals must be classified as rural or remote as per 16.3.1 and 16.3.3.

a. Six months– 1 point

b. Twelve months– 3 points

c. Eighteen months– 4 points

16.3.3. Remote Surgical Experience (Hospitals in areas classified MM6 – 7)

a. Six months– 2 points

b. Twelve months– 4 points

17. APPENDIX 3 - PRESENTATIONS

Further to clause 9.4.16 the following meetings are exempt from providing evidence of competitive abstract selection and peer review process as stipulated in 9.4.9.

17.1 General Surgeons Australia Affiliated Organisations:

17.1.1. New Zealand Association of General Surgeons (NZAGS)

17.1.2. Association of Surgeons of Great Britain and Ireland (ASGBI)

17.1.3. Royal Australasian College of Surgeons (RACS)

17.1.4. Australian and Aotearoa New Zealand Gastric & Oesophageal Surgery Association (AANZGOSA)

17.1.5. Australian and New Zealand Hepatic, Pancreatic & Biliary Association Inc. (ANZHPBA)

17.1.6. Australian & New Zealand Metabolic and Obesity Surgery Society (ANZMOSS)

17.1.7. Australian and New Zealand Endocrine Surgeons (ANZES)

17.1.8. Australian Society for Breast Disease (ASBD)

17.1.9. Breast Surgeons of Australia & New Zealand (BreastSurgANZ)
Cancer Australia

17.1.10. Clinical Oncological Society of Australia (COSA**)**

17.1.11. Colorectal Surgical Society of Australia & New Zealand (CSSANZ)

17.1.12. Endocrine Society of Australia (ESA)

17.1.13. Gastroenterological Society of Australia (GESA)

17.1.14. The Cancer Council Australia

17.1.15. The Transplantation Society of Australia and New Zealand (TSANZ)

17.1.16. Australia and New Zealand Trauma Society

17.1.17. Australian and New Zealand Burn Association

17.2 Royal Australasian College of Surgeons Affiliated Organisations:

17.2.1. Australian and New Zealand Society of Cardiac and Thoracic Surgeons

17.2.2. Australia and New Zealand Society for Paediatric Endocrinology and Diabetes

17.2.3. Neurosurgical Society of Australasia

17.2.4. Spine Society of Australia

17.2.5. Australian Orthopaedic Association

17.2.6. New Zealand Orthopaedic Association

17.2.7. Arthroplasty Society of Australia

17.2.8. Australasian Orthopaedic Trauma Society

17.2.9. Australian Hand Surgery Society

17.2.10. Australian Knee Society

17.2.11. Australian and New Zealand Orthopaedic Research Society

17.2.12. Australian Orthopaedic Foot & Ankle Society

17.2.13. Australian Paediatric Orthopaedic Society

17.2.14. Australia and New Zealand Sarcoma Association

17.2.15. Australian Society of Orthopaedic Surgeons

17.2.16. Medico-Legal Society

17.2.17. Shoulder & Elbow Society of Australia

17.2.18. Spine Society of Australia

17.2.19. New Zealand Society of Otolaryngology Head and Neck Surgery
17.2.20. Australasian Society of Paediatric Otorhinolaryngology
17.2.21. Australian & New Zealand Head & Neck Cancer Society
17.2.22. Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
17.2.23. Australian and New Zealand Association of Paediatric Surgeons
17.2.24. Australian Paediatrics Society
17.2.25. Paediatric Society of New Zealand
17.2.26. Australian Society of Plastic Surgeons
17.2.27. New Zealand Association of Plastic Surgeons
17.2.28. Australasian Society of Aesthetic Plastic Surgery
17.2.29. Australia and New Zealand Association of Oral and Maxillofacial Surgeons
17.2.30. Australian and New Zealand Burns Association
17.2.31. Australian and New Zealand Society of Craniomaxillofacial Surgeons
17.2.32. Australian Hand Surgery Society
17.2.33. The Urological Society of Australia and New Zealand
17.2.34. Australian & New Zealand Society of Nephrology
17.2.35. Australian and New Zealand Society for Vascular Surgery
17.2.36. Melbourne Vascular Surgical Association
17.2.37. Royal Australian and New Zealand College of Obstetricians and Gynaecologists
17.2.38. Royal Australian and New Zealand College of Ophthalmologists
17.2.39. SWAN Trauma, Critical Care & Emergency Surgery Conference

18. APPENDIX 4 - RECONSIDERATION

18.1.1. This clause sets out the process undertaken by the Board in line with the RACS Reconsideration, Review and Appeal (RRA) Regulation.

18.1.2. The process provides for Reconsideration of the original decision under these Regulations and the RRA Regulation.

18.1.3. The original decision maker under these regulations is the ABiGS.

18.1.4. Applications for Reconsideration must be addressed to the ABiGS Chair via email board@generalsurgeons.com.au and as per Clause 4.2 of the RRA Regulation.

18.1.5. 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.

18.1.6. Applications submitted to the ABiGS must:

a. Be in accordance with Clause 4.1 of the RRA Regulation;

b. specify the decision to be reconsidered;

c. include the grounds for reconsideration as per Clause 3.2 of the RRA Regulation;

d. not be in relation to a decision previously subject to Reconsideration, Review or Appeal under these Regulations and the RRA Regulation.

18.1.7. As per Clause 4.1.2 of the RRA Regulation, the ABiGS will only consider material as initially submitted by the applicant, i.e. the information on which the original decision was based. No new information will be permitted or considered by the Board in the Reconsideration process.

18.1.8. Requests for reconsideration that question the scoring of a CV entry will be rejected unless an error in awarding of points based on Appendix 1 has been made. Referee Report scores are determined by referees and are not subject to Board discretion. Accordingly, applications for reconsideration in relation to the scores for this selection tool will not be accepted.

18.1.9. The ABiGS or appointed representative will review the application and determine if it meets the criteria for reconsideration as per Clause 3.2 of the RRA Regulation. The applicant will bear the onus of proof to establish the grounds of the Reconsideration. If the application is deemed not to meet the criteria or if the matter has previously been through the Reconsideration process, the applicant will be informed within 7 days of receipt of application.

18.1.10. If the application meets the criteria, the application will be considered by the ABiGS at the next appropriate Board meeting or via email in line the ABiGS Terms of Reference, noting that the ABiGS does not meet monthly.

18.1.11. The ABiGS will take into consideration the documentation as outlined in Clause 4.1 of the RRA Regulation.

18.1.12. The ABiGS will provide a written response of the outcome seven (7) days after the Board meeting or in line with email decisions. The written response will include the reason for the decision.