

Training Regulations

Surgical Education and Training Program in Urology (Legacy)

Version: 1

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These Training Regulations apply to trainees undertaking the previous SET Program. Trainees undertaking the competency-based training program, including those who commenced training in 2024 or who transitioned from the previous SET Program into the competency-based pathway should refer to the Training Regulations – Surgical Education and Training Program in Urology, which were approved on 8 June 2026.

The Regulations encompass the rules, procedures, policies, administrative processes, and principles for the delivery of the Surgical Education and Training Program in Urology. As the Regulations can change during the year the latest version will always be available on the USANZ website at www.usanz.org.au. All persons are advised to ensure they are consulting the most current version.

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1. Introduction

1.1 Acronyms and Defined Terms

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

Acronym/Defined Term	shall mean
AHPRA	Australian Health Practitioner Regulation Agency
ASM	Annual Scientific Meeting
ASSET	Australian and New Zealand Skills Education and Training
Board of Urology (BOU)	The Board of Urology is responsible for the administration and management of the SET Program in Urology
BOU	Board of Urology
Carers Leave	Leave to care for or support a member of the Trainee's immediate family or household who is sick, injured or in an emergency
CbD	Case Based Discussion
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
Clinical Year	A 12 month period, usually from early February one year to early February the following year
Compassionate Leave	Leave if a member of the Trainee's immediate family or household dies, or is diagnosed with a life-threatening condition, or in the event of miscarriage
CSET	Committee of Surgical Education and Training
Deferral	A delay in the commencement of training in the SET Program in Urology following receipt of a training offer
EMST	Early Management of Severe Trauma
Exceptional Circumstances	Circumstances that are not ordinarily encountered or anticipated, which are beyond the control of the trainee, and which are of such severity or gravity that they may impact adversely on the trainee's capacity to complete a training requirement or to perform in any assessment(s).
Fellowship Examination in Urology	The summative assessment conducted the RACS and undertaken by Trainees as part of the SET Program in Urology
Flexible Training	Training undertaken on a minimum 50% full-time equivalent basis, but less than 100%
FRACS (Urol)	Fellowship of the Royal Australasian College of Surgeons in Urology
Interruption	A period of approved leave of absence from the SET Program in Urology by a Trainee who has commenced training
ITA	In-Training Assessment

Acronym/Defined Term	shall mean
Leave	All time not spent in the SET Program in Urology including annual leave, bereavement leave, sick leave, parental leave, study leave, examination leave, industrial action
Logbook Report	A logbook summary report in a format prescribed by the BOU
MALT	Morbidity Audit and Logbook Tool
MCNZ	Medical Council of New Zealand.
Medical Leave	Extended leave due to illness, injury, or impairment for any medically certified physical or mental condition
Misconduct	Misconduct as defined in the <i>RACS Regulation: Misconduct</i> , or any actions leading to a criminal conviction.
OPC	Observed Patient Consultation
OSP	Observed Surgical Performance
Parental Leave	Leave that is required when a child is born or adopted. It includes maternity leave, paternity and partner leave and adoption leave
Personal Leave	All other leave that does not fall under the definition of medical, parental, carers, or compassionate leave
Quarter or Quarterly	3 month period
RACS	Royal Australasian College of Surgeons.
Recognition of Prior Learning (RPL)	Prior education, training or experience which is recognised comparable to components of the SET Program in Urology
RTC	Regional Training Committee
SET	Surgical Education and Training
Special Consideration	The consideration of circumstances pertaining to a trainee in order to enable variation from the requirements normally expected in relation to a training requirement or assessment or Reasonable Adjustment that may be required.
SSE (Urol)	Surgical Science Examination in Urology
Support Person	An individual chosen by the trainee to accompany them during meetings related to disciplinary matters initiated by the BOU. They may be a friend, family member, colleague or trusted individual who provides emotional support, assistance, and guidance to the trainee. A support person cannot advocate for the trainee, speak on their behalf, be engaged as a legal practitioner or provide legal representation.
Term or Rotation	A period of clinical training usually three months in duration with start and end dates determined by the BOU
Trainee	A Trainee registered in the SET Program in Urology
Trainer	A Urologist who is a member of a unit that has an accredited training post, who interacts with Trainees in the workplace and in other educational activities as part of the SET Program in Urology
Training Region	NSW/ACT, SA, QLD, VIC (incl TAS), WA or AoNZ

Acronym/Defined Term	shall mean
Training Supervisor	A Urologist appointed by the BOU with direct responsibility for coordinating the education program and for undertaking formative and summative assessments which are used to determine progress in the SET Program in Urology
USANZ	Urological Society of Australia and New Zealand.

