

Selection Regulations

Surgical Education and Training Program in Urology

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1. Introduction

1.1 Definitions and Terminology

- 1.1.1 The following terms, acronyms, and abbreviations, and their associated definition, are used throughout this document:

AHPRA	Australian Health Practitioner Regulation Agency.
AMC	Australian Medical Council.
Applicant	A person who has applied to the Surgical Education and Training Program.
ASC	Annual Scientific Congress.
ASM	Annual Scientific Meeting.
BOU	Board of Urology.
Clinical Year	A 12 month period, normally from February to February.
Curriculum Vitae/CV	The scored components of the application for selection.
Ineligible	Applicants who fail to satisfy one or more of the eligibility requirements, or who have reached the maximum number of application attempts.
Interview	Semi-structured interview conducted as part of the selection process.
MCNZ	Medical Council of New Zealand.
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 Report	A structured report completed by a referee.
Selection Sub-Committee	A Sub-Committee of the BOU appointed under specified Terms of Reference.
SET	Surgical Education and Training.
SET Program	Surgical Education and Training Program in Urology as approved by the BOU.
Successful	Applicants who have ranked high enough to be made an offer of a position on the SET program.
Training Region	NSW/ACT, SA, QLD, VIC (incl TAS), WA or Aotearoa New Zealand.
Unsuccessful	Applicants who have achieved the minimum standard for selection but who have not ranked high enough to be offered a training position on the SET program.
Unsuitable	Applicants who have not achieved the minimum standard for selection at any point in the selection process, or who did not receive an invitation to interview, or who have not met the requirements as set out in these Regulations.
USANZ	Urological Society of Australia and New Zealand.

1.2 Purpose

- 1.2.1 The purpose of these Regulations is to describe the principles, terms and conditions of the selection process for the RACS SET Program in Urology conducted in 2026 for the 2027 intake in Australia and Aotearoa New Zealand.

1.3 Administration

- 1.3.1 The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and Aotearoa New Zealand.
- 1.3.2 The BOU is responsible for the delivery of the SET Program, the accreditation of hospital training posts, and the assessment and supervision of SET Urology Trainees in Australia and Aotearoa New Zealand. For further information, refer to the [Board of Urology Terms of Reference](#) located on the [RACS Website](#)
- 1.3.3 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 SET Program. Any Regulations for the SET Program from any previous years are not applicable and cannot be relied on for meeting the SET Program requirements for the 2027 intake unless specified stated in these Regulations.
- 1.3.4 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 BOU via email deborahklein@usanz.org.au of any changes as soon as possible.

1.4 Objectives of the SET Program

- 1.4.1 The overall objective of the SET Program is to produce competent independent specialist urologists 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 SET Program is structured to ensure Trainees achieve competencies in
- a) Collaboration and teamwork
 - b) Communication
 - c) Cultural competence and cultural safety
 - d) Health advocacy
 - e) Judgement and clinical decision making
 - f) Leadership and management
 - g) Medical expertise
 - h) Professionalism
 - i) Scholarship and teaching
 - j) Technical expertise

2. Principles and Selection Criteria

2.1 Principles of Selection

- 2.1.1 The aim of the selection process is to select the highest calibre trainees for the SET Program through a fair, open and accountable process.
- 2.1.2 The selection process will be well documented, transparent and objective with Applicants having access to eligibility criteria, information on the selection process, general selection criteria and a reconsideration, review and appeals process.
- 2.1.3 The selection process will be subject to continuous review to ensure its 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](#).

- 2.1.5 The number of trainees 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.
- 2.1.6 The selection process will be conducted in a fair, consistent and impartial manner.
- 2.1.7 Any factors influencing the trainee intake will be openly declared with the mechanism by which the quota or limit is arrived at made known.

2.2 General Selection Criteria

2.2.1 Applicants are expected to have:

- a) a genuine interest and commitment to urology as a potential career with their selection of the specialty based on an accurate perception of the specialty traits.
- b) a sound knowledge of basic sciences and a commitment and motivation to continuous self-directed learning including a demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.
- c) exposure to varied working environments, work hours and an aptitude to appropriately manage high stress environments in a responsible, efficient and dependable manner, seeking appropriate assistance when needed.
- d) suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial examination to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.
- e) a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
- f) a history of being considerate to the views of others at all times, reacting appropriately and diplomatically in all work situations and behaving in a manner, which is professional and supportive for all work, ethnic, social, and gender groups.
- g) interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy, respect and reliability at all times and actively contributing to assessing progress and providing workable solutions.
- h) a history of reliability and punctuality, assuming responsibility for completing tasks without prompting in a timely and efficient manner and demonstrating a high level of self-motivation and organisation.
- i) insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.
- j) a willingness at all times to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.
- k) highly effective listening and vocabulary skills and timely and highly effective written and verbal communication, keeping all team members up to date without prompting and always providing clear directions and descriptions of situations in an appropriate tone, which encourages confidence and understanding.
- l) ethical and responsible behaviour at all times with concern and sensitivity to the needs of others, demonstrating aesthetic sensibility, sound judgment and a focus on providing safe, comprehensive surgical care of the highest standard relating to patients, families and members of the health care team in a manner which exhibits honesty, integrity and compassion.
- m) a good knowledge of ethical principles and practices and the ability to identify ethical expectations that impact on patient care and the work environment including informed consent, risk minimisation, confidentiality and clinical governance.

- n) interests outside their career and a balance in their work and personal life with community involvement considered to be a positive reflection of the character of the Applicant.
- o) an understanding of the importance of research and its application to clinical practice. Publications, presentations or research experience, resulting in some meaningful and tangible outcome are highly regarded.
- p) good integrity, honesty and character upholding high service and professionalism standards, in keeping with the need for the public to have absolute trust and confidence in medical professionals.

3. Selection Initiatives

3.1 Aboriginal And Torres Strait Islander Selection Initiative

- 3.1.1 The RACS Council has approved the [Aboriginal and Torres Strait Selection Initiative](#) and the BOU has introduced special measures to implement this initiative. These special measures have been introduced for the purpose of addressing the low participation of Aboriginal and Torres Strait Islander in the SET Program.
- 3.1.2 Applicants wishing to be considered for this initiative must:
 - 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 (as per Section 7) and the minimum standards for selection (as per clause 11.9) 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 Under this initiative, it is expected there will be two (2) posts available for the 2027 intake.
- 3.1.5 In the circumstance where more than two Applicants meet the above criteria, the post(s) will be allocated to the highest ranking Applicants.
- 3.1.6 An applicant's status as Aboriginal or Torres Strait Islander will only be known to RACS staff, USANZ staff and BOU members directly involved in the Selection process, for the purposes of implementing the Selection Initiative. The Board will report the deidentified outcome of the Aboriginal and Torres Strait Islander initiative to the RACS.

