

Training Regulations

Surgical Education and Training Program in Urology

Version: 1

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These Training Regulations apply to all trainees in the competency-based training program, including those who commenced in or after 2024 or transitioned into the competency-based program in 2024. Trainees undertaking the former SET Program should refer to the *Training Regulations – Surgical Education and Training Program in Urology (Legacy)*, approved on 8 July 2024.

The Regulations set out rules, procedures, administrative processes, and principles for the delivery of the Surgical Education and Training Program in Urology. The Regulations can change during the year, but the latest version will be available on the USANZ website at www.usanz.org.au. Please refer to the website to ensure you are using the current version.

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1. Introduction

1.1 Acronyms and Defined Terms

The following acronyms, abbreviations, defined terms and their associated definitions are used throughout this document:

Acronym/Defined Term	shall mean
AHPRA	Australian Health Practitioner Regulation Agency
ASM	Annual Scientific Meeting
ATLS	Advanced Trauma Life Support
BOU	Board of Urology
Carer's Leave	Leave to care for or support a member of the Trainee's immediate family or household who is sick, injured or in an emergency
CbD	Case Based Discussion
CCrISP	Care of the Critically Ill Surgical Patient
CLEAR	Critical Literature Evaluation and Research
Clinical training	Training completed while concurrently working as an employee in an accredited training post.
Clinical Year	A 12-month period, usually from early February one year to early February the following year
Commencement date	A trainee's first day in an accredited training post in Basic Training, as recorded by USANZ.
Compassionate Leave	Leave if a member of the Trainee's immediate family or household dies, or is diagnosed with a life-threatening condition, or in the event of miscarriage
CSET	Committee of Surgical Education and Training
Deferral	A delay in the commencement of training in the SET Program in Urology following receipt of a training offer
EMST	Early Management of Severe Trauma
EPA	Entrustable Professional Activity. A professional activity that a Trainee can be entrusted to perform at the required standard of performance with distant supervision.
Exceptional Circumstances	Circumstances that are not ordinarily encountered or anticipated, which are beyond the control of a Trainee, and which are of such severity or gravity that they may impact adversely on a Trainee's capacity to complete a training requirement or to perform in any assessment(s)
FEx	Fellowship Examination in Urology. The summative assessment conducted the RACS and undertaken by Trainees as part of the SET Program in Urology
Flexible Training	Training undertaken on a minimum 50% full-time equivalent basis, but less than 100%
FRACS (Urol)	Fellowship of the Royal Australasian College of Surgeons in Urology
FTE	Full-time equivalent

Acronym/Defined Term	shall mean
Interruption	A period of approved leave of absence from the SET Program in Urology by a Trainee who has commenced training
ITA	In-Training Assessment
Logbook Report	A logbook summary report in a format prescribed by the BOU
MALT	Morbidity Audit and Logbook Tool
MCNZ	Medical Council of New Zealand
Misconduct	Misconduct has the same meaning as the term is defined in the <i>RACS Regulation: SET Misconduct</i>
MSF	Multi-Source Feedback
OPC	Observed Patient Consultation
OSP	Observed Surgical Performance
Parental Leave	Leave granted following the birth of a child or adoption.
Personal Leave	All other leave that does not fall under the definition of Parental Leave, Carer's Leave or Compassionate Leave.
RACS	Royal Australasian College of Surgeons.
RPL	Recognition of Prior Learning is prior education, training or experience which is recognised comparable to components of the SET Program in Urology
RTC	Regional Training Committee
SET	Surgical Education and Training
SET Program	The surgical education and training program, successful completion of which leads to a Fellowship of RACS in the specialty of Urology
SSE (Urol)	Surgical Science Examination in Urology
Support Person	An individual chosen by a Trainee to accompany them during meetings related to disciplinary matters initiated by the BOU. They may be a friend, family member, colleague or trusted individual who provides emotional support, assistance, and guidance to the trainee. A support person cannot advocate for the trainee, speak on their behalf, or provide legal representation.
Term	A period of clinical training usually three months in duration with start and end dates determined by the BOU
Trainee	A Trainee registered in the SET Program in Urology
Trainer	A Urologist who is a member of a hospital setting that has an accredited training post, who interacts with Trainees in the workplace and in other educational activities as part of the SET Program in Urology

Acronym/Defined Term	shall mean
Training offer	An offer to commence the SET Program, following a successful application for selection into surgical training
Training provider	The entity legally responsible for the administration of the site of training. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership, or any other entity legally responsible for the hospital setting.
Training region	NSW/ACT, SA, QLD, VIC (incl TAS), WA or AoNZ
Training unit	A urology department in a hospital setting that has an accredited training post
Training Supervisor	A FRACS Urologist appointed by the BOU with direct responsibility for coordinating a Trainee's education and for overseeing formative and summative assessments which are used to determine progress in the SET Program in Urology
USANZ	Urological Society of Australia and New Zealand.

1.2 Overview of Governance

- 1.2.1 Fellowship of the Royal Australasian College of Surgeons (FRACS) in Urology is the primary postgraduate qualification required to practice as an independent specialist urologist in Australia and Aotearoa New Zealand.
- 1.2.2 RACS is the body accredited and authorised to conduct surgical education and training in Australia and Aotearoa New Zealand.
- 1.2.3 The SET Program operates in Australia and Aotearoa New Zealand and is the accredited training program to obtain a Fellowship of RACS in the specialty of Urology.
- 1.2.4 The BOU is responsible for the regulation and delivery of the SET Program in Urology on behalf of RACS.
- 1.2.5 The administration and management of the SET Program is delegated to the USANZ as an agent of RACS.
- 1.2.6 The official website for the SET Program is the USANZ website at www.usanz.org.au. The website is the main form of communication and outlines all relevant information pertaining to the SET Program. The official website for RACS is www.surgeons.org
- 1.2.7 For assistance or information on the SET Program in Urology, please contact:
- Education and Training Manager
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1.3 Overview of the Regulations

- 1.3.1 These Regulations set out rules, procedures, policies, administrative processes, and principles for the delivery of the SET Program. These Regulations are complementary to RACS policies and regulations governing Surgical Education and Training. At times, these Regulations may refer directly to a RACS policy or regulation. In such instances these policies can be found on RACS' website www.surgeons.org.
- 1.3.2 The BOU reserves the right to make changes to these Regulations at any time. The latest version will be available on the USANZ website at www.usanz.org.au. Please refer to the website to ensure you are using the correct version.
- 1.3.3 In the event of any discrepancy or inconsistency between these Regulations and information from any other source, written, verbal or otherwise, with the exception of RACS policies and regulations, these Regulations shall prevail.
- 1.3.4 All Trainees, Training Supervisors, Trainers, Regional Training Committee (RTC) members and BOU members must comply with these Regulations.

2. TRAINEE ADMINISTRATION

2.1 Registration, Training Fees and Ongoing Participation in the SET Program

- 2.1.1 Trainees selected for the SET Program must be registered with RACS in accordance with the *RACS Regulation: Trainee Registration and Variation*.
- 2.1.2 In accordance with *RACS Regulation: Medical Registration for the Surgical Education Program*, Trainees in Australia are required to hold general registration from the Medical Board of Australia (MBA) without conditions or undertakings. Trainees in Aotearoa New Zealand are required to hold general scope registration or restricted general scope registration in urology from the Medical Council of New Zealand (MCNZ) without conditions.
- 2.1.3 By application and acceptance into the SET Program, a Trainee becomes a Trainee Member of the USANZ, after paying the associated fee.
- 2.1.4 There are two components to the training fee for the SET Program – RACS and Specialty. RACS is responsible for determining the RACS component and the USANZ is responsible for determining the specialty component.
- 2.1.5 Trainees must remit to RACS, who is responsible for the invoicing and collection of all fees (both RACS and Specialty components). All enquiries regarding training fees must be submitted to SET Enquiries via email to SETenquiries@surgeons.org.
- 2.1.6 Trainees who do not pay on time training fees and other required amounts to RACS will be dismissed from the SET Program in accordance with the *RACS Regulation: Dismissal from Surgical Training* and these Regulations.
- 2.1.7 Trainees must pay separate fees to the USANZ for educational opportunities that enhance the SET Program such as the Induction Course and Trainee Week. These fees are determined annually by the USANZ. If these fees are not paid, trainees will be excluded from these educational opportunities.
- 2.1.8 Trainees are required to notify the BOU in writing, within two (2) working days of any material change to their employment and provide all documentation relating to any change (also refer Section 12. Dismissal). For avoidance of doubt, this includes but is not limited to the details of:
- commencement and outcome of any investigations
 - disciplinary actions taken by their hospital setting and/or training provider and reasons for it
 - details of the suspension or termination of employment.

