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, have reached the maximum number of application attempts or have demonstrated behaviour that is inconsistent with the general selection criteria (refer to 2.2). Applicants deemed ineligible are excluded from the selection process.
Interview	Semi-structured interview conducted with an applicant as part of the selection process.
MCNZ	Medical Council of New Zealand.
RACS	Royal Australasian College of Surgeons.
Recognised training provider	An organisation that delivers structured education or professional development activities and is recognised by, accredited by, affiliated with, or endorsed by a relevant professional, educational, healthcare, scientific, or regulatory body. The activity must have defined learning objectives, a formal program of instruction, and a method of assessing participant learning or achievement.
Referee	A consultant surgeon or allied health professional listed as a contact by an applicant who is willing to describe or report on observed work performance, character and abilities; and meets the eligibility requirements outlined in these Regulations.
Research letter	A brief scholarly publication that reports original research findings, including the presentation and analysis of original data, methods, results, or other research outcomes. A research letter does not include publications whose primary purpose is commentary, opinion, correspondence, editorial content, or discussion of previously published work.
Term/attachment	A period of work experience.
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 for the current intake.

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 for the current intake.
Unsuitable	Applicants who did not receive an invitation to interview.
USANZ	Urological Society of Australia and New Zealand.
Verbal References	Information obtained by confidential interviews conducted with referees selected from consultant surgeon and allied health professionals listed in the application.

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 2027 for the 2028 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 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 The selection process is conducted annually. These Regulations may change 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 2028 intake unless 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 training@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 profession they serve with the highest standard of safe, ethical and comprehensive care.

1.4.2 The SET Program is structured to ensure Trainees achieve the graduate outcomes:

a) Communication
b) Teamwork and Collaboration
c) Health Advocacy
d) Leadership and Management
e) Professionalism and Ethics
f) Education and Research
g) Cultural Competency and Safety
h) Medical Expertise, Clinical Decision Making and Technical Skills

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 general selection criteria, eligibility criteria and requirements, information on the selection process, 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 successful applicants in any year will depend on the number of eligible applicants together with the number of accredited training positions available in the following clinical year.

2.1.6 The selection process will be conducted in a fair, consistent and impartial manner.

2.1.7 Any factors influencing the 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.

c) demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.

d) 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.

e) suitable clinical knowledge, dexterity and experience 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.

f) a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.

g) 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.

h) interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy and respect at all times and actively contributing to assessing progress and providing workable solutions.

i) 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.

j) 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.

k) 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.

l) 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.

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) ethical and responsible behaviour at all times with concern and sensitivity to the needs of others.

o) 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 compassion.

p) 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.

q) 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.

r) 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 declared they are of Aboriginal and/or Torres Strait Islander descent, provided supporting evidence and have nominated to be considered for selection under this initiative in the registration process; and

b) have met the eligibility requirements (as per Section 7) and the minimum standard for selection (as per clause 11.1.2) 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) positions available for the 2028 intake.

3.1.5 In the circumstance where more than two (2) applicants meet the above criteria, the position(s) will be allocated to the highest-ranking applicants.

3.1.6 Consideration under the Aboriginal and Torres Strait Islander Selection Initiative will only be known to RACS staff, USANZ staff and Fellows as required for the purposes of implementing the initiative. It will not be disclosed to Fellows participating in the assessment of applicants. The Board will report the deidentified outcome of this 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 The BOU has introduced measures to implement the Rural Health Equity Strategic Action Plan. The scoring of the Structured Curriculum Vitae 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 an Overall Selection Score of 100.

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

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

5. Registration

5.1 Prospective applicants who wish to apply for the SET Program must first register in accordance with the *RACS Regulation: Registration and Selection to Surgical Education and Training*.

5.2 Prospective applicants for the SET Program should confirm for themselves that they meet the minimum RACS generic eligibility criteria (Section 7.1) and urology eligibility criteria (Section 7.2) required before submitting their completed registration form.