3.2 Training Region Distribution

- 3.2.1 Applicants are required to nominate their preferred Training Region with successful applicants being appointed based on ranking and post availability within each Training Region.

3.3 Rural Equity

- 3.3.1 In line with the Rural Health Equity Strategic Action Plan, the BOU has introduced measures to Select for Rural. The CV recognises rural origin, rural medical school and rural clinical rotations.

4. Overview of Selection Process

- 4.1 The selection process uses three selection tools, each contributing the following weightings to the Overall Selection Score of 100.

Selection Tool	Weighting	Scores in accordance with section
Structured Curriculum Vitae	25%	8
Structured Referee Reports	30%	9
Semi-Structured Interview	45%	10
Total Overall Score	100%	

- 4.2 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET Program in Urology.

5. Registration

- 5.1 Prospective Applicants who wish to apply for the SET Program in Urology must first register in accordance with the [RACS Regulation: Registration and Selection to Surgical Education and Training](#) available on the [RACS website](#).
- 5.2 Prospective Applicants must confirm for themselves they meet the minimum RACS generic and Urology eligibility criteria required before submitting their completed registration form.
- 5.3 Prospective Applicants must submit a completed registration form including the required supporting documentation and pay the registration fee by the registration closing date.
- 5.4 Registrations will not be accepted after the closing date under any circumstances.
- 5.5 Prospective Applicants who are not registered cannot lodge an application for the SET program in Urology.
- 5.6 Prospective Applicants will be emailed confirmation of completed registration and eligibility.

6. Application

6.1 Maximum Attempts

- 6.1.1 All Applicants are allowed a maximum of four (4) attempts at selection into the SET Program in Urology. This limit includes all prior applications and also applies to Applicants who had reached the previous limit of three (3) attempts.
- 6.1.2 An attempt is defined as a submitted application accompanied by the relevant application fee.
- 6.1.3 Applicants who elect to apply, having already reached the maximum of four (4) attempts will be notified they are deemed ineligible and will not be considered in the application process. The application fee will be refunded.

6.2 Online Application

- 6.2.1 Applicants are permitted to apply for consideration in Australia or Aotearoa New Zealand but not both countries.
- 6.2.2 Applications must be submitted via the Urology online application system accessible from the [USANZ website](#) during the published dates. No other form of application will be accepted.
- 6.2.3 Access to the online application system will be made available to all registered and eligible Applicants on the opening date for applications.
- 6.2.4 Achievements and documentary evidence must be entered in the correct section.
- 6.2.5 Applications may be commenced, saved, printed and re-accessed during the application period.
- 6.2.6 Applications must be submitted by the closing date. Saved, un-submitted applications will not be considered. No extensions will be granted
- 6.2.7 Once an application has been submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
- 6.2.8 Incomplete applications or those that do not comply with the instructions within the online application form, or these Regulations will not be considered.
- 6.2.9 Applicants will receive an email confirmation when they have successfully submitted their application.
- 6.2.10 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, the application will not be considered. The fee is non-refundable as of the closing date for applications.

6.3 Documentary Evidence

- 6.3.1 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.
- 6.3.2 In most cases, evidence must be retrospective. Prospective evidence will not be accepted. Exceptions to this are noted in Sections 8.6 (Publications) and 8.7 (Presentations).
- 6.3.3 Forms of evidence other than what is outlined will not be accepted.
- 6.3.4 Letters of evidence must be dated.
- 6.3.5 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
- 6.3.6 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.
- 6.3.7 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.

6.4 Disclosure Requirement

- 6.4.1 To enable the BOU to give effect to the general selection criteria under 2.2 and generic eligibility requirements in 7.1, applicants are required to disclose, at the time of this 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 AHPRA, MCNZ, 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, is the Applicant 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?
- 6.4.2 Applicants are required to provide full details if answering 'yes' to any of the above questions.
- 6.4.3 Applicants are invited to submit reason(s) and if applicable, any supporting evidence, demonstrating that they are suitable for the SET Program despite the disclosure matters.
- 6.4.4 Disclosure of any matters set out above will not automatically disqualify an applicant but are relevant to the BOU's assessment of the applicant's suitability for the SET Program in Urology.

6.5 Completing the Application

- 6.5.1 The information collected as part of the application and during the selection process will be used to assess the Applicant's suitability for the SET Program. Information may be disclosed to other parties for the purpose of selection or where required to do so by law. The BOU 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 BOU will deem the Applicant ineligible for selection and their application will be withdrawn.
- 6.5.2 By submitting an application, the Applicant is consenting to the collection, use, disclosure and storage of the information by the BOU, the RACS or its agents.
- 6.5.3 By submitting an application, the Applicant is consenting to confidential references being collected, and to the named consultant surgeons and allied health professionals listed within the application disclosing the information requested as part of the Referee Interview process.

- 6.5.4 The Applicant accepts the references are collected in confidence, that selected consultant surgeons and allied health professionals provide their views based on an obligation of confidentiality afforded to them by the BOU, and that a copy of the references will not be made available to the Applicant under any circumstances.
- 6.5.5 The Applicant accepts they will not be provided with additional feedback on the references or provided with the names of the consultant surgeons or allied health professionals contacted.
- 6.5.6 Applicants specifically agree and accept they will not request, nor be entitled to receive, details of consultants or allied health professionals contacted or the contents of the Referee Interview or other information relating to the Referee Interview, whether by legal request, legal process or otherwise.
- 6.5.7 By submitting an application, the Applicant certifies the information provided is correct and in accordance with these Regulations. The Applicant also verifies no false or tampered documentation will be submitted.
- 6.5.8 It is a condition of application for selection that, should at any time during the selection process or in the future, the BOU 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 BOU 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 SET program. It would be sufficient grounds for dismissal that the BOU has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful.
- 6.5.9 Each application is assessed and marked as it was submitted. No active follow up will take place in instances where the application (or verification) is incorrect or absent.
- 6.5.10 By submitting an application, the applicant is consenting to members of the BOU and other persons appointed by the BOU Chair, in accordance with these Regulations, conducting the selection process and making decisions relating to their application and selection despite having made decisions previously that may be adverse to the Applicant. This includes decisions made during the current and previous selection processes and other training and assessment matters.

7. Eligibility Requirements

7.1 RACS Generic Eligibility

- 7.1.1 Applicants must have permanent residency or citizenship of Australia or Aotearoa New Zealand at the time of registration.
- 7.1.2 Applicants must be deemed suitable by the BOU in accordance with the selection criteria in section 2.2, taking into account, where applicable, any disclosure matters in section 6.4.
- 7.1.3 Applicants in Australia 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](#).
- 7.1.4 Applicants in Aotearoa New Zealand must have general scope or restricted general scope in the relevant specialty in Aotearoa New Zealand with the MCNZ in accordance with RACS Regulation: [Medical Registration for the Surgical Education and Training Program](#).
- 7.1.5 Applicants must have completed The Operating with Respect eModule or Introduction to Operating with Respect accessible from the [RACS website](#).