2.1.9 Trainees are required to notify the BOU in writing, within two (2) working days of any change to their medical registration status during the SET Program (also refer Section 12. Dismissal). This includes:

- a) reprimands, conditions, censure or agreed undertakings
- b) expiry, suspension, or cancellation.

2.1.10 Trainees are required to notify the BOU in writing of any illness, injury or impairment that may impact on their ability to undertake or complete the SET Program and any reasonable adjustments that may be required to enable trainees to practise safely and otherwise meet the requirements of training. This notification must be made in accordance with *RACS Regulation: Ill, Injured and Impaired Trainees*.

2.2 Accredited Training Posts and Allocation

2.2.1 New Trainees appointed to the SET Program will be allocated a Training Region where they will ordinarily complete most of the SET Program if there are available accredited training posts. Training Region allocations are based on selection rankings and consideration is given to Training Region preferences. The Training Regions are as follows:

- a) Aotearoa New Zealand
- b) New South Wales (including Australian Capital Territory)
- c) Queensland
- d) South Australia
- e) Victoria (including Tasmania)
- f) Western Australia.

2.2.2 Training Posts in the Training Regions are accredited in accordance with the *RACS Regulation: Training Post Accreditation and Administration*, available on the RACS website and the *SET Urology Training Post Accreditation Regulations* available on the USANZ website.

2.2.3 Each SET Urology Training Post has a Training Supervisor, satisfying the requirements in the *SET Urology Training Supervisor and Trainer Regulations*.

2.2.4 The BOU (or respective RTC on behalf of the BOU) allocates Trainees to accredited training posts.

2.2.5 After being advised of training post allocation, the Trainee must contact the hospital setting and/or training provider and make the appropriate application for appointment. The training provider is the employing authority and as such makes the decision to employ (or not).

2.2.6 Trainees must notify the BOU within two (2) working days where employment at an allocated training post is refused and provide copies to the BOU of the prospective hospital setting and/or training provider's correspondence.

2.2.7 Should a Trainee refuse to commence employment in their allocated training post they are considered to have failed to meet employment obligations (also refer to Section 12. Dismissal).

2.2.8 Trainees may be offered the opportunity to indicate their training post preferences for the forthcoming clinical year. Whilst these preferences may be considered, Trainees are allocated according to the training needs of each individual. The decision of the BOU is absolute and final, and Trainees are not permitted to swap or enter into their own arrangements.

2.2.9 Trainees may be required by the BOU to relocate to another training region to continue training due to the availability of training posts. Determining which Trainee(s) will be required to relocate will be based on factors including but not limited to selection ranking and performance in training to date.

2.2.10 Trainees may be required by the BOU to relocate to another training region during training to ensure access to the required clinical and operative opportunities to complete the SET Program.

2.2.11 The BOU will not generally alter a Trainee's allocated Training Region based on a change in their personal circumstances. If a Trainee can no longer train in a particular Training Region, the Trainee should apply for deferral or interruption.

2.3 Deferral

2.3.1 Requests for deferral must be made in writing to the BOU before acceptance of a training offer for a position on the SET Program. Requests submitted after this time will only be considered in exceptional circumstances.

2.3.2 Requests for deferral must outline the reasons for the request and include any related documentary evidence. The BOU will take into consideration the reasons for the request and logistics, and may consult the respective RTC, prior to making a determination to approve the request, or otherwise.

2.3.3 If a request for deferral is not approved, the training applicant must accept or decline in writing the original training offer within 14 working days of the date of the notification of the denial of the deferral, failing which the training offer will be withdrawn.

2.3.4 The standard period of deferral will be 12 months.

2.3.5 The BOU will guarantee that a Trainee on deferral can commence the SET Program in an accredited training post at the start of the following year.

2.3.6 After a period of deferral, the BOU will allocate the Training Region based on the Trainee's relative selection ranking in comparison with other applicants appointed the following year.

2.3.7 An approved period of deferral does not preclude the deferred Trainee from being employed for a non-training clinical term, however, any clinical work undertaken during the period of deferral will not contribute to training requirements of the SET Program.

2.3.8 Where commencement of the SET Program is deferred, the Training Regulations at the time the Trainee commences will apply.

2.4 Interruption

2.4.1 The BOU is not an employer and approval of interruption does not compel a Trainee's hospital setting and/or training provider to grant leave. Trainees must also apply for and be granted appropriate leave from their hospital setting and/or training provider, where applicable.

2.4.2 Trainees must apply in writing to the BOU for an interruption. In order to minimise vacancies on the SET Program and to not disadvantage other Trainees, the BOU may require the period of interruption to be greater than the period the Trainee applied for.

2.4.3 An application for interruption should include:

- a) the reasons for the request;
- b) the period of interruption sought including start and end dates; and
- c) any supporting evidence (which is essential if the reason for interruption is medical).

2.4.4 All applications for interruption will be considered but not necessarily granted. The BOU will decide on the approval or otherwise taking into consideration the following matters, but it may also take into consideration other matters at its discretion:

- a) the reasons for the request;
- b) the length of interruption sought;
- c) the impact on the Trainee's progression
- d) the Trainee's performance;
- e) the impact on training units; and
- f) the impact on the SET Program overall.

- 2.4.5 Applications for interruption will not be granted where a Trainee:
- has been suspended from the SET Program in accordance with Section 14 or has been considered for suspension;
 - has received notice of dismissal or has been considered for dismissal.
- 2.4.6 Applications for interruption must be submitted before 1 June in the Clinical Year prior to the proposed start of the interruption. Where this is not possible, applications must be submitted as far in advance as possible.
- 2.4.7 Trainees who apply for interruption for medical reasons must provide appropriate documentation, including a medical certificate from their treating doctor, outlining the reasons for which interruption is required.
- 2.4.8 Trainees who undertake approved interruption for medical reasons will be required to submit confirmation from their treating doctor indicating their ability to return, prior to recommencing clinical training. Failure to provide this will result in the period of interruption being extended.
- 2.4.9 Subject to approval, Trainees may be permitted to interrupt training to take Personal Leave for a maximum period of 12 months. This will contribute to elapsed time in the SET Program (refer to 2.4.11).
- 2.4.10 Trainees must be performing at a Satisfactory level at the time of applying for interruption for Personal Leave and may have their application denied if their overall performance in the most recent term was rated as Borderline or Unsatisfactory.
- 2.4.11 Approved interruption for Parental Leave, Carer's Leave, or for medical or compassionate reasons is not included in calculations of maximum time allowed to complete a stage of training or the SET Program. Approved interruption for all other reasons is included.
- 2.4.12 When Trainees commence the period of interruption, they will be advised of which stage of training that they will be in when they recommence training.
- 2.4.13 Applications for an extension to interruption must include details outlined in clause 2.4.3. Failure to do so may result in the request being denied.
- 2.4.14 Trainees on an approved interruption are not permitted to complete the SET Program requirements.
- 2.4.15 A trainee on interruption who wishes to undertake sit an examination must submit a written request to the BOU Chair for consideration. Permission may be granted at the BOU Chair's discretion, under certain circumstances, including but not limited to Parental Leave or Compassionate Leave, provided the examination is within six months from commencement of the interrupted training period. Approval for a trainee on an approved interruption to sit an examination constitutes a determination that the interruption status and its underlying circumstances have been considered and do not, of themselves, preclude the trainee from sitting.
- 2.4.16 Upon returning to clinical training from interruption greater than 6 months, Trainees must engage in a return to training plan, to determine current competency and training needs and any additional support required. This may involve completion of specific Feedback Tools for example, to confirm entrustment of EPAs achieved prior to interruption, and more regular meetings with their Training Supervisor.
- 2.4.17 If the Trainee does not demonstrate the previous level of competence, the BOU will record this first term as 'not assessed' and a revised return to training plan will be prepared with the Training Supervisor for the next term.
- 2.4.18 The Trainee's progress with a return to training plan will be assessed as part of the In-Training Assessment for the term(s) it encompasses.