5.3 Prospective applicants must register for selection through RACS by completing the online registration form, providing the required supporting documentation, selecting urology as a surgical speciality they would like to apply to and paying 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 have been confirmed as registered and eligible can lodge an application for the SET Program.

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. 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 submit an application after reaching the maximum of four (4) attempts will be 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 applicants on the opening date for applications.

6.2.4 Each application is assessed and scored according to the information provided and evidence that was submitted as part of the application. No active follow up will take place in instances where the application (or verification) is incorrect or absent.

6.2.5 Achievements that are not listed in the correct section of the application will not be accepted.

6.2.6 Applications may be commenced, saved, printed and re-accessed during the application period.

6.2.7 Applications must be submitted by the closing date. Saved, un-submitted applications will not be considered. No extensions will be granted.

6.2.8 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.

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

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

6.2.11 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 8.5 (Publications) and 8.6 (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 considered or 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 selection process pertaining to the current year.

6.4 Disclosure Requirement

6.4.1 To enable the BOU to give effect to the general selection criteria under 2.2, applicants are required to disclose the full details, at the time of this application, if they are aware of all or any of the following information:

a) 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 in the last 10 years.

b) If the applicant has practised in other countries, any notifications or complaints made to the equivalent regulatory body in those countries, in the last 10 years.

c) Any formal complaint(s) made to any hospital or health service in which they have been engaged or employed during the last five (5) years.

d) Any other formal complaint(s) made otherwise in relation to their practice as a medical practitioner in the last five (5) years.

6.4.2 Applicants are invited to submit a reason(s) and if applicable, any supporting evidence, demonstrating that they are suitable for the SET Program despite the matters disclosed.

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

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. Failure to provide the information requested by the BOU will deem an applicant ineligible.

6.5.2 By submitting an application, the applicant certifies the information provided is correct and in accordance with these Regulations.

a) The BOU may verify the information provided within the application with external institutions or individuals and gather additional information to process the application.

b) 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, they may be deemed ineligible and not considered further in the selection process. The BOU may, at its absolute discretion, may report this to the relevant authorities and/or disqualify the applicant from making further application to the SET Program.

c) If the BOU has sufficient reasonable information for it to conclude that a trainee's evidence submitted was false or tampered with or responses in their application for selection were incorrect, misrepresented or untruthful this would be grounds for the trainee to be dismissed from the SET Program.

6.5.3 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.

6.5.4 By submitting an application, the applicant is consenting to confidential interviews being conducted with referees, and referees disclosing the information requested as part of the selection process.

a) The applicant accepts that selected referees are interviewed in confidence and provide their views based on an obligation of confidentiality afforded to them by the BOU.

b) The applicant agrees that they will not request, be entitled to receive the details of the referees contacted and accepts that any other information relating to the Verbal References will not be made available to the applicant under any circumstances, whether by legal request, legal process or otherwise.

6.5.5 By submitting an application, the applicant acknowledges that members of the BOU and other persons appointed by the BOU Chair, in accordance with these Regulations, conducting the selection process may have previously been involved in decisions relating to the applicant, including previous selection processes, or training or assessment matters. Such prior involvement will not, of itself, prevent those individuals from participating in the selection process, provided any actual, potential, or perceived conflicts of interest are managed in accordance with the RACS Conflict of Interest Policy.

6.5.6 Unacceptable behaviour of any kind during the selection process is a serious matter and may result in an applicant being deemed ineligible for selection. This includes but is not limited to harassment (e.g. repeated requests), aggression or intimidation demonstrated by an applicant to any referee, BOU member or USANZ staff member involved in the selection process.

7. Eligibility Requirements

7.1 RACS Generic Eligibility Criteria

7.1.1 Applicants must meet the generic eligibility criteria for registration for SET selection, as outlined in the *RACS Regulation: Registration and Selection to Surgical Education and Training*.

7.2 Urology Eligibility Criteria

7.2.1 Applicants must meet the urology eligibility criteria outlined in these Regulations. Applicants who do not meet the urology eligibility criteria will be deemed ineligible and will not progress to the next stage of the Selection process.