7.2 Urology Eligibility Requirements

- 7.2.1 Applicants must successfully complete the RACS GSSE Examination by the application closing date. Documentary evidence must comprise a certificate of completion or retrospective letter on RACS letterhead. Prospective evidence will not be accepted.

- 7.2.2 Applicants must have completed the following clinical rotations by the application closing date:
- a) a minimum of 26 weeks in General Surgery at PGY2 level or above, and
 - b) a minimum of 10 weeks in an Emergency Department at PGY1 level or above, and
 - c) a minimum of 26 weeks in Urology at PGY2 level or above.
- 7.2.3 Documentary evidence of clinical rotations must comprise a retrospective letter on official letterhead, signed by an authorised officer, detailing the Applicant's work history. The letter must specify commencement and end dates, position held, and the hospital name. Prospective evidence, including work contracts or letters of offer, will not be accepted.
- 7.2.4 Applicants who are active SET General Surgery Trainees at the time of application are not required to provide evidence of completion of the Surgery in General and ED rotation requirements.
- 7.2.5 The following are considered acceptable Surgery in General rotations:
- a) General Surgery
 - b) Acute Surgical Unit
 - c) Breast and Endocrine
 - d) Colorectal
 - e) Surgical Oncology
 - f) Transplant
 - g) Trauma
 - h) Upper GI/Hepatobiliary
 - i) Vascular Surgery
 - j) Paediatric Surgery
 - k) Urology, if a different Urology rotation is included to meet the 'Urology rotation' eligibility requirement, i.e. the same rotation cannot be included to comply with both criteria.
- 7.2.6 Surgical nights and surgical relief rotations **WILL NOT** be considered acceptable Surgery in General Rotations.
- 7.2.7 Applicants may include a Paediatric rotation (up to a maximum of 13 weeks) as a Urology Rotation provided the rotation comprised a significant proportion of paediatric urology. Applicants may not use the same rotation to comply with Surgery in General eligibility requirements.
- 7.2.8 Applicants who have not completed the specified clinical rotations by the application closing date will be deemed unsuitable and will not progress to the next stage of selection.
- 7.2.9 Rotations for which documentary evidence does not comply will not be taken into consideration and will result in the Applicant being considered unsuitable.
- 7.2.10 Rotations of at least 6 continuous weeks can be combined for a cumulative total. The Urology and Surgery in General Rotations (i.e., 26 weeks each) may include up to 3 weeks (or 15 working days) leave. The Emergency Medicine Rotation (i.e., 10 weeks) may include 2 weeks (or 10 working days) of leave.
- 7.3 Integrity, Honesty and Character**
- 7.3.1 Applicants with relevant notifications, or complaints history as disclosed (as required) in their application, or which otherwise is obtained by or provided to the BOU, may be ineligible and excluded, as the BOU may determine in its entire discretion
- 7.3.2 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.
- 7.3.3 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.

8. Structured Curriculum Vitae

8.1 Overview

8.1.1 The online application form collects information relevant to the eligibility of the applicant, the administration of the selection process and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, publications, presentations, development activities.

8.1.2 Eligibility requirements do not count towards CV points

8.2 Scoring

8.2.1 The Structured Curriculum Vitae is assessed across the following components. Each component is assigned either a maximum score or a fixed score.

Component	Score
Clinical Examination	1*
Qualifications	10
Professional Development Activities (Medical/Technical)	8
Professional Development Activities (Non-Medical/Non-Technical)	5
Publications and Ongoing Research	10
Presentations	10
Rurality	10
Initial Score	54

* Fixed Score

8.2.2 The initial score out of 54 will be scaled to a score out of 25 for the Structured Curriculum Vitae selection tool.

8.2.3 The scoring of the Structured Curriculum Vitae is overseen by the Chair, Selection Sub-Committee. Each CV is scored by two USANZ staff members using a structured scoring system. The BOU Chair or Chair, Selection Sub-Committee will make the final decision in cases of a discrepancy or where an entry or evidence does not comply with the Regulations.

8.2.4 In some parts of the application, **applicants must not include the same achievement in certain sections of the Curriculum Vitae** (e.g. the same body of research presented at more than one meeting must only be entered once). Applicants who are unsure whether an achievement is permitted or where to place specific achievements to attract maximum benefit should seek assistance via the Selection Helpdesk

8.2.5 Attempts by applicants to enter achievements, where they are clearly inadmissible as outlined in the Selection Regulations, will be viewed as a breach of the Regulations and will attract no points.

8.3 Clinical Examination

8.3.1 Applicants who successfully complete the Clinical Examination on or before the June 2025 sitting will be awarded one (1) point.

8.3.2 Applicants will not receive points for completion of the Clinical Examination during or after the October 2025 sitting.

8.3.3 Documentary evidence must comprise a certificate of completion or retrospective letter on RACS letterhead.

8.4 Qualifications (maximum 10 points)

8.4.1 Qualifications may be attained before, during or after completion of primary medical degree.

8.4.2 Qualifications from recognised and accredited educational institutions in Australia or Aotearoa New Zealand (as determined by the BOU) must be awarded by examination and assessment and must clearly relate to one or more of the RACS competencies.

8.4.3 Qualifications attained overseas will be assessed by the BOU to determine their equivalence to relevant Australian or Aotearoa New Zealand qualifications.

8.4.4 Points may be awarded for partial completion of a research PhD, or for Doctorates or Masters Degrees undertaken completely by thesis (without coursework). All other qualifications must be successfully completed at the time of application.