2.4.19 Where the Trainee takes an extended interruption, the Training Regulations at the time the trainee returns to training in an accredited training post will apply, unless otherwise advised by the BOU.

2.5 Flexible Training

2.5.1 In order to make arrangements for appropriate supervision and training allocations, Trainees must submit an application for flexible training at least six months in advance.

2.5.2 An application for flexible training must include:

- a) the reason for the request;
- b) the duration of flexible training being sought;
- c) the pro rata time commitment preferred, which must be at least 0.5 FTE; and
- d) the preferred training region for the flexible training to be undertaken in.

2.5.3 Approval of flexible training is at the discretion of the BOU Chair or nominee. The BOU Chair will take into consideration:

- a) the needs of the Trainee
- b) training requirements still to be completed by the Trainee
- c) the availability of a suitable accredited training post
- d) the employment conditions requested.

2.5.4 The BOU is unable to guarantee allocation of the Trainee to an accredited training post that meets the Trainee's request for flexible training.

2.5.5 The Trainee will be advised in writing of the outcome of their application for flexible training. If the application is not approved, the Trainee will be given reasons for the decision.

2.5.6 Trainees approved to undertake a period of flexible training must still meet all SET Program requirements, including ITAs and associated documentation at the end of each term (also refer to Section 3 and to clause 5.4.5).

2.5.7 Approved flexible training does not result in adjustment to the maximum duration of a stage of training or the SET Program.

2.6 Leave

2.6.1 Trainees undertaking full-time clinical training are permitted a maximum of six (6) weeks leave per six months or nine (9) weeks in twelve months. Leave beyond this may result in the Trainee's overall performance in an ITA being recorded as 'not assessed' and may affect the Trainee's progression.

2.6.2 The maximum leave entitlement stated in clause 2.6.1 is inclusive of, but not limited to, the aggregate of all annual leave, Personal Leave, Compassionate Leave, Parental Leave, and Carer's Leave and leave taken for study, examinations and conferences.

2.6.3 All leave applications must be discussed with the Training Supervisor and approved by the hospital setting.

2.6.4 A Trainee must have an exceptional reason to be granted leave to miss a mandatory component of the SET Program. Requests for leave of this nature must be forwarded prospectively, in writing, to the RTC Chair for consideration.

2.7 Withdrawal from Training

2.7.1 Trainees who do not wish to continue on the SET Program must notify the BOU in writing of their intention to withdraw and stipulate when the withdrawal will take effect.

2.7.2 Trainees should complete their allocated terms for the Clinical Year.

- 2.7.3 Trainees who withdraw without sufficient notice, and without completing allocated terms, will not be considered in good standing except in exceptional circumstances at the discretion of the BOU.
- 2.7.4 Trainees should contact their Training Supervisor and RTC Chair for support, advice, or assistance if they are considering withdrawing from the SET Program or have concerns about their employment.
- 3. SET PROGRAM REQUIREMENTS**
- 3.1 The SET Program**
- 3.1.1 The SET Program consists of three stages, Basic Training, Intermediate Training and Advanced Training.
- 3.1.2 Training in the SET Program commences on the trainee's first day in an accredited training post in Basic Training, as recorded by USANZ, and continues until the last day of Advanced Training, unless the trainee withdraws or is deemed to have withdrawn, or is dismissed from the SET Program.
- 3.1.3 Trainees must complete all three stages of the SET Program and be eligible for Fellowship within a maximum of 8 years of their commencement date.
- 3.1.4 The BOU may, at its sole discretion, alter the SET Program requirements.
- 3.2 Trainee Portfolio**
- 3.2.1 All Trainees are required to maintain a comprehensive Trainee Portfolio throughout their training.
- 3.2.2 The Trainee Portfolio should contain:
- copies of all correspondence regarding their training progress
 - logbook summaries
 - completed in-training assessment (ITA) reports
 - completed feedback tools
 - completed Entrustable Professional Activities (EPAs)
 - evidence of completion of compulsory courses
 - any other training documentation.
- 3.3 Basic Training Requirements**
- 3.3.1 Trainees must complete a minimum of 12 months FTE in allocated accredited training post(s) to complete Basic Training.
- 3.3.2 Trainees must satisfactorily complete or be granted Recognition of Prior Learning (RPL) for the following skills training courses (refer to Section 9):
- CCrISP
 - EMST/ATLS
 - CLEAR
- 3.3.3 Trainees must attend the USANZ Trainee Week, the USANZ Annual Scientific Meeting (ASM) and a USANZ Section Meeting each year that they are in Basic Training.
- 3.3.4 Trainees must submit a Clinical Audit Proposal Form, to their respective RTC Chair (or delegate), signed by the Audit Supervisor.
- 3.3.5 Trainees must submit a Research Proposal Form, to their respective RTC Chair (or delegate), signed by a Research Supervisor or have RPL granted for the Research Project (Refer to Section 9).
- 3.3.6 Trainees must seek feedback from their Training Supervisor(s) and Trainers and, as minimum, complete the following feedback tools towards the completion of EPAs:

- a) Observed Patient Consultation (OPC), 2 per term
 - b) Observed Surgical Performance (OSP), 2 per term
 - c) Case-based Discussion (CbD), 2 per term
- 3.3.7 Trainees must participate in a Multisource Feedback (MSF) and receive the results from their Training Supervisor during an ITA meeting, preferably in the third term of the first year.
- 3.3.8 Trainees must successfully complete the Surgical Science Examination (SSE) in Urology.
- 3.3.9 Trainees must successfully complete the following EPAs:
- a) EPA 1, Assess and manage patients presenting with renal colic
 - b) EPA 2, Assess and manage an acute scrotum
 - c) EPA 3, Assess and manage acute urinary retention
- 3.3.10 Trainees must participate in an ITA and submit an ITA Report for each term, using the prescribed form for Basic Training.
- 3.3.11 Trainees must submit a logbook summary report to the RTC Chair at the end of each term, when ITA reports are being completed and after verification by the Training Supervisor that it is an accurate record.
- 3.4 Intermediate Training Requirements**
- 3.4.1 Trainees must complete a minimum of 24 months FTE in allocated accredited training post(s) to complete Intermediate Training.
- 3.4.2 Trainees must attend the USANZ Trainee Week, the USANZ ASM and a USANZ Section Meeting each year that they are in Intermediate Training.
- 3.4.3 Trainees must complete a Clinical Audit, approved by the respective Regional QI and Research Advisor.
- 3.4.4 Trainees must present their approved Clinical Audit at a USANZ Section meeting or ASM and submit a signed Clinical Audit Presentation Evaluation form.
- 3.4.5 Trainees must complete a Critical Appraisal of a paper or topic, present their Critical Appraisal at a USANZ Section meeting and submit a signed Critical Appraisal Presentation Evaluation form.
- 3.4.6 Trainees must seek feedback from their Training Supervisor(s) and Trainers and, as minimum, complete the following feedback tools towards the completion of EPAs and retain them in their Trainee Portfolio:
- a) OPC, 2 per term
 - b) OSP, 2 per term
 - c) CbD, 2 per term
- 3.4.7 Trainees participate in an MSF and receive the results from their Training Supervisor during an ITA meeting, preferably in the third term of a 12 month rotation.
- 3.4.8 Trainees must select, successfully complete and submit any three of EPAs 4 to 10.
- 3.4.9 Trainees must participate in an ITA and submit and ITA Report for each term, using the prescribed form for Intermediate Training.
- 3.4.10 Trainees must submit a logbook summary report to the RTC Chair at the end of each term, when ITA reports are being completed and after verification by the Training Supervisor that it is an accurate record.