UROLOGY ELIGIBILITY CRITERIA		
Requirement	**Additional detail**	**Evidence Required**
7.2.2 Minimum of 10 working weeks in an Emergency Department, at PGY1 level or above.	Terms/attachments must be completed by the application closing date and may include up to 2 weeks (10 working days) of leave.	A retrospective letter on official letterhead, signed by an authorised officer, detailing the applicant's commencement and end dates, position held, and hospital name. Work contracts, letters of offer and other prospective evidence will not be accepted.
7.2.3 Minimum of 26 working weeks of surgery experience, at PGY2 level or above.	Surgical terms/attachments must be completed by the application closing date. Terms/attachments of at least 6 continuous working weeks may be combined for a cumulative total, including up to 3 weeks (15 working days) of leave. Acceptable surgical areas: General Surgery, Acute Surgical Unit, Breast and Endocrine, Colorectal, Surgical Oncology, Transplant, Trauma, Upper GI/Hepatobiliary, Vascular, Paediatric, and Urology. Surgical nights and relief rotations are not acceptable experience. Each term/attachment may only be counted once: as either surgical experience or urology experience, not both.	A retrospective letter on official letterhead, signed by an authorised officer, detailing the applicant's commencement and end dates, position held, and hospital name. Work contracts, letters of offer and other prospective evidence will not be accepted.
7.2.4 Minimum of 26 working weeks of urology experience, at PGY2 level or above, within the last two (2) years.	Urology terms/attachments must be completed by the application closing date. Experience obtained within the last five (5) years will be accepted where a period of full-time study toward a research qualification, or parental leave of 12 months or longer, is demonstrated. Experience must be obtained in a public hospital with an Emergency Department and an on-call roster and completed in the country for which the application pertains (Australia or Aotearoa New Zealand). Terms/attachments of at least 6 continuous working weeks may be combined for a cumulative total, including up to 3 weeks (15 working days) of leave. Surgical nights and surgical relief rotations are not considered acceptable experience. Terms/attachments comprising a significant proportion of paediatric urology may be included, up to a maximum of 13 weeks. Applicants who are active trainees in the General Surgery Education and Training Program at the time of application are only required to provide evidence of urology experience.	A retrospective letter on official letterhead, signed by an authorised officer, detailing the applicant's commencement and end dates, position held, and hospital name. Work contracts, letters of offer or other prospective evidence will not be accepted.

7.2.5 Applicants must not have any conditions or undertakings, or equivalent, 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.

7.2.6 Applicants must not 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.

7.2.7 Applicants must be deemed suitable for selection to the SET Program by the BOU in accordance with general selection criteria in 2.2, taking into account, where applicable, any disclosure matters in 6.4.1 and an applicant's explanation and any supporting evidence in 6.4.2, or such information otherwise obtained by or provided to the BOU.

8. Structured Curriculum Vitae

8.1 Scoring

8.1.1 Eligibility requirements do not count towards Structured Curriculum Vitae (CV) points.

8.1.2 The CV 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*

8.1.3 The initial score out of 54 will be scaled to a score out of 25 for the CV selection tool.

8.1.4 The scoring of the CV is overseen by the Chair, Selection Sub-Committee. Each CV is scored by two USANZ staff members independently, 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.

8.1.5 In some parts of the application, **applicants must not include the same achievement in certain sections of the CV** (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.

8.1.6 CV points will only be awarded where the applicant's achievements are recorded in the correct section of the application.