8.4.5 Points will not be awarded for:

- Primary medical qualifications including the MBBS/MBChB or overseas equivalent and MD where it is the primary medical qualification.
- Other Bachelor degrees
- Certificates
- Qualifications for registration of overseas degrees (e.g., AMC, IELTS)
- Qualifications commenced in the year of application
- Degrees and Diplomas that do not meet criteria listed in 8.4.1 – 8.4.3
- Completion of the MRCS examinations or the MRCS Diploma

8.4.6 Qualifications satisfying clause 8.4.1 to 8.4.4 may be scored as follows:

Qualification	Points
Completion of a Doctor of Philosophy (PhD), or Doctor of Medical Science (DMedSc), or other post graduate Doctorate in Medicine or Surgery	8 points
Pre-Submission thesis review of a doctoral degree	4 points
Confirmation of candidature of a doctoral degree	2 points
Completion of a Master of Surgery (MS) or other Masters degree (1.5–2 years FTE, thesis only, no coursework)	4 points
Pre-submission thesis review of a Masters degree by thesis	2 points
Completion of a Master of Surgery (MS) or other Masters degree (≥1 year, by coursework with or without dissertation)	2 points per FTE year of study
Completion of a Diploma	2 points per FTE year of study

8.4.7 Documentary evidence must comprise:

- Completed Degree: Transcript from University confirming awarding of degree. For degrees undertaken by thesis, details of the thesis must also be included.
- Partially completed Degrees - Proof of enrolment from the University and documentation of completed significant milestones from University or Primary Supervisor.
- Completed Diploma - Certificate from University or Educational Institution confirming completion of Diploma together with evidence of FTE duration

8.5 Professional Development Activities (Medical/Technical) (Maximum 8 points)

8.5.1 To be considered, activities undertaken by the Applicant must meet all of the following criteria:

- completed within three (3) years before the application closing date.
- specifically designed for healthcare professionals.
- directly related to urological practice in Medical Expertise, Technical Expertise, or Clinical Judgement and Decision-Making, as determined by the BOU.
- delivered by a training provider recognised by the BOU.

8.5.2 Points will be awarded for the following:

- the USANZ ASM, USANZ Section Meetings or RACS ASC
- other scientific meetings or conferences relating to Urology, General Surgery or Vascular Surgery, as determined by the BOU
- in person courses, workshops, seminars or similar relating to surgical skills, medically related ethical skills, medical management or anatomy, as determined by the BOU.

8.5.3 Points will not be awarded for:

- a) meetings or conferences if points have already been awarded for presenting at the same event.
- b) workshops or courses that are part of a meeting or conference if points have already been awarded for attending the overall event unless the workshop or course has its own CPD points.
- c) ASSET, CCrISP, EMST, CLEAR, or equivalent courses recognised by RACS.
- d) activities aimed specifically at preparing doctors for the GSSE and CE.
- e) activities not specifically designed for healthcare professionals.
- f) activities with less than 5 hours of educational content.
- g) routine workplace activities such as hospital grand rounds, morbidity meetings, unit audits, and teaching roles involving medical students, interns, or similar.
- h) activities scheduled to occur after the application closing date.

8.5.4 Professional development activities satisfying clauses 8.5.1 to 8.5.3 may be scored as follows:

Attendance at the USANZ ASM, RACS ASC, or USANZ Section meeting	2 points (max 6 points)
Attendance at other scientific meetings or conferences with a minimum of five (5) hours of educational content	1 point (max 2 points)
Attendance at in-person courses, workshops, seminars, or similar activities with a minimum of five (5) hours of educational content	1 point (max 2 points)

8.5.5 Documentary evidence must consist of either a certificate of attendance or completion, or an official confirmation from the meeting provider that verifies attendance and specifies the time commitment. Registration confirmations, tax invoices, receipts, or any other forms of documentation will not be accepted as proof of attendance.

8.6 Professional Development Activities (Non-Medical/Non-Technical) (Maximum 5 points)

8.6.1 To be considered, activities undertaken by the Applicant must meet all of the following criteria:

- a) completed within three (3) years before the application closing date.
- b) specifically designed for healthcare professionals.
- c) directly related to urological practice in terms of Professionalism, Health advocacy, Communication, Collaboration and teamwork, Leadership and management, Scholarship and teaching and Cultural competency and cultural safety, as determined by the BOU
- d) delivered by a training provider recognised by the BOU.

8.6.2 Points will be awarded for attendance at:

- a) in-person activities, or
- b) activities delivered online consisting of real-time interaction with a presenter and participant engagement, or
- c) activities comprising online modules or similar completed independently.

8.6.3 Points will not be awarded for attendance at:

- a) meetings or conferences where points have already been awarded for a presentation at the same event.
- b) workshops or courses held as part of a meeting or conference unless they attract separate CPD points and points have not already been awarded for attending the overall event.
- c) activities not specifically designed for healthcare professionals.
- d) educational activities with less than 3 hours of content.
- e) routine workplace activities such as hospital grand rounds, morbidity and mortality meetings, unit audits, and teaching responsibilities involving medical students, interns, or similar roles.
- f) activities being attended after the application closing date.

8.6.4 Professional development activities satisfying clauses 8.6.1 to 8.6.2 may be scored as follows:

In person activity with over 5 hours of educational content	1 point (max 4 points)
In person activity with 3-5 hours of educational content	0.5 points (max 2 points)
Online activity consisting of real-time interaction with a presenter and participant engagement with over 3 hours of educational content	0.5 points (max 2 points)
Online modules or similar completed independently with over 3 hours of educational content	0.25 points (max 1 point)

8.6.5 Documentary evidence must consist of either a certificate of attendance or completion, or an official confirmation from the meeting provider that verifies attendance and specifies the time commitment. Registration confirmations, tax invoices, receipts, or any other forms of documentation will not be accepted as proof of attendance.

8.7 Publications (maximum 10 points)

8.7.1 Research undertaken within the five (5) years immediately prior to the closing date of applications may be included.

8.7.2 Points will be awarded for articles, case reports, literature reviews, or research letters that have been published or accepted for publication in the following journals:

- ANZ Journal of Surgery
- Any peer-reviewed journal listed under the General Surgery, Urology, or Vascular Surgery sections of the RACS Library, provided the research topic is relevant to one of these three disciplines.
- Other medically related peer-reviewed journals provided the journal has an Impact Factor of 3.0 or higher at the time of submission, and the research topic pertains to urology, general surgery, or vascular surgery.

8.7.3 Points will only be awarded under the following authorship conditions:

- For articles where the applicant is listed as the first or second author. Co-first authors will be recognised as first authors.
- For case reports, literature reviews, and research letters where the applicant is the first author.

8.7.4 Points will be awarded for chapters in medical or surgical textbooks where the Applicant is the first or second author. Multiple chapters in the same book will be scored only once.

8.7.5 Points will be awarded where the same body of research has also been presented.

8.7.6 Multiple articles or case reports on the same or sufficiently similar topic or content will only be scored once.

8.7.7 Points will not be awarded for:

- Published meeting abstracts, book reviews, letters to the editor, commentaries, editorial letters, comments and media releases
- Surgical history, general medicine or health articles, or articles not related to urology, general surgery or vascular surgery.