3.5 Advanced Training Requirements

- 3.5.1 Trainees must complete a minimum of 12 months FTE in an allocated accredited training post(s).
- 3.5.2 Trainees must satisfactorily complete the RACS FSSE course.
- 3.5.3 Trainees must attend the USANZ Trainee Week, the USANZ ASM and the USANZ Section Meeting in the first year that they are in Advanced Training.
- 3.5.4 Trainees must complete one Research Project or collaborate with another trainee(s) and complete Part A and Part B of two different Research Projects, submit the manuscript(s) for publication, and submit the notification of acceptance of the research project(s) for publication or have RPL granted for the Research Project (also refer to Section 9)
- 3.5.5 Trainees must seek feedback from their Training Supervisor(s) and Trainers and, as a minimum, complete the following feedback tools towards the completion of EPAs and retain them in their Trainee Portfolio:
 - a) OPC, 2 per term
 - b) OSP, 2 per term
 - c) CbD, 2 per term
- 3.5.6 Trainees must participate in an MSF and receive the results from their Training Supervisor during an ITA meeting, preferably in the third term of a 12-month rotation.
- 3.5.7 Trainees must successfully complete the Fellowship Examination (FEx) in Urology.
- 3.5.8 Trainees must successfully complete all remaining EPAs.
- 3.5.9 Trainees must participate in an ITA and submit and ITA Report for each term, using the prescribed form for Advanced Training.
- 3.5.10 Trainees must submit a logbook summary report to the RTC Chair at the end of each term, when ITA reports are being completed and after verification by the Training Supervisor that it is an accurate record.

4. PROGRESSION

- 4.1.1 Each stage of training in the SET Program has training requirements that must be satisfied (refer to Sections 3.3-3.5). These training requirements are used to assess a Trainee's performance and make a determination on the Trainee's suitability to progress to the next stage of training and for eligibility for Fellowship.
- 4.1.2 Trainees who do not complete all the requirements of Basic Training within 24 months from the commencement of the SET program will be considered for dismissal from the SET Program.
- 4.1.3 Trainees who do not complete all the requirements of Basic and Intermediate Training within 60 months from the commencement of the SET program will be considered for dismissal from the SET Program.
- 4.1.4 Trainees who do not complete all the requirements of Advanced Training within 36 months will be considered for dismissal from the SET Program.
- 4.1.5 Trainees are responsible for completion of training requirements in each stage of training, and the monitoring of same, to ensure that they are ready to progress within the stipulated timeframes and avoid potential dismissal from the SET Program.
- 4.1.6 Trainees will be considered for progression to the next stage of training when they have completed all the training requirements of the current stage. The RTC will consider trainee progression after the second term and after the last term of each Training Year.

- 4.1.7 The relevant RTC will consider the Trainee's progress and completion of training requirements of the relevant stage of training. Possible outcomes of the RTC consideration for progression include:
- Approval to progress to Intermediate training or Advanced Training, or eligibility for Fellowship, subject to ratification from the BOU.
 - Approval to progress to Intermediate Training or Advanced Training, or eligibility for Fellowship, is conditional on successful completion of outstanding training requirements.
 - Progression will be re-considered in 6 months.
- 4.1.8 Trainees are not permitted to progress if their performance is recorded as Borderline or Unsatisfactory for the previous term.
- 4.1.9 Trainees who have completed all Intermediate Training requirements other than the minimum time, may request prospective consideration of progression for the sole purpose of registering for the next FEx after the first term or after the third term each year.
- 4.1.10 In exceptional circumstances, at the discretion of the BOU on a case-by-case basis, maximum duration of any stage may be extended for a Trainee who has been on interruption.

5. TEACHING AND LEARNING

5.1 Feedback Tools

5.1.1 Trainees must use the following feedback tools during the SET Program:

- OPC
- OSP
- CbD

5.1.2 Training Supervisors and Assessors use feedback tools after observing the Trainee or after engaging in a case discussion, to document aspects the Trainee completed well and/or aspects the Trainee could improve upon. The assessor must indicate an overall rating which indicates the amount of supervision the trainee requires for the next case of similar complexity.

5.1.3 Feedback tools, which contribute to EPAs, must be completed in time for review by the Training Supervisor during the ITA meeting. Non-completion of the minimum number of feedback tools per term (OPC, OSP and CbD) may result in performance being assessed as Borderline or Unsatisfactory.

5.1.4 Trainees are advised to retain a copy of all completed feedback tools in their Trainee Portfolio.

5.2 Multisource Feedback

5.2.1 Trainees must liaise with their Training Supervisor to mutually agree on a list of potential responders for the MSF. Responders should have worked with the trainee on a regular basis for a period of three to six months. The trainee must liaise with USANZ personnel in relation organising distribution of the MSF.

5.2.2 A valid MSF assessment requires feedback from at least six (6) responders and is usually conducted in the third term of any given training year.

5.2.3 Trainees are required to undertake a self-assessment as part of the MSF.

5.2.4 A report containing the de-identified results will be provided to the Training Supervisor for discussion during the ITA meeting. Results must be summarised on the ITA form.

5.3 Courses

- 5.3.1 Registration and delivery of the courses are managed by RACS with a fee charged. It is recommended that Trainees register as soon as practicable after selection to the SET Program if skills training courses have not been completed prior to entry.
- 5.3.2 Trainees must complete the Foundation Skills for Surgical Educators (FSSE) course by the end of Advanced Training to be eligible for Fellowship.
- 5.3.3 Trainees must register for mandatory courses as soon as is practical after selection to the SET Program. Registration and delivery of the courses are managed by the RACS with a fee charged.
- 5.3.4 RPL for compulsory courses may be considered in accordance with Section 9.2.

5.4 Induction Course, USANZ Trainee Week, Section Meetings and ASM

- 5.4.1 It is a requirement of training post accreditation that all Trainees be granted the necessary leave by their hospital setting to attend the Induction Course, USANZ Trainee Week, Section Meetings and the ASM. No Trainee should be required to perform clinical duties or meet on-call requirements during these meetings (including the night before they commence).
- 5.4.2 All Trainees must pay a fee to attend the Induction Course, USANZ Trainee Week, Section Meetings and the ASM.
- 5.4.3 Trainees are responsible for their own accommodation, travel arrangements and other expenses.
- 5.4.4 Trainees are expected to behave in a responsible and professional manner at all times during USANZ meetings, including all social functions, whether or not they are official functions. Failure to do so may constitute misconduct and result in disciplinary action as determined by the BOU.
- 5.4.5 Under exceptional circumstances the BOU will consider requests for exemption from attending the Induction Course, USANZ Trainee Week, Section Meetings and the ASM. Any requests for exemption must be forwarded in writing to the BOU Chair.