8.2 Clinical Examination

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

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

8.3 Qualifications (maximum 10 points)

Requirement	Additional Detail	Point Allocation	Documentary Evidence
Qualifications from recognised and accredited educational institutions in Australia or Aotearoa New Zealand, awarded by assessment, and clearly related to one or more of the SET Program graduate outcomes.	Qualifications must be completed by the application closing date, except for partial completion of a research PhD, doctorate, or master's degree undertaken entirely by thesis (without coursework). Overseas qualifications will be assessed for equivalence to relevant Australian or Aotearoa New Zealand qualifications. Points will not be awarded for: • primary medical qualifications (MBBS/MBChB or overseas equivalent, or a MD where it is the primary medical qualification) • bachelor's degrees • certificates; • postgraduate qualifications commenced in the year of application • degrees or diplomas that do not meet above requirements • completion of the MRCS examinations/Diploma	10 points maximum Completed PhD, Doctor of Medical Science, or other postgraduate doctorate: 8 points Pre-submission thesis review for a doctoral degree: 4 points Confirmation of candidature for a doctoral degree: 2 points Completed Master of Surgery or other master's degree (1.5–2 years FTE, thesis only, no coursework): 4 points Pre-submission thesis review of a master's degree by thesis: 2 points Completed Master of Surgery (MS) or other master's degree (≥1 year, by coursework with or without dissertation): 2 points per FTE year Completed Diploma: 2 points per FTE year	**Completed degree:** university transcript confirming award of degree; thesis details must also be provided for thesis degrees. **Partially completed degree:** proof of enrolment and evidence of completed significant milestones from the university or primary supervisor; thesis details must also be provided for thesis degrees. **Completed diploma:** certificate from the awarding institution confirming completion, together with evidence of FTE duration.

8.4 Professional Development Activities (maximum 13 points)

Requirement	Additional Detail	Point Allocation	Documentary Evidence
Professional Development Activities (Medical/Technical) designed for healthcare professionals and directly related to urological practice in terms of Medical Expertise, Clinical Decision-Making or Technical Skills (as determined by the BOU).	Activities must be completed within 3 years before the application closing date and delivered by a recognised training provider. Points are not awarded for attendance at: • meetings or conferences where points are already claimed for presenting at the same event, or workshops/courses associated with an already-scored meeting (unless separate CPD points are awarded)	8 points maximum Attendance at the USANZ ASM, RACS ASC, or a USANZ Section meeting: 2 points (max 6) Attendance at other scientific meetings or conferences related to Urology, General Surgery or Vascular Surgery (BOU discretion) with ≥5 hours of educational content: 1 point (max 2) Attendance at in-person courses, workshops or seminars related to	Certificate of attendance/completion, or provider confirmation verifying attendance and time commitment. Registration confirmations, invoices, and receipts or other forms of documentation will not be accepted as proof of attendance.

	• ASSET, CCrISP, EMST, CLEAR or RACS-equivalent courses • GSSE or Clinical Examination preparation activities • activities with less than 5 hours of educational content; • routine workplace activities (e.g. grand rounds, morbidity meetings, unit audits, teaching of students or interns, etc).	surgical skills, ethical decision-making, medical management or anatomy (BOU discretion) with ≥5 hours of educational content: 1 point (max 2)	

Professional Development Activities (Non-Medical/ Non-Technical) designed for healthcare professionals; directly related to urological practice in terms of Professionalism, Health Advocacy, Communication, Collaboration and Teamwork, Leadership and Management, Scholarship and Teaching, or Cultural Competency and Cultural Safety.	Activities must be completed no more than 3 years before the application closing date. Must be delivered by a recognised training provider. Points not awarded for: • meetings/conferences where points are already allocated for a presentation at the same event • workshops/courses part of an already-scored meeting (unless they carry separate CPD points) • activities with less than 3 hours of content; or routine workplace activities (grand rounds, M&M meetings, unit audits, teaching of students/interns, etc).	5 points maximum In-person activity, >5 hours of content: 1 point (max 4) In-person activity, 3–5 hours of content: 0.5 points (max 2) Online activity with real-time interaction and engagement, >3 hours of content: 0.5 points (max 2) Online learning module completed independently, >3 hours of content: 0.25 points (max 1)	Certificate of attendance/completion, or provider confirmation verifying attendance and specifying the time commitment. Registration confirmations, tax invoices, and receipts or other forms of documentation will not be accepted as proof of attendance.