8.7.8 Publications satisfying clause 8.7.1 to 8.7.6 may be scored as follows:

Article, or video supporting published research (for illustrative purposes where Applicant is first author)	2 points
Article or video supporting published research (for illustrative purposes) where Applicant is second author	0.5 points
Case report, literature review or research letter where Applicant is first author or stand-alone video article where Applicant is first author (e.g. demonstration of a surgical procedure)	0.5 points (max 2 points)
Book chapter where applicant is listed as 1 st author	2 points
Book chapter where applicant is listed as 2 nd author	0.5 points

8.7.9 Documentary evidence must comprise:

- Published research or a video supporting published research - title page of the published article, clearly showing the publication reference, publication date, and the applicant's authorship. For articles accepted but not yet published, written confirmation from the publishing body specifying the acceptance date and the applicant's authorship.
- Case report, literature review, research letter, or stand-alone video article - title page of the published item, showing the publication reference, publication date, and the applicant's authorship. For items accepted but not yet published, written confirmation from the publisher clearly stating acceptance and the applicant's authorship.
- Book chapter - written confirmation from the publisher detailing the applicant's level of contribution, together with either a copy of the book chapter or full bibliographic details.

8.8 Presentations (maximum 10 points)

8.8.1 Presentations will be evaluated according to the following criteria:

- Presented within the five (5) years prior to the application closing date or accepted for future presentation, and
- Presented or accepted for presentation at scientific meetings or conferences with a competitive abstract selection process, and
- Has academic relevance to the fields of Urology, General Surgery, or Vascular Surgery.

8.8.2 Oral presentations will only be scored where the Applicant is the first or second author and the named presenter in the meeting program. Documentary evidence must be explicit on this point, or the presentation will not be scored.

8.8.3 Poster presentations will only be scored where the Applicant is the first author and the named presenter in the meeting program. Documentary evidence must be explicit on this point, or the presentation will not be scored.

8.8.4 Points will be awarded for:

- Oral presentations, including moderated poster presentations comprising an oral component, delivered within the meeting program at a face to face meeting.
- Poster presentations, including moderated short oral presentations, delivered in the exhibition area at a face to face meeting.

8.8.5 Points will be awarded for oral and poster presentations at the official ASM of the following organisations:

- American Urological Association (AUA)
- Société Internationale d'Urologie (SIU)
- British Association of Urological Surgeons (BAUS)
- Canadian Urological Association (CUA)

- e) Urological Association of Asia (UAA)
 - f) European Urological Association (EAU)
 - g) Urological Society of Australia and New Zealand (USANZ)
 - h) Royal Australasian College of Surgeons (RACS)
- 8.8.6 Points will be awarded for oral and poster presentations delivered at the official ASM of the following organisations, provided the meetings took place prior to 31 December 2025:
- a) World Congress of Endourology (WCE)
 - b) International Continence Society (ICS)
 - c) Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group
- 8.8.7 Points will be awarded for oral presentations at USANZ Sectional Meetings.
- 8.8.8 Points will be awarded for oral presentations delivered at Regional Surgical Specialty meetings, provided the meetings took place prior to 31 December 2025.
- 8.8.9 Presentations delivered at the official ASM of organisations listed in Clause 8.8.6, or at Regional Surgical Specialty meetings, will not be eligible for points in future selection rounds.
- 8.8.10 For scoring purposes, meetings are classified by the target audience, and not by the conference name or geographical location.
- 8.8.11 Presentations that have sufficiently similar topics or that have been presented at more than one meeting or conference will only be scored once (with the higher score being awarded).
- 8.8.12 Points will be awarded for presentations where the same body of research has also been published.
- 8.8.13 Points will not be awarded for:
- a) Presentations at hospital based meetings, meetings developed by hospitals or unit networks, or GP Education meetings
 - b) Video presentations
 - c) e-Posters (no oral component)
 - d) Unmoderated poster presentations (no oral component)
 - e) Involvement in continued teaching or teaching of medical students, interns or similar
- 8.8.14 Presentations satisfying clause 8.8.1 to 8.8.7 may be scored as follows:

Annual Scientific Meetings - Oral presentations, including moderated poster presentations comprising an oral component, delivered within the meeting program at a face to face meeting	2 points
Annual Scientific Meetings - Poster presentations, including moderated short oral presentations, delivered in the exhibition area at a face to face meeting	0.5 points
USANZ Sectional Meetings - Oral presentations including moderated poster presentations delivered within the meeting program.	1 point
Regional Surgical Specialty Meetings held prior to 31 December 2025 - Oral presentations including moderated poster presentations delivered within the meeting program.	1 point

- 8.8.15 To be considered for scoring, submissions must include **both** of the following documentary evidence components; submissions missing either component will not be considered:
- f) A copy of the abstract showing the applicant's name, level of authorship, and the presentation title; **AND**
 - g) Either a copy of the meeting program displaying the name, date, and location of the meeting with the Applicant's name listed against the presentation title, or official confirmation from the conference organiser verifying acceptance to present or confirming that the presentation has been accepted.

8.9 Rurality (Maximum 10 points)

8.9.1 Points will be awarded to applicants who meet the criteria for Rural Origin, defined as having lived for at least 10 years cumulatively or 5 consecutive years in areas classified as MM2 or above in the Modified Monash Model in Australia, or in approved regional locations in Aotearoa New Zealand. In New Zealand, regional areas are defined as locations outside the main urban centres of Auckland, Wellington (including Upper Hutt, Lower Hutt, Porirua, and Kapiti), Christchurch, Hamilton, Tauranga, and Dunedin.

8.9.2 Points will be awarded to applicants who have completed a minimum of one (1) cumulative academic year at a rural clinical school located in areas classified as MM2 or above in the Modified Monash Model in Australia, or in approved regional areas in Aotearoa New Zealand. In New Zealand, regional areas are defined as locations outside the main urban centres of Auckland, Wellington (including Upper Hutt, Lower Hutt, Porirua, and Kapiti), Christchurch, Hamilton, Tauranga, and Dunedin.

8.9.3 Points will be awarded to applicants who have completed pre-SET clinical rotations in areas classified as MM2 or above in the Modified Monash Model in Australia, or in approved regional locations in Aotearoa New Zealand. In New Zealand, regional areas are defined as locations outside the main urban centres of Auckland, Wellington (including Upper Hutt, Lower Hutt, Porirua, and Kapiti), Christchurch, Hamilton, Tauranga, and Dunedin.

8.9.4 Rurality satisfying Clause 8.9.1 to 8.9.3 may be scored as follows:

Rural Origin	2 points
Completion of a minimum of one (1) cumulative academic year at a rural clinical school.	2 points
Completion of two (2) or more cumulative academic years at a rural clinical school.	4 points
Completion of clinical rotations with a cumulative duration of no less than 26 weeks and no more than 62 weeks.	1 point
Completion of clinical rotations with a cumulative duration of at least 62 weeks and no more than 114 weeks.	2 points
Completion of clinical rotations with a cumulative duration exceeding 114 weeks	4 points

8.9.5 Documentary evidence of Rural Origin must comprise the following:

- A statutory declaration completed in the applicant's name using an official statutory declaration template; or
- A professional supporting letter from a general practitioner, dentist, bank, school, university, or workplace. The letter must be dated, signed, and on official letterhead and must state the Applicant's rural residential address, address history, and dates of residence, and explain the professional relationship to the Applicant (e.g., patient, student, employee). The organisation should be located in or near the relevant rural area, or the letter must clearly explain how the author can verify the Applicant's rural address history and time periods. If provided by a general practitioner, the letter must include the GP's AHPRA registration number or official practice stamp.