5.5 Regional Educational Activities

- 5.5.1 RTCs may coordinate, oversee, or endorse tutorial programs, workshops, skills courses, journal clubs and other similar educational activities for the benefit of Trainees.
- 5.5.2 Trainees are required to participate in regional educational activities, and some components of these activities may be compulsory as defined by correspondence sent to Trainees at the beginning of each year. These may include but are not limited to presentations and attendance at specified teaching sessions.
- 5.5.3 Under exceptional circumstances the RTC Chair will consider a request for a leave of absence from a compulsory regional education activity. Requests must be forwarded in writing to the RTC Chair no less than 4 weeks prior to the educational activity.

6. QUALITY IMPROVEMENT AND RESEARCH

6.1 Clinical Audit

- 6.1.1 The clinical audit must be relevant to urology and conducted according to the Standards for Quality Improvement Reporting Excellence ([SQuIRE Guidelines](#)).
- 6.1.2 Trainees must identify an Audit Supervisor who will be responsible for overseeing the completion of the audit. The Audit Supervisor must sign the *Clinical Audit Proposal* form to confirm that they have agreed to oversee the audit to completion.
- 6.1.3 Trainees must submit their completed audit in the form of a journal manuscript, to their respective Regional QI and Research Advisor, or equivalent, for approval.

- 6.1.4 If approval is conditional upon amendment, the Trainee must action any feedback received and re-submit the revised manuscript to the Regional QI and Research Advisor, or equivalent, for approval.
- 6.1.5 Trainees must submit their approved audit for presentation to a USANZ Section Meeting or Annual Scientific Meeting.
- 6.1.6 Trainees must present their audit and at the end of the presentation, a panel of Fellows will evaluate the presentation, with one Fellow completing the relevant *Clinical Audit - Presentation Evaluation Form*.
- 6.2 Critical Appraisal**
- 6.2.1 Trainees must undertake a critical appraisal of a paper published in a peer-reviewed indexed journal within the previous 5 years, or a critical appraisal of a topic.
- 6.2.2 Trainees must discuss their selected paper or topic with their Training Supervisor and submit a *Critical Appraisal - Proposal for Approval* form, to their respective Regional QI and Research Advisor, or equivalent, prior to commencement.
- 6.2.3 Trainees must submit an abstract of their critical appraisal to be selected for presentation at a USANZ Section Meeting.
- 6.2.4 Critical Appraisal of a Paper
- Trainees must use a relevant critical appraisal tool or checklist to assess the chosen paper and summarise the findings on the *Critical Appraisal of a Paper - Summary of Findings* form.
 - Trainees must provide detailed reasoning for their responses to each question on the *Critical Appraisal of a Paper - Summary of Findings* form for review by the Training Supervisor.
 - Trainees must submit an abstract of their critical appraisal to be selected for presentation at a USANZ Section Meeting.
 - Trainees must present their appraisal and at the end of the presentation, lead a discussion on the relevance of the findings to clinical practice. A panel of Fellows will evaluate the presentation, with one Fellow completing the *Critical Appraisal of a Paper - Presentation Evaluation* form.
- 6.2.5 Critical Appraisal of a Topic
- Trainees must use a relevant critical appraisal checklist or tool to appraise the evidence identified and summarise the findings using the *Critical Appraisal of a Topic - Summary of Findings* form.
 - Trainees must provide detailed reasoning for their responses to each question on the *Critical Appraisal of a Topic - Summary of Findings* form for review by the Training Supervisor.
 - Trainees must submit an abstract of their critical appraisal to be selected for presentation at a USANZ Section Meeting.
 - Trainees must present their appraisal and at the end of the presentation, lead a discussion on the relevance of the findings to clinical practice. A panel of Fellows will evaluate the presentation, with one Fellow completing the *Critical Appraisal of a Topic - Presentation Evaluation* form.
- 6.3 Research Project**
- 6.3.1 Trainees must complete a Research Project or collaborate with another trainee(s) and complete Part A and Part B of two different Research Projects as follows:
- Part A
 - Literature review
 - Study design and methodology
 - Ethics approval

- b) Part B
 - Data collection
 - Analysis and interpretation of results
 - Discussion of findings and conclusion
- 6.3.2 Research Projects must be relevant to urology and be one of the following:
 - a) Randomised controlled trial
 - b) Cross sectional study
 - c) Prospective cohort study
 - d) Retrospective cohort study
 - e) Comparative study
 - f) Qualitative research
- 6.3.3 Trainees completing the Research Project individually may also complete a systematic review.
- 6.3.4 A research proposal must be submitted. A completed application submitted for Ethics approval for the project can be used as the research proposal, however, information required on the *Research Proposal* form, that is not included in the application for Ethics approval, must also be provided.
- 6.3.5 Trainees must identify a Research Supervisor to oversee the completion of the project. The Research Supervisor must sign the *Research Proposal* form to confirm that they have agreed to oversee the project to completion.
- 6.3.6 For trainees who collaborate, the trainee who initiates a Research Project and completes Part A of a project will usually be the first author and is therefore responsible for submitting the research proposal, any amendments to the proposal and overall review and submission of the manuscript.
- 6.3.7 Trainees must submit any amendments to a research proposal, using the *Research Proposal – Amendment* form. The original *Research Proposal* form or Ethics approval application must also be attached.
- 6.3.8 The Research Supervisor who has agreed to oversee the project to completion, must sign any proposed amendments to confirm:
 - a) the elements of the project completed to date
 - b) that the amendments to the research plan are appropriate.
- 6.3.9 Manuscripts must be submitted to one of the following:
 - a) ANZ Journal of Surgery, or
 - b) a peer reviewed journal listed in the Urology section of the RACS Library, or
 - c) a medically related peer reviewed journal, with an Impact Factor of 2.0 or greater, that publishes articles related to urology, general surgery, or vascular surgery.
- 6.3.10 Trainees must submit the notification of acceptance of their research project(s) for publication to be eligible for Fellowship. If more than one trainee completed the project, the notification of acceptance must be accompanied by signed statements to confirm the part of the project that each trainee completed.
- 6.3.11 If a Research Project is rejected for publication by 3 journals, the Education Sub-Committee Chair will review the manuscript to determine whether it meets the Research Project requirement.
- 6.3.12 If approval is conditional upon amendment, the Trainee must action any feedback received from Education Sub-Committee Chair and re-submit the revised manuscript for approval.

7. ENTRUSTABLE PROFESSIONAL ACTIVITIES

7.1.1 Trainees are required to complete the following EPAs during the SET Program:

- a) EPA 1, Assess and manage patients presenting with renal colic
- b) EPA 2, Assess and manage an acute scrotum
- c) EPA 3, Assess and manage acute urinary retention
- d) EPA 4, Assess and manage localised prostate cancer
- e) EPA 5, Assess and manage lower urinary tract symptoms
- f) EPA 6, Assess and manage haematuria
- g) EPA 7, Assess and manage a definitive stone
- h) EPA 8, Assess and manage a renal mass
- i) EPA 9, Assess and manage neurogenic bladder
- j) EPA 10, Assess and manage muscle invasive bladder cancer.

7.1.2 Trainees must complete the minimum number of feedback tools stipulated on the EPA. For each feedback tool type, a minimum of two different assessors must indicate the trainee can complete the next case independently.

7.1.3 When the Trainee has completed the required feedback forms and experience, they must request the Training Supervisor to assess completion of the EPA, which includes considering whether the trainee can demonstrate the required competencies, and reviewing the evidence of feedback tools and logbook to ensure they have had sufficient exposure to relevant procedures to develop competence.

7.1.4 The Training Supervisor may determine that, after discussing with other Trainers in the department, that the Trainee must continue learning and completing feedback tools and re-present for assessment of completion of the EPA.

7.1.5 To successfully complete an EPA, the Training Supervisor must recommend that the Trainee is competent to complete the relevant clinical activity and sign the form, listing the Trainers from the department who discussed and confirmed the decision.