8.5 Publications (maximum 10 points)

Requirement	Additional Detail	Point Allocation	Documentary Evidence
Research undertaken within the 5 years immediately prior to the closing date.	Points are awarded for research articles (RCTs, cross-sectional, cohort, comparative studies, systematic reviews), case reports, literature reviews, or research letters (refer to definition) on research topics pertaining to urology, general surgery, or vascular surgery that have been published or accepted for publication in: • ANZ Journal of Surgery • Any medically related peer-reviewed journal provided the journal has	10 points maximum Article/video supporting published research, 1st author (co-first authors recognised as first authors): 2 points Article/video supporting published research, 2nd author: 0.5 points Case report, literature review or research letter (1st author), or stand-alone video article (1st author): 0.5 points (max 2)	Published research, video, case report, literature review, research letter or stand-alone video article: title page showing publication reference, publication date, and applicant authorship. If accepted but not yet published, written confirmation from the publisher specifying acceptance date and authorship.

	an impact factor of 2.0 or higher at the time of submission. Multiple book chapters in the same book are scored once only. Where the same body of research has also been presented, points may be awarded for both. Multiple articles or case reports on the same or similar topic are scored once only. Points not awarded for: • case series • published meeting abstracts • book reviews • letters to the editor • commentaries • editorials • comments or media releases • surgical history, general medicine or health articles unrelated to urology, general surgery or vascular surgery.	Book chapter, 1st author: 2 points Book chapter, 2nd author: 0.5 points	Book chapter: written confirmation from the publisher detailing the applicant's contribution, together with a copy of the chapter or full bibliographic details.

8.6 Presentations (maximum 10 points)

Requirement	Additional Detail	Point Allocation	Documentary Evidence
Presentations within 5 years prior to the closing date (or those accepted for future presentation).	Must be at scientific meetings or conferences with a competitive abstract selection process, and academic relevance to urology, general surgery or vascular surgery. Points awarded for presentations at the official ASM of: • American Urological Association • Société Internationale d'Urologie • British Association of Urological Surgeons • Canadian Urological Association • Urological Association of Asia • European Urological Association • USANZ, and RACS — plus oral presentations at USANZ Sectional Meetings.	10 points maximum ASM oral presentation (incl. moderated poster with oral component): 2 points ASM poster presentation (incl. moderated short oral): 0.5 points USANZ Sectional Meeting oral presentation: 1 point	A copy of the abstract showing the applicant's name, level of authorship, and presentation title; AND Either a copy of the meeting program showing meeting name/date/location with the applicant listed against the presentation title, or official confirmation from the conference organiser of acceptance to present or presentation.

	Oral presentations (including moderated posters with an oral component) score only when the applicant is 1st or 2nd author, the named presenter in the meeting program, and the presentation is delivered within the program at a face-to-face meeting. Poster presentations score only where the applicant is 1st author, the named presenter in the meeting program, and the presentation is delivered in the exhibition area at a face-to-face meeting. Meetings are classified by target audience, not by name or geographical location. Similar-topic presentations at multiple meetings are scored once only, with the highest score applied. Points not awarded for: • presentations where the same research has been published • hospital-based, unit-network or GP education meetings • video presentations • e-posters without an oral component • unmoderated posters without an oral component • involvement in teaching.		

8.7 Rurality (maximum 10 points)

Requirement	Additional Detail	Point Allocation	Documentary Evidence
Rural Origin: at least 10 cumulative years, or 5 consecutive years, living in areas classified Modified Monash Model (MMM) 2 or above in Australia, or in approved regional locations in Aotearoa New Zealand (i.e. outside Auckland, Wellington [incl. Upper Hutt, Lower Hutt, Porirua, Kapiti], Christchurch, Hamilton, Tauranga and Dunedin).	Time spent at a holiday home, second residence, or in a rural setting during school holidays cannot be counted as Rural Origin. 5-consecutive-year claims require documentation for each year, demonstrating the claim is consecutive and complete. 10-cumulative-year claims require documentation for each distinct period including evidence of the	10 points maximum Rural Origin: 2 points Rural clinical school – 1 cumulative academic year: 2 points Rural clinical school – 2+ cumulative academic years: 4 points Pre-SET rotations, 26–62 cumulative weeks: 1 point Pre-SET rotations, 62–114 cumulative weeks: 2 points	**Rural Origin:** statutory declaration (official template) or a dated professional supporting letter from a GP, dentist, bank, school, university or workplace, signed and on letterhead, confirming the applicant's rural residential address, address history, dates of residence and professional relationship to the applicant (patient, student, employee); GP letters must include an