8.9.6 School reports will not be considered as valid evidence for the verification of Rural Origin.

8.9.7 Time spent at a holiday home, second residence, or in a rural setting during school holidays cannot be considered as evidence of Rural Origin.

8.9.8 Where an applicant claims Rural Origin based on five consecutive years of residence, supporting documentation must be provided for each of the five years. The documentation must clearly demonstrate that the years are consecutive and complete.

- 8.9.9 Where an applicant claims Rural Origin based on ten cumulative years of residence, supporting documentation must be provided for each distinct time period contributing to the cumulative total. For each time period, at least one document must be provided to verify the start date and one to verify the end date. Documentation must be sufficient to demonstrate that each year claimed is complete.
- 8.9.10 Documentary evidence for rural clinical school experience must comprise a formal letter issued by the relevant Clinical School. This letter must be signed by an authorised representative and must clearly state the Applicant's full name, the nature of the clinical placement, and the specific dates of commencement and completion.
- 8.9.11 Documentary evidence of rural pre-SET clinical rotations must comprise a retrospective letter detailing the Applicant's work history. This letter must be signed by an appropriate authority, such as a hospital administrator, supervisor, or medical director, and must include:
- a) the applicant's full name,
 - b) the position held,
 - c) the name of the hospital or health service,
 - d) and the exact commencement and end dates of each rotation.
- 8.9.12 Prospective documents, such as employment contracts or letters of offer, will not be accepted as valid evidence of rural pre-SET clinical rotations.

9. Referee Interviews

- 9.1 Referee Interviews are conducted to obtain information, in confidence, about the history of the Applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in Urology.

9.2 Nomination of Contacts

- 9.2.1 Applicants must provide the names and contact details, including a valid email address and mobile number for:
- a) all consultant surgeons they have worked with during the two (2) clinical years immediately preceding the application year. A minimum of four (4) consultant surgeons must be provided. If an Applicant has worked in small units and cannot meet this requirement, they may include supervising consultants from an additional year for consideration.
 - b) at least one (1) allied health professional who the Applicant has worked with from each term undertaken in the two (2) clinical years prior to the year of application. A minimum of three (3) allied health professionals must be listed.
- 9.2.2 Applicants engaged in full-time research may list consultant surgeon and allied health professional contacts outside this two-year timeframe.
- 9.2.3 Each consultant surgeon listed must be employed in a urology or surgical unit at a public hospital or a recognised surgical training unit in a private hospital and must have worked with the Applicant for a minimum of 10 weeks, providing direct supervision on a regular and ongoing basis during a clinical term. This includes offering performance feedback and instruction on workplace duties and responsibilities. For the purposes of this requirement, "ongoing and regular basis" means at least once every four weeks during the term.
- 9.2.4 Consultant surgeon contacts listed for experience gained in Australia or New Zealand must be Fellows of the Royal Australasian College of Surgeons (FRACS) or vocationally registered doctors in Aotearoa New Zealand.
- 9.2.5 Consultant surgeon contacts listed for experience gained outside of Australia and New Zealand must be Fellows of the relevant national surgical college or members of the appropriate national specialty society or association.

9.2.6 The following persons may not be listed as Consultant surgeon contacts:

- a) Members of the BOU
- b) Specialist International Medical Graduates (SIMGs), who whilst working with the Applicant, were under clinical assessment, irrespective of whether they have since been awarded a diploma from an Australian or Aotearoa New Zealand College and are now consultants.
- c) Doctors who were in a Senior Registrar, Fellow, or similar role while working with the Applicant, regardless of whether they have since obtained a diploma from an Australian or Aotearoa New Zealand College and are now consultants.
- d) Research supervisors

9.2.7 Each allied health professional contact listed must have worked with the Applicant for a minimum of 10 weeks in a urology or surgical unit within a public hospital or recognised surgical training unit in a private hospital. They may be a clinical nurse consultant or senior nurse in the ward, emergency department, operating theatre/day surgery or outpatient department who has had significant interaction with the Applicant on an ongoing and regular basis (i.e., daily or weekly) for the duration of the term. Individuals from other departments (e.g., hospital pharmacy, physiotherapy, occupational therapy, social work, radiography, psychology or grief/trauma counselling) may only be nominated if their interaction with the Applicant has been significant and on an ongoing and regular basis (i.e., daily or weekly) for the duration of the term.

9.2.8 For the purpose of this section of the Regulations, a clinical term does not include private assisting and research terms, as well as relief or night terms when there is no consistent supervising consultant providing supervision.

9.2.9 Applicants must confirm that they have contacted the consultants and allied health professionals listed as contacts before submitting their application. They must also inform these individuals that they may be contacted by the BOU for a reference during the selection process.

9.3 Referee Selection

9.3.1 The BOU may contact units in which the Applicant has worked to ensure that the information provided about the Applicant's employment history is correct.

9.3.2 The BOU may contact the listed consultant surgeons and allied health professional contacts to verify compliance with these Regulations.

9.3.3 If an Applicant elects not to provide the details for consultant and allied health professional contacts 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 consultants or allied health professional contacts who do not completely comply with these Regulations, or omitting consultants, the Applicant may be withdrawn from the selection process and their application will not be considered further.

9.3.4 The BOU is responsible for selecting referees for each Applicant. A staff member from USANZ will provide administrative support for this process.

9.3.5 The BOU will choose a total of nine (9) Referees comprising:

- e) Three (3) Primary Consultant Surgeon Referees, and
- f) Three (3) Reserve Consultant Surgeon Referees, and
- g) One (1) Primary Allied Health Professional Referees, and
- h) Two (2) Reserve Allied Health Professional Referees

9.3.6 At least (1) Primary Consultant Surgeon Referee will be selected from the Applicant's most recent surgical term.

9.3.7 Priority will be given to selecting Consultant Referees from among SET Training Supervisors, SET Trainers, and Heads of Departments.

- 9.3.8 When selecting the primary allied health professional referees, priority will be given to individuals from units with a SET Training Post, where possible. Thereafter, the allied health professional referees will be selected from units with non-accredited posts and rural and remote surgical settings.