7.1.6 Training Supervisors will confirm trainee completion of each EPA at the following RTC meeting.

8. EXAMINATIONS

8.1 Overview

8.1.1 The SET Program requires successful completion of two examinations:

- a) Surgical Science Examination in Urology (SSE)
- b) Fellowship Examination in Urology (FEx)

8.1.2 Registration for and delivery of the examinations is managed by RACS with a fee charged. There are strict closing dates for applications with full details available on the RACS website.

8.2 Surgical Science Examination in Urology – SSE (Urol)

8.2.1 The SSE (Urol) has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to urology. It is recommended that Trainees refer to the reading list and further advice is available on the USANZ website.

8.2.2 Trainees must complete the SSE (Urol) in accordance with the *RACS Regulation: Conduct of the Surgical Science Examination in Urology*.

8.3 Fellowship Examination (FEx)

- 8.3.1 The FEx is a standardised form of assessment of knowledge and competence to practice independently as a specialist surgeon. The Fellowship Examination is blueprinted to the *SET Urology Curriculum*, and further advice is available on the USANZ website.
- 8.3.2 Trainees who are in Advanced Training or have been prospectively approved to progress to Advanced Training and meet the criteria within the *RACS Regulation: Fellowship Examination Eligibility and Examination Performance Review*, are eligible to register for the Fellowship Examination.
- 8.3.3 Training Supervisors are required to determine the suitability of Trainees to undertake the FEx and provide a letter of support to confirm that a Trainee has a broad base of core urology knowledge, which they apply to clinical practice, and have the competence to provide perioperative care, perform urology procedures, and demonstrate Fundamentals or Urologic Care as outlined in the curriculum.
- 8.3.4 Trainees must provide a letter of support from their current Training Supervisor before every attempt of the FEx.
- 8.3.5 Trainees must complete the FEx in accordance with the *RACS Regulation: Fellowship Examination*.

9. RECOGNITION OF PRIOR LEARNING

9.1 Applications

- 9.1.1 Requests for RPL will only be considered after a Trainee has accepted a training offer for a position on the SET Program.
- 9.1.2 Applications for RPL must be made in writing to the BOU Chair and demonstrate comparability to the activity for which RPL is sought, supported by all relevant documentary evidence.
- 9.1.3 In assessing RPL applications, the BOU will assess the comparability to nominated components of SET Program in terms of learning outcomes, competency attained, assessment, and standard.
- 9.1.4 Trainees will be notified in writing by the BOU of the outcome of their RPL application.

9.2 Courses

- 9.2.1 Trainees will be granted RPL for satisfactory completion of the CCrISP, EMST/ATLS or CLEAR courses or RACS recognised equivalent.
- 9.2.2 Applications for RPL for the CLEAR course may also be considered if a Trainee holds a postgraduate qualification such as Graduate Diploma or Masters that includes a subject completed in clinical epidemiology and an evidence-based surgery component. Trainees may apply to the BOU, via the relevant RTC Chair. Such applications must include a transcript of results for the relevant subjects within the qualification and subject outlines which demonstrate similar learning outcomes.
- 9.2.3 Applications for RPL for other skills courses which form part of the SET Program may be considered at the discretion of the BOU. Trainees may apply to the BOU, via the relevant RTC Chair. Such applications must be accompanied by a certificate displaying the Trainee's name and successful completion date and supported by documentation detailing the course syllabus and assessment methodology. The course provider must certify all documentation.

9.3 Research Project

- 9.3.1 Trainees may apply for RPL for research completed that resulted in a publication, for which they were first author, within the last 5 years.

- 9.3.2 The research must have been published in one of the following:
- ANZ Journal of Surgery, or
 - a peer reviewed journal listed in the Urology section of the RACS Library, or
 - a medically related peer reviewed journal, with an Impact Factor of 2.0 or greater, that publishes articles related to urology, general surgery, or vascular surgery.

9.3.3 Trainees must submit an *Application for Recognition of Prior Learning (RPL) – Research Project* form together with a copy of the journal article title page clearly showing the publication reference, date, and trainee’s authorship.

9.4 Examinations

9.4.1 Trainees will not be granted RPL for the SSE (Urol) or the FEx.

10. MONITORING AND REVIEW

10.1 Overview

10.1.1 The assessment of Trainees must be conducted in accordance with the *RACS Policy: Assessment of Clinical Training* and these Regulations.

10.2 In-Training Assessment (ITA) Report

10.2.1 A Trainee’s performance during a term must be assessed using the ITA Report.

10.2.2 An ITA Report must be completed every three months during each year of the SET Program on the prescribed form applicable to the relevant stage of training.

10.2.3 The Training Supervisor will seek input from other consultants in the department and persons who worked with the Trainee (e.g. nurses, allied health staff, administrative staff) and incorporate their perspectives when completing the report.

10.2.4 The Training Supervisor must meet with the Trainee face-to-face to discuss the ITA Report.

10.2.5 A Trainee’s overall performance during a term will be assessed and documented as Satisfactory when they have performed as expected for their stage of training.

10.2.6 A Trainee’s overall performance during a term will be assessed and documented as Borderline when they require further development in some areas to meet the expected level.

10.2.7 The rating of a Trainee’s overall performance during a term will be assessed and documented as Unsatisfactory when they have performed significantly below the expected level for the relevant stage of training and require substantial improvement.

10.2.8 The completed ITA Report must then be signed and dated by both the Trainee and the Training Supervisor. The Trainee signature confirms the assessment has been discussed but does not signify agreement with the assessment on the part of the Trainee.

10.2.9 Should a Trainee disagree with the assessment of their performance as documented on their ITA Report, the Trainee must, within one week of the ITA Report submission date, submit written documentation and supporting evidence to the BOU outlining the reasons for disagreement.

10.2.10 Trainees are required to participate in the ITA process in timely manner, including submission of the completed ITA Report by the prescribed due date. Failure of a Trainee to participate or adhere to the requirements of the ITA process may preclude an assessment of the Trainee’s performance, and therefore progression.

10.2.11 Trainees must retain a copy of each ITA Report in their Trainee Portfolio.

10.2.12 The RTC reviews ITA Reports and makes recommendations to the BOU. The BOU makes final decisions regarding trainee performance and the overall ratings recorded for each term.

10.3 Logbook

- 10.3.1 All cases/procedures undertaken must be accurately recorded on the SET-SNOMED Urology Logbook, which can be accessed via MALT on the RACS website.
- 10.3.2 A logbook summary report must be submitted to the RTC Chair at the end of each term, when ITA Reports are being completed and after verification by the Training Supervisor that it is an accurate record.
- 10.3.3 The logbook summary report will only show procedure counts for procedures selected by the BOU (also referred to as 'Board Reporting Terms').
- 10.3.4 The RTC Chair is responsible for reviewing logbook summary reports and reporting to the BOU on a Trainee's operative exposure.
- 10.3.5 Fraudulent recording of procedures in the operative logbook is classified as misconduct and forms grounds for dismissal in accordance with the *RACS Regulation: Dismissal from Surgical Training*.

10.4 BOU Review of ITA Reports

- 10.4.1 The BOU may review the assessment of a Trainee's overall performance rating, as documented in the ITA Report, either:
 - a) upon recommendation from the RTC; or
 - b) at its own discretion, where the BOU considers a review necessary to maintain appropriate oversight of training standards and trainee progression.
- 10.4.2 Where a review is initiated by the RTC, the Trainee will be notified in writing and given the opportunity to provide a written response for consideration by the BOU.
- 10.4.3 The overall performance rating of a Trainee's on an ITA Report may be reviewed by the BOU and recorded as Unsatisfactory if the Trainee's performance has been assessed as:
 - a) Borderline in two consecutive terms, or
 - b) Borderline and the highlighted deficiencies are in the same domains across two or more terms.
- 10.4.4 If the BOU amends the overall performance rating documented on the ITA Report, this decision will be based on the Trainee's ITA Reports, plus any input from the RTC and response submitted by the Trainee, if the recommendation was from the RTC.
- 10.4.5 If the BOU alters the overall performance rating from that originally documented in the ITA Report, the Trainee will be notified of the revised rating in writing.
- 10.4.6 If the rating of a Trainee's overall performance during a term has been recorded as Unsatisfactory, the Trainee will commence Probation in the following term.