Rural clinical school: cumulative academic year(s) at a rural clinical school in an MMM 2+ area (or approved NZ regional area). Pre-SET clinical rotations: completed in MMM 2+ areas (or approved NZ regional areas).	start and end dates, sufficient to demonstrate that all years claimed are complete.	Pre-SET rotations, >114 cumulative weeks: 4 points	Ahpra registration number or official practice stamp. Organisation should be located in or near relevant rural area and explain how the author can verify applicant's rural address history. School reports are not accepted. **Rural clinical school:** formal letter issued by the relevant clinical school, signed by an authorised representative, confirming the applicant's full name, the nature of the clinical placement, and the specific dates of commencement and completion **Pre-SET clinical terms/attachments:** retrospective letter signed by an appropriate authority (hospital administrator, supervisor, or medical director), detailing work history and confirming the applicant's full name, position held, name of hospital or health service and exact commencement and end dates of each term/attachment. Prospective evidence, including contracts and offer letters, will not be accepted.

9. Verbal References

9.1 Overview

9.1.1 Referees will be interviewed to obtain information, in confidence, about the history of the applicant as well as to assess personal attributes, quality of work and suitability for the SET Program.

9.2 Listing 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.

b) At least one (1) allied health professional who the applicant has worked with from each term/attachment 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 in the two (2) clinical years prior to the year of application may list consultant surgeons and allied health professionals outside this timeframe as contacts.

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/attachment. This includes offering performance feedback and instruction on workplace duties and responsibilities. For the purposes of this requirement, an ongoing and regular basis means at least once every four weeks during the term.

9.2.4 Each consultant surgeon listed as a contact by the applicant, with whom the applicant worked in Australia or New Zealand, must have been a Fellow of the Royal Australasian College of Surgeons (FRACS) or hold vocational (specialist) registration in Aotearoa New Zealand (i.e. not provisional vocational registration) at the relevant time.

9.2.5 Each consultant surgeon listed as contact by the applicant, with whom the applicant worked outside of Australia and New Zealand must be a Fellow of the relevant national surgical college or members of the appropriate national specialty society or association at the relevant time.

9.2.6 Members of the BOU and research supervisors may not be listed as a consultant surgeon contact.

9.2.7 Where an applicant has had a serious conflict with a contact listed or disciplinary action, the applicant can note this within the application. Further information will need to be provided, and the BOU will review this in confidence. The BOU reserves the right to contact this individual as part of the selection process and/or select them as a referee.

9.2.8 Each allied health professional listed as a contact by the applicant, 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~~,~~ 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/attachments. 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.

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

9.2.10 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 professionals 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.

9.2.11 It is the applicant's responsibility to seek consent to include the contact details of consultant and allied health professionals included in the application.

9.2.12 Applicants must confirm that they have informed the consultants and allied health professionals listed as contacts that they may be contacted by the BOU to be a referee during the selection process.

9.2.13 Urology units in which the applicant has worked and/or listed consultant surgeons and allied health professionals may be contacted to verify the applicant's employment history and information contained within the application.

9.3 Referee selection

9.3.1 A total of nine (9) referees will be selected for each applicant including:

a) Three (3) primary consultant surgeons, and

b) Three (3) reserve consultant surgeons, and

c) One (1) primary allied health professional referees, and

d) Two (2) reserve allied health professional referees

9.3.2 At least (1) primary consultant surgeon will be selected as a referee from the applicant's most recent surgical term.