9.4 Referee Interview Process

- 9.4.1 The BOU will be responsible for the Referee Interview process. Applicants will not be provided with updates on the progress of Referee Interviews. All referees contacted will be advised of the confidential nature of the Referee Interviews.
- 9.4.2 Referee Interviews will be conducted by a Panel consisting of up to two (2) members and may also include an observer.
- 9.4.3 Referee Interviews with Consultant Surgeons will be conducted by a Panel comprising members of the BOU or Consultant Urologists currently working in accredited SET Urology Training Posts. Referee Interviews with Allied Health Professionals may be conducted by personnel with relevant allied health or nursing experience or may be outsourced as appropriate.
- 9.4.4 A USANZ staff member will assign panellists to Panels. Whenever possible, panellists will be assigned to contact referees outside their own training region.
- 9.4.5 A standardised Referee Interview will be utilised comprising questions related to the RACS competencies as well as the Applicant's readiness to commence surgical training.
- 9.4.6 Primary Referees will be contacted first. Two attempts will be made to reach each Referee; if unsuccessful, that Referee will be disqualified from further participation for that Applicant.
- 9.4.7 Consultant surgeons and allied health professional referees may receive advance notification, including details about the areas that will be discussed during the Referee Interview.
- 9.4.8 Once the Referee Interview has concluded, the Referee will not be permitted to amend their responses or submit additional information.
- 9.4.9 After reviewing the responses provided by each Referee, panellists must reach a consensus score for each assessed area, in accordance with the prescribed scoring guidelines. They must also document notes that clearly justify the rationale behind each consensus score.
- 9.4.10 Responses provided by referees will not be shared with the Applicant or any other referees involved in the process.
- 9.4.11 Any Referee Interview will be considered invalid if the responses provided by the Referee are insufficient to determine scores for at least eighty percent (80%) of the assessed areas.
- 9.4.12 If the minimum number of valid Referee Interviews (3 Consultant Referees and 1 AHP Referee) cannot be obtained from the nine (9) Referees selected, the Applicant may be excluded from the selection process.

9.5 Scoring

- 9.5.1 The BOU will obtain scores from four (4) valid referee reports comprising three (3) consultant surgeon reports and one (1) allied health professional report.
- 9.5.2 If four (4) valid references from three (3) consultant surgeons and one (1) allied health professional are not obtained by the end of the referee reporting process, the Applicant will be automatically withdrawn from the selection process.
- 9.5.3 The final referee report score will be calculated as an average of the four (4) reports, comprising three (3) consultants and one (1) allied health professional. This score will be adjusted applying the selection tool weighting to provide an overall referee report score out of 30.

10. Semi-Structured Interviews

10.1 Overview

10.1.1 The interview has been designed to:

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

10.1.2 The interview seeks information on a variety of attributes including:

- a) The ability to interact effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.
- b) The ability to contribute effectively as a member of the health care team.
- c) The ability to act ethically, responsibly and with honesty.
- d) The capacity to care, demonstrate concern and sensitivity to the needs of others.
- e) Effective oral communication.
- f) The ability to assimilate and organise information and to adapt accordingly.
- g) The ability to present concisely within a time frame.
- h) The applicant's commitment to a career in Urology.
- i) The ability to recognise and respond appropriately to ethical issues.
- j) The ability to promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

10.1.3 The score for the interview will comprise 40% of the overall selection score.

10.2 Notice of Interview

10.2.1 Interview dates are published on the USANZ website.

10.2.2 Applicants who are shortlisted for interview will be notified of the date, time and location of the interview at least ten (10) business days prior. Applicants will be provided with a brief on the structure of the interview at the time of notification.

10.2.3 It is the Applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Interview. The BOU accepts no responsibility for any costs incurred by Applicants in attending the Interview.

10.2.4 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.

10.3 Interview Panels

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

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

10.3.3 Each Applicant will be assessed by four (4) panels. Each panel will comprise two (2) interviewers and in addition observers may be present. Each panel will conduct a designated section of the interview for all Applicants, with Applicants rotating between panels.

10.3.4 All Applicants will commence their interview in a standard manner; follow-up questions may vary based on Applicant responses. These questions will be used to explore the breadth and depth of the Applicant's experience and insight.

10.3.5 Applicants will spend a fixed amount of time with each panel.

10.3.6 Applicant responses will be evaluated based on a standardised interview scoring guide.

- 10.3.7 Each panel member will score each Applicant individually. Each panel will then provide a consensus score for their section of the interview.
- 10.3.8 The scores for the four interview panels will be combined and converted to a score out of 45.

11. Application Progress

- 11.1 Harassment of any kind is a serious matter and may result in an Applicant being deemed unsuitable for selection. Harassment includes but is not limited to repeated requests by an Applicant to any referee, BOU member or USANZ staff member involved in the selection process. Inappropriate, aggressive or bullying behaviour will not be tolerated.
- 11.2 Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET program in Urology.
- 11.3 All applications will be initially assessed based on CV and Referee Reports.
- 11.4 The CV and Referee Report score for each applicant will be added together to determine a Combined (CV & Referee Report) Score.
- 11.5 The BOU will determine the number of interviews to be conducted based on the number of training positions expected to be available in the following year. Interviews will be scheduled according to a ratio of two (2) Applicants to each one (1) training post (i.e. a ratio of 2:1)
- 11.6 Applicants will be shortlisted for interview based on the Combined (CV and Referee Report) score ranking.
- 11.7 Applicants who are not invited to interview are deemed **unsuitable** and will not be considered further in the selection process. Applicants will be notified in writing:
 - a) They have not ranked high enough to be invited to interview and will not be considered further in the selection process.
 - b) Information on overall scores (adjusted for weighting) received for each of the selection tools completed. Note: Individual structured Referee Report scores will not be released to the Applicant.
 - c) The Applicant may request further feedback by emailing deborahklein@usanz.org.au. A response to requests for feedback specific to the application will be provided in writing. Verbal feedback will not be given.
- 11.8 Applicants who have progressed through to interview will be ranked based on their combined Curriculum Vitae, Referee Report and Interview scores (Overall Score).
- 11.9 The minimum standard for selection will be the Overall Score of the Applicant whose ranking is five (5) places below the number of available training positions.
- 11.10 Applicants who successfully progressed to interview but who did not rank highly enough to be made an offer will be classified as **unsuccessful**. Applicants will be advised in writing:
 - a) They have been deemed suitable for selection but have not ranked highly enough to be made an offer.
 - b) Information on the waiting list process and the Applicants position on the list should a position become available.
 - c) Information on overall percentage scores (adjusted for weighting) received for each of the selection tools completed. Note: individual structured Referee Report scores will not be released to the Applicant.
 - d) The Applicant may request further feedback by emailing deborahklein@usanz.org.au. A response to requests for feedback specific to the application will be provided in writing. Verbal feedback will not be given.
- 11.11 Applicants who successfully progressed to interview and who ranked high enough in comparison to the number of available training positions will be classified as **successful** and will be offered a position on the SET Program in Urology, as outlined in Section 12.