11. MANAGING BORDERLINE OR UNSATISFACTORY PERFORMANCE

11.1 Remediation Plan

- 11.1.1 A Remediation Plan must be instituted if a Trainee's overall performance during a term is recorded as Unsatisfactory. A Plan may be developed for a Trainee if the rating of their overall performance during a term is recorded as Borderline.
- 11.1.2 The Remediation Plan will:
 - a) Support Trainees who have areas requiring development or improvement, setting objectives that will assist in achieving the competencies expected.
 - b) Provide Training Supervisors and Trainers with a list of objectives the Trainee must meet.
 - c) Assist Training Supervisors and Trainers in providing opportunities to enable the Trainee to meet these objectives.

11.1.3 The Remediation Plan must include:

- a) Identification of the areas requiring development or improvement
- b) Identification of the performance standard(s) to be achieved.

11.1.4 The Remediation Plan is to be completed as follows:

- a) During the meeting held with the Training Supervisor a discussion will occur regarding the Trainee's assessment and in particular any areas where their performance was below the expected level.
- b) At the meeting objectives will be discussed and set and documented on the Remediation Plan. Instructions for developing a Remediation Plan and the Remediation Plan template are to be downloaded from the USANZ website.
- c) If the rating of a Trainee's overall performance was assessed as Borderline, the Training Supervisor and Trainee must have a monthly review meeting to consider progress with the objectives and determine the outcome. If the Trainee was rated as Unsatisfactory, the frequency of review meetings will be determined during the Probation meeting.
- d) The Trainee should undertake a self-reflection and assess his/her own performance first and then provide this to their Training Supervisor 24 hours before the meeting.
- e) The Training Supervisor and Trainee then confirm the final outcome.
- f) The review meeting is also an opportunity to modify, delete or add new objectives to the Remediation Plan and to discuss developmental opportunities.
- g) At each review meeting both the Trainee and Training Supervisor can make further comments.
- h) The Remediation Plan form is to be submitted to the Education and Training Manager within five (5) working days following each review.

11.2 Probation

11.2.1 Probation will be instituted in the event of Unsatisfactory overall training performance to:

- a) Identify strategies to improve performance
- b) Facilitate closer monitoring to ensure the Trainee remains on track
- c) Develop measurable goals, the achievement of which will indicate the Trainee has been successful in remediation efforts.

11.2.2 Probation will be no less than three months and no more than six months.

11.2.3 If the Trainee's overall performance rating during a term has been recorded as Unsatisfactory, the BOU will formally notify the Trainee that they will commence Probation in the following term and must participate in a Remediation Plan. A copy of this correspondence will be sent to the RTC Chair and Training Supervisor, and will include:

- a) Notification of the duration of Probation
- b) The frequency of meetings between the Trainee and Training Supervisor. Meetings are at least monthly, or more frequently at the discretion of the BOU or Training Supervisor
- c) Notification of any additional conditions
- d) Possible implications if the required standard of performance is not achieved.

11.2.4 The Trainee and Training Supervisor will meet within seven (7) days of notification to prepare a Remediation Plan to address areas of deficiency.

11.2.5 A Probation meeting will be convened within fourteen (14) days of notification with the Trainee, the RTC Chair (or representative), and the Training Supervisor. The Trainee may invite a support

person. The proceedings of the meeting are to be duly documented. The meeting will discuss and confirm the following:

- a) Details of performance and performance standard expected
- b) Response of the Trainee
- c) Actions to be taken, as documented in the Remediation Plan
- d) Frequency of review meetings between the Trainee and Training Supervisor.
- e) Consequences of any further overall performance ratings of Borderline or Unsatisfactory.

11.2.6 If the required performance standard(s) articulated in the Remediation Plan and any additional conditions as documented in the Probation notification letter have been satisfied at the conclusion of the term of Probation, Probation will be removed, and the Trainee will be notified in writing.

11.2.7 If performance has not improved to the required standard at the conclusion of the maximum term of Probation the BOU may determine that the Trainee's continued participation in the SET Program will be reviewed in accordance with clause 12.1.

12. DISMISSAL

12.1 Review of the Trainee's Continued Participation in the SET Program

12.1.1 The BOU will form a panel to review the Trainee's continued participation in the SET Program.

12.1.2 The Panel will consist of a minimum of three (3) members. In Australia, these will be Fellows of RACS. In Aotearoa New Zealand, at least two (2) should be Fellows of RACS. The BOU will appoint one of the members of the Panel as Chair. The Panel must not include a practising lawyer. A USANZ staff member may provide the Panel with administrative and logistical support.

12.1.3 The Trainee will be given the opportunity to provide their perspective both in writing and verbally at a meeting with the Panel.

12.1.4 In relation to the meeting with the Panel:

- a) The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to consider their continued participation in the SET Program.
- b) Where the Trainee elects to make a written submission to the Panel, it must be submitted at least five (5) working days prior to the meeting.
- c) The Trainee may be accompanied by a Support Person.
- d) No person invited to assist the Panel in matters of fact can appear before the Panel without the presence of the Trainee.
- e) Should the Panel require a lawyer to be present to advise the Panel on legal issues arising during the meeting (but not to participate in the proceedings), the Trainee will be notified and may invite a lawyer as Support Person.
- f) The meeting will be minuted, and the Trainee (if in attendance) 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 amendments suggested by the Trainee will be attached to the minutes. No new information may be submitted to the Panel at that time by the Trainee for inclusion in the minutes.
- g) Where a Trainee is duly notified of the meeting and declines or fails to attend, the Panel will submit a recommendation to the BOU regarding dismissal.

- 12.1.5 The Panel may inform itself as it sees fit, including requesting further information from relevant parties. Any additional information obtained by the Panel must be put to the Trainee for their response.
- 12.1.6 The Panel will make a recommendation, together with written reasons, to the BOU concerning the Trainee's further participation in the SET Program. The recommendation may include any additional probationary periods or conditions that should be applied if the Trainee is recommended to continue in the SET Program.
- 12.1.7 The BOU will make the final decision as to whether the Trainee should be dismissed from the SET Program having regard to the recommendation of the Panel and all information considered by the Panel.
- 12.1.8 The Trainee will be informed in writing of the decision of the BOU within five (5) working days of the decision being made. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 12.1.9 The BOU will inform the RACS Committee of Surgical Education and Training (CSET) Chair of the decision.
- 12.2 Dismissal for Misconduct**
- 12.2.1 The process for dismissal of a Trainee for misconduct is outlined in Section 15 of these Regulations.
- 12.3 Dismissal for Unsatisfactory Performance**
- 12.3.1 A Trainee's continued participation in the SET Program will be reviewed, in accordance with clause 12.1, if:
- The rating of a Trainee's overall performance has been recorded as Unsatisfactory in two (2) consecutive terms or three (3) terms at any time during the SET Program; or
 - The rating of a Trainee's overall performance has been recorded as Unsatisfactory during Probation; or
 - The Trainee has failed to satisfy a condition of Probation.
- 12.4 Dismissal for failure to satisfy medical registration or meet employment obligations**
- 12.4.1 Trainees who fail to maintain the required level of medical registration as per the *RACS Regulation: Medical Registration for the Surgical Education and Training Program* may be dismissed.
- 12.4.2 A Trainee's failure to report a change to medical registration within two (2) working days of notification from the MBA or the MCNZ will be considered misconduct and may result in misconduct proceedings as per Section 15 of these Regulations.
- 12.4.3 Trainees are considered to have failed to satisfy the employment requirements of the hospital setting and/or training provider in which their allocated training post is located if they:
- refuse to commence employment;
 - resign from employment; or
 - they are terminated from employment.
- 12.4.4 Where the BOU is notified by the hospital setting and/or training provider of the matters described in clause 12.4.3, the Trainee may be suspended from the SET Program and their continued participation in the training program may be reviewed.
- 12.4.5 A Trainee's continued participation in the training program will be reviewed as per section 12.1, if they are refused employment by two or more hospital settings and/or training providers in which allocated training posts are located.