9.3.3 Priority will be given to selecting consultant surgeon referees from among Training Supervisors, Trainers, and Heads of Departments.

9.3.4 When selecting the primary allied health professional referees, priority will be given to individuals from hospital settings accredited to deliver the SET Program, where possible. Thereafter, the allied health professional referees will be selected from other units and rural and remote surgical settings.

9.4 Referee interviews

9.4.1 Applicants will not be provided with updates on the progress of obtaining Verbal References. All referees contacted will be advised of the confidential nature of the interview process.

9.4.2 Interviews will be conducted by a panel of up to two (2) panellists and may also include an observer. Whenever possible, panellists will be assigned to contact referees outside their own training region.

a) Panellists for interviews with consultant surgeon referees will be conducted by members or members involved in the delivery of the SET Program.

b) Panellists for interviews with allied health professionals may be conducted by personnel with relevant allied health or nursing experience or may be outsourced as appropriate.

9.4.3 Standardised interview questions related to the SET Program graduate outcomes as well as the applicant's readiness to commence surgical training will be utilised.

9.4.4 Referees may receive advance notification, including details about the areas that will be discussed during the interview.

9.4.5 Once the interview has concluded, the referee is not be permitted to amend their responses or submit additional information.

9.5 Scoring

9.5.1 The responses from each interview are reviewed and the panellists then determine a consensus score for each assessed area, in accordance with the prescribed scoring guidelines. They must also document notes to justify the rationale behind each consensus score.

9.5.2 If the responses provided by the referee are insufficient to determine a consensus score for at least eighty percent (80%) of the assessed areas, the interview will be considered invalid.

9.5.3 The Verbal References score will be calculated as an average of four (4) valid referee interviews, comprising three (3) consultant surgeons and one (1) allied health professional. If these four (4) valid referee interviews cannot be obtained from the nine (9) referees selected, the applicant may be excluded from the selection process.

9.5.4 The score will be adjusted by applying the selection tool weighting to provide a Verbal References score out of 30.

10. Semi-Structured Interviews

10.1 Overview

10.1.1 Semi-Structured Interviews are conducted with each applicant to assess the applicant in relation to the SET program graduate outcomes and their suitability to commence the SET Program.

10.1.2 The interview assesses the applicant's ability to:

a) interact and communicate effectively and cordially with peers, mentors, members of the health care team, hospital administrators, patients and their families.

b) contribute effectively as a member of the health care team.

c) act ethically, responsibly and with honesty.

d) demonstrate concern and sensitivity to the needs of others.

e) assimilate and organise information and to adapt accordingly.

f) present concisely within a time frame.

g) recognise and respond appropriately to ethical issues.

h) promote health maintenance and respond to the health needs of the community, patients, colleagues and self.

10.2 Shortlisting for interview

10.2.1 Applicants will be ranked and shortlisted for interview based on their combined Structured CV and Verbal References score (Combined Score).

10.2.2 Applicants who are not invited to the Semi-Structured 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 scores for each referee interview will not be released to the applicant.

c) The applicant may request further feedback by emailing training@usanz.org.au. A response to requests for feedback specific to the application will be provided in writing. Verbal feedback will not be given.

10.3 Notice of Interview

10.3.1 Interview dates are published on the USANZ website.

10.3.2 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.

10.3.3 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.

10.3.4 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.

10.4 Interview Panels

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

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

10.4.3 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 interview for all applicants, with applicants rotating between panels.

10.4.4 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.

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

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

10.4.7 Each panel member will score each applicant individually. Each panel will then provide a consensus score.

10.4.8 The scores for the four (4) interview panels will be combined and converted to a score out of 45.

11. Application Outcome

11.1 Final ranking

11.1.1 Applicants who progressed to the Semi-Structured Interview will then be ranked based on their combined Structured Curriculum Vitae, Verbal References and Semi-Structured Interview scores (Overall Score).

11.1.2 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.