- 11.12 In the event two or more Applicants are ranked equally, the Semi-Structured Interview Score will be the differentiating factor. In the event the Applicants still remain equal, the Referee Report will be the differentiating factor. In the event the Applicants still remain equal, the BOU will have discretion to make the final decision regarding the ranking on review of the selection documentation, Applicant experience and performance.

12. Application Outcome

12.1 Offers

- 12.1.1 Applicants who have been deemed successful in the selection process will be notified that they have been successful and are being offered a position on the SET Program in Urology subject to the conditions outlined in Section 12.1.5.
- 12.1.2 Successful Applicants are required to accept or decline their offer of a position on the SET Program in Urology.
- 12.1.3 It is expected that due to deferral and interruption requests, there may be several rounds of offers.
- 12.1.4 Applicants who do not rank highly enough to receive a first round offer, will be considered eligible for subsequent offers.
- 12.1.5 Acceptance of the offer will be conditional on the following:
- a) Acceptance of the Training Region identified in the offer.
 - b) Applicants satisfying the medical registration requirements with no conditions or undertakings attached to their registration in the Training Region of offer.
 - c) Applicants satisfying the employment requirements of the relevant health areas in the Training Region of offer.
 - d) The information submitted in the application form being true, verifiable and correct.
 - e) Satisfactory completion of all minimum eligibility criteria.
 - f) Agreement to abide by the SET Program Regulations and RACS policies at all times which form part of the contract and acceptance of the conditions which are likely to affect, or be affected by, dismissal.
 - g) Return of a signed SET Trainee Agreement, in accordance with instructions given, by the stipulated deadline.
- 12.1.6 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.
- 12.1.7 Applicants who decline the offered training post will automatically forfeit the offer.
- 12.1.8 Forfeited offers will be made available to the next highest scoring eligible Applicant.
- 12.1.9 Applicants will not be notified of their overall ranking.

12.2 Deferral

- 12.2.1 Successful Applicants may apply to the BOU to defer the commencement of the SET Program in Urology.
- 12.2.2 All applications for deferral are governed by the RACS Regulation: Trainee Registration and Variation and the SET Program Training Regulations.
- 12.2.3 On the application form, Applicants are asked to advise of their intention to defer commencement of the SET Program in Urology, should their application be successful. This is purely to assist with logistical arrangements when offers are being made and is not considered as part of the selection process.
- 12.2.4 Applicants who wish to defer the commencement of the SET Program in Urology must formally apply to the BOU at the time of acceptance of an offer outlining the reasons for their request and providing any related documentary evidence. Requests submitted after this time will only be considered in exceptional circumstances.

- 12.2.5 All requests for deferral will be considered but not necessarily granted. The BOU will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations. The BOU may consult the respective Regional Training Committee prior to determination.
- 12.2.6 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.
- 12.2.7 The BOU can approve deferral of commencement of training for an initial period of one year.
- 12.2.8 Applicants who receive approval to defer the commencement of training may apply for further periods of deferral and will be guaranteed a clinical training post and assigned a SET level, at the start of the year they commence clinical training.
- 12.2.9 During the period of deferral, Applicants will be allocated in the interim to their Region of Origin. This does not in any way guarantee that their subsequent appointment will be in the Region of Origin. When an Applicant advises of their intention to commence clinical training, the BOU will determine their Training Region allocation based on their relative selection ranking in comparison with other Applicants appointed in the year they will commence clinical training.
- 12.2.10 Applicants are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.
- 12.2.11 An approved period of deferral does not preclude the Applicant from being employed in a non-training clinical rotation.

12.3 Flexible Training

- 12.3.1 Successful Applicants who wish to be considered for Flexible Training must lodge a request to the BOU at the time of acceptance.
- 12.3.2 While every effort will be made to accommodate flexible training requests, no guarantees can be provided. Where a flexible training request cannot be accommodated the Applicant may either accept the full time training offer, defer for one year, or decline the offer.
- 12.3.3 Applications for flexible training governed by the RACS Regulation: Trainee Registration and Variation and the Urology SET Program Training Regulations.

13. Reconsideration

- 13.1.1 An Applicant dissatisfied with a decision made in relation to these Regulations may apply to have the decision reconsidered (Reconsideration).
- 13.1.2 The Reconsideration will be processed in accordance with the RACS Regulation: Reconsideration, Review and Appeal. The original decision maker under these Regulations is the BOU.
- 13.1.3 Applications for Reconsideration must be addressed to the Chair, BOU and received within seven (7) business days of the Applicant being notified of the decision. Applications received outside this timeframe will not be considered.
- 13.1.4 In the interests of clarity, the release of each score which forms part of the selection process is the notification of a decision. Once the period to apply for Reconsideration of that score expires the score is final and the Applicant cannot request a Reconsideration of that score at a later stage in the selection process.
- 13.1.5 Applications for Reconsideration must be accompanied by all relevant information or grounds upon which the Applicant seeks to rely in respect of the Reconsideration. The Applicant will bear the onus of proof to establish the grounds of the reconsideration application.
- 13.1.6 The original decision maker will form a Reconsideration Panel and will convene to review the original decision and material associated with that decision.
- 13.1.7 The Reconsideration Panel will only consider material as initially submitted by the Applicant, i.e., the information on which the original decision was based.

- 13.1.8 The reconsideration will be conducted with as little formality as possible but otherwise will have full power to regulate its conduct and operation.
- 13.1.9 The reconsideration of the decision by the Reconsideration Panel must be undertaken in accordance with the rules of natural justice and each reconsideration will be reviewed on its merits.
- 13.1.10 Minutes of the meeting shall only record the Reconsideration Panel's decision, the reasons for the decision, and any recommendations made.
- 13.1.11 The BOU may delegate its powers and duties in respect of any reconsideration as it determines.
- 13.1.12 The Applicant will receive a written response detailing the outcome of the reconsideration within five (5) business days of the receipt of the request for reconsideration.
- 13.1.13 In the absence of manifest error in the scoring of the Structured CV for selection to the SET program, applications concerning CV scoring will not be accepted.
- 13.1.14 Referee reports scores are determined by an applicant's nominated referees and are not subject to Board discretion. Accordingly, these scores are not subject to Reconsideration, Review or Appeal.

14. Selection Process Review

- 14.1 The BOU will review the selection process on an annual basis and consider feedback from Applicants, interviewers, referees and other stakeholders.
- 14.2 Once the selection process has concluded and the final outcomes have been determined, the BOU has the right to contact any individual involved in the process for the sole purpose of quality control. Applicants may be asked to complete an evaluation form/survey as part of the selection process.
- 14.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

15. Contact

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