12.5 Failure to complete a Stage of Training or the SET Program

12.5.1 Trainees will be considered for dismissal for failing to complete training requirements within the maximum duration of each stage of training. A Trainee's continued participation in the training program will be reviewed as per section 12.1.

12.6 Other Circumstances that may lead to Dismissal from Training

12.6.1 Trainees appointed to the SET Program may be dismissed if their clinical and/or professional performance does not meet the standards set by RACS.

12.6.2 Should dismissal be recommended, the Trainee's continued participation in the training program will be reviewed as per section 12.1.

12.6.3 Where the BOU determines that there is a prima facie case for dismissal, the BOU will follow the process outlined in section 12.1.

13. EXCEPTIONAL CIRCUMSTANCES AND SPECIAL CONSIDERATION

13.1 Trainees may apply to the BOU for variation to SET training requirements on the grounds of exceptional circumstances that may justify special consideration, in accordance with the *RACS Policy: Exceptional Circumstances and Special Consideration*.

13.2 The application outcome will not exempt a Trainee from completion of a training requirement. The outcome can allow for alternate timing for completion of a training requirement during the SET Program on such terms and conditions as the BOU determines.

13.3 The BOU may, at its sole discretion, vary a training requirement for a Trainee or a group of Trainees without an application being submitted by the impacted Trainee(s) where the BOU identifies exceptional circumstances beyond the Trainee's control which have the potential to affect their ability to meet a SET Program requirement or regulation. In such circumstances, the Trainees do not need to accept the variation offered.

14. SUSPENSION

14.1 The BOU Chair or nominee may suspend a Trainee from the SET Program in the following circumstances:

- a) when disciplinary proceedings (of any kind) as set out in these Regulations commence; or
- b) where the Trainee is subject to an investigation by their hospital setting, training provider, regulatory authority and/or by RACS; or
- c) where there has been a material change to a Trainee's employment or medical registration status which impacts on their ability to fully participate in the SET Program.

14.2 In the event of suspension from the SET Program, the Trainee will be advised in writing as soon as practicable after the decision is made and will be advised of the reason for the suspension and any term or conditions attached to the suspension.

14.3 The suspension of the Trainee from the SET Program will continue to operate until the BOU Chair or nominee removes it. The BOU Chair or nominee may remove a suspension if the reason for the suspension no longer applies or has been addressed.

14.4 Fees paid by a Trainee during a period of suspension from the SET Program are not refundable.

14.5 Any period of suspension from the SET Program will not be counted towards the minimum duration.

15. MISCONDUCT

- 15.1 Incidents of alleged Misconduct must be documented and verified as soon as possible. Once the Training Supervisor, Fellow or other person has identified the misconduct, it should be reported to the BOU Chair via the Training Supervisor.
- 15.2 Upon receiving a report regarding alleged Misconduct, the BOU Chair may determine:
- a) that the alleged conduct does not constitute Misconduct and that an alternative process is more appropriate or that no further action is required; or
 - b) that the allegation be put to the Trainee, in writing, for an initial response. The Trainee will be given ten (10) working days to provide such a written response.
- 15.3 If the response from the Trainee is considered by the BOU Chair as being appropriate, no further action will be taken.
- 15.4 If the Trainee does not submit a response, or their response is viewed by the BOU Chair as inadequate, the following process will occur:
- a) the Trainee may be placed on Suspension while the process described in 15.5 occurs. The period of Suspension will not be counted in the maximum period permitted to complete all the requirements of the program should the Trainee return to the SET Program following the process.
 - b) a Panel will be formed to consider the misconduct matter further in accordance with 15.5.
- 15.5 The Panel will consist of three (3) members. In Australia, these will be Fellows of RACS. In Aotearoa New Zealand, at least two (2) should be Fellows of RACS. The BOU will appoint one of the members of the Panel as Chair.
- 15.6 The Chair of the Panel will write to the Trainee to:
- a) Inform them that the Panel has been formed to further consider the misconduct;
 - b) Provide the Trainee with all information obtained to date by the Panel in relation to the misconduct including all relevant facts, reasoning and evidence;
 - c) Invite the Trainee to make a written submission concerning the misconduct allegation. The submission must be received at least five (5) working days prior to the interview; and
 - d) Invite the Trainee to an interview with the Panel.
- 15.7 The interview referred to above shall be conducted as follows:
- a) The Trainee will be provided with a minimum of ten (10) working days' notice of the interview.
 - b) The panel will invite the Trainee to provide a further verbal response to the allegations.
 - c) The Trainee will be informed as to the possible consequences of a misconduct finding and the process following the interview.
 - d) The Trainee will be permitted to invite a support person.
 - e) Following conclusion of the interview, the Trainee and Panel will be provided with the minutes of the interview. The Trainee will be asked if the minutes are an accurate reflection of the interview. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.
 - f) Where the Trainee has been duly notified of the interview and declines or fails to attend, the Panel may make a recommendation to the BOU based on the information before them.

- g) If at any stage the Panel is provided with new evidence, further allegations are made or existing allegations are amended, the Panel will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond to that information or allegation.
- h) Within ten (10) working days of the interview, the Panel will make a finding as to whether misconduct occurred and if it did will make a recommendation as to penalty, supporting both finding and recommendation with written reasons. The finding, recommendation, and written reasons, together with all documentation relied on, will be given to the BOU by the Panel.

- 15.8 The BOU will determine whether the allegation of misconduct has been made out, and if so the appropriate penalty, considering the recommendation of the Panel together with all information before the Panel.
- 15.9 If any member of the BOU has been members of Panel they shall not participate in the discussions or voting relevant to the BOU decision.
- 15.10 The Trainee will be notified of the BOU decision within five (5) working days of the decision being made. The Trainee will be provided with a copy of all documentation relied upon during the misconduct process.
- 15.11 Where the BOU dismisses a Trainee due to misconduct the BOU will inform the RACS Chair of the CSET of the decision, and they will decide if a mandatory notification to medical registration authorities is required.
- 15.12 For the avoidance of doubt, where the BOU determines that a Trainee be dismissed from the SET Program in relation to misconduct, such dismissal is not required to follow the process described in Section 9 having already been subject to the process described in Section 13.

16. COMPLETION OF THE SET PROGRAM

- 16.1 The RTC will recommend completion of training and eligibility for Fellowship when a Trainee has demonstrated satisfactory performance and has fulfilled all training requirements.
- 16.2 Upon receiving the RTC's recommendation, the BOU will approve the completion of training and confirm eligibility for Fellowship.
- 16.3 Once the BOU has confirmed eligibility for Fellowship, the Trainee is responsible for initiating the Fellowship admission process.
- 16.4 Trainees who have been confirmed eligible for Fellowship may be required to remain in their allocated training post to fulfill contractual obligations with their training provider.
- 16.5 Trainees who have been approved for completion of training will not be allocated to an accredited training post in the following clinical year.

17. RECONSIDERATION, REVIEW AND APPEAL

- 17.1 A trainee affected by a decision related to their participation in the SET Program may challenge that decision in accordance with the *RACS Regulation: Reconsideration, Review and Appeal*.