11.1.3 Applicants who successfully progressed to the Semi-Structured 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 applicant's 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 scores for each referee interview will not be released to the applicant.

d) The applicant may request further feedback by emailing training@usanz.org.au. A response to requests for feedback specific to the application will be provided in writing. Verbal feedback will not be given.

11.1.4 Applicants who successfully progressed to the Semi-Structured 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, as outlined in Section 11.2.

11.1.5 In the event two (2) 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 Interview 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.

11.2 Offers

11.2.1 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 subject to the conditions outlined in clause 11.2.5.

11.2.2 Successful applicants are required to accept or decline their offer of a position on the SET Program.

11.2.3 It is expected that due to deferral and interruption requests, there may be several rounds of offers.

11.2.4 Applicants who do not rank highly enough to receive a first round offer, will be considered eligible for subsequent offers.

11.2.5 An offer of a training position on the SET Program 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 district/areas in the Training Region of offer.

d) The information submitted in the application form being true and accurate.

e) Return of a signed SET Trainee Agreement, in accordance with instructions given, by the stipulated deadline.

11.2.6 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.

11.2.7 Applicants who decline the offered training position will automatically forfeit the offer.

11.2.8 Forfeited offers will be made available to the next highest scoring eligible Applicant.

11.2.9 Applicants will not be notified of their overall ranking.

11.3 Deferral

11.3.1 On the application form, applicants are asked to advise of their intention to defer commencement of the SET Program, 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.

11.3.2 Successful applicants may apply to the BOU to defer the commencement of the SET Program.

11.3.3 Applications for deferral are governed by the *Training Regulations – Surgical Education and Training Program in Urology.*

11.4 Flexible Training

11.4.1 Successful applicants who wish to be considered for flexible training must apply to the BOU at the time of acceptance of an offer.

11.4.2 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.

11.4.3 Applications for flexible training are governed by the *Training Regulations – Surgical Education and Training Program in Urology*.

12. Reconsideration, Review and Appeal

12.1.1 An Applicant dissatisfied with a decision made in relation to these Regulations may apply to have the decision reconsidered (Reconsideration).

12.1.2 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.

12.1.3 In the interests of clarity, each score released as part of the selection process constitutes a decision for the purposes of Reconsideration. An applicant must apply within the prescribed period after notification of the decision.

12.1.4 Applications for Reconsideration must be addressed to the Chair, BOU and received within seven (7) days of the Applicant being notified of the decision. Applications received outside this timeframe will not be considered. Upon expiry of this period, the score is final and no application for Reconsideration of that score may be made at any later stage of the selection process.

12.1.5 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.

12.1.6 If the Chair, BOU determines in their absolute discretion that the grounds for Reconsideration have not been established, or that information provided in order to establish grounds is not relevant to the decision, the Reconsideration will not proceed.

12.1.7 The Chair, BOU, or delegate(s), will review the original decision including material as initially submitted by the applicant, i.e., the information on which the original decision was based.

12.1.8 The reconsideration will be conducted with as little formality as possible but otherwise will have full power to regulate its conduct and operation.

12.1.9 The Applicant will receive a written response detailing the outcome of the reconsideration and the reasons for the outcome within seven (7) days of the receipt of the request for reconsideration.

12.1.10 In the absence of manifest error in the scoring of the Structured CV or Verbal References for selection to the SET Program, applications concerning scoring of these two components will not be accepted.

12.1.11 In accordance with the *RACS Regulation: Reconsideration, Review and Appeal*, applicants who remain dissatisfied with the decision of the BOU may apply to have the decision reviewed.

13. Selection Process Review

13.1 The BOU will review the selection process on an annual basis and consider feedback from applicants, interviewers, referees and other stakeholders.

13.2 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 assurance. Applicants may be asked to complete an evaluation form/survey as part of the selection process.

13.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

14. Contact

Board of Urology
Urological Society of Australia and New Zealand
Suite 512 Eastpoint
180 Ocean Street
Edgecliff NSW 2027
Email: training@usanz.org.au