1.2 Overview of Governance

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

- 1.3.1 These Regulations encompass the rules, procedures, policies, administrative processes, and principles for the delivery of the SET Program. These Regulations are in accordance with and complementary to the RACS policies and regulations governing Surgical Education and Training. At times, these Regulations may refer directly to a RACS policy or regulation. In such instances these policies can be found on the RACS website www.surgeons.org.
- 1.3.2 The BOU reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on the USANZ website www.usanz.org.au. All persons are advised to ensure they are consulting the most current version of these Regulations.
- 1.3.3 In the event of any discrepancy or inconsistency between these Regulations and information from any other source, written, verbal or otherwise, with the exception of RACS policies and regulations, these Regulations shall prevail.
- 1.3.4 All Trainees, Training Supervisors, Trainers, RTC members and BOU members are required to always comply with these Regulations.

2. TRAINEE ADMINISTRATION

2.1 Registration, Employment and Training Fees

- 2.1.1 Trainees selected into the SET Program must be registered with RACS in accordance with the *RACS Regulation: Trainee Registration and Variation*.
- 2.1.2 There are two components to the training fee for the SET Program – RACS and Specialty. The RACS is responsible for determining the RACS component and the USANZ is responsible for determining the specialty component.
- 2.1.3 Trainees must remit to RACS, who is responsible for the invoicing and collection of all fees. All enquiries regarding training fees must be submitted to SET Enquiries via email to SETenquiries@surgeons.org.
- 2.1.4 Trainees who do not pay outstanding monies owed to the RACS will be dismissed from the SET Program in accordance with the *RACS Regulation: Dismissal from Surgical Training* and these Regulations.
- 2.1.5 Trainees must pay separate fees to the USANZ for educational opportunities that enhance the SET Program in Urology such as the Induction Course and Trainee Week. These fees are determined annually by the USANZ.
- 2.1.6 By application and acceptance into the SET Program in Urology administered by the USANZ on behalf of the RACS, a Trainee becomes a Trainee Member of the USANZ.
- 2.1.7 In accordance with the *RACS Regulation: Medical Registration for the Surgical Education*, Trainees in Australia are required to hold general registration from AHPRA without conditions or undertakings. Trainees in Aotearoa New Zealand are required to have general scope registration or restricted general scope registration in urology from the MCNZ without conditions.
- 2.1.8 Trainees are required to notify the BOU in writing, within 2 days of any material change to their employment or their medical registration status during their SET Program and to provide all documentation relating to any change. This may impact ongoing participation in the SET Program (refer Section 9. Dismissal). For avoidance of doubt, this includes but is not limited to:
- a) details of the commencement and outcome of any investigations or disciplinary processes taken by their employer;
 - b) reprimands, conditions, or undertakings imposed on a Trainee by their employer;
 - c) details of the suspension or termination of employment; and
 - d) reprimands, conditions, or undertakings imposed on a Trainee's medical registration, including suspension or cancellation; and
 - e) the expiry, suspension, or cancellation of the Trainee's medical registration.
- 2.1.9 Trainees are required to notify the BOU of any illness, injury or impairment that may impact on their ability to undertake or complete the SET Program and any reasonable adjustments that may be required to enable trainees to practise safely and otherwise meet the requirements of training. This notification must be made in accordance with the *RACS Regulation: Ill, Injured and Impaired Trainees*.

2.2 Accredited Training Posts and Allocation

- 2.2.1 SET Urology Training are accredited in accordance with the *RACS Regulation: Training Post Accreditation and Administration*, available on the RACS website and the *SET Urology Training Post Accreditation Regulations* available on the USANZ website.
- 2.2.2 Each SET Urology Training Post has a Training Supervisor, satisfying the requirements in the *SET Urology Training Supervisor and Trainer Regulations*.

- 2.2.3 The BOU (or respective RTC on behalf of the BOU) conducts the allocation of SET1-SET4 Trainees and oversees the process for appointment/allocation of SET5 Trainees.
- 2.2.4 Trainees will be allocated a Training Region where they will ordinarily spend most of their SET Program if there are available accredited training posts. The Training Regions available are as follows:
- a) Aotearoa New Zealand
 - b) New South Wales (including Australian Capital Territory)
 - c) Queensland
 - d) South Australia
 - e) Victoria (including Tasmania)
 - f) Western Australia.
- 2.2.5 New Trainees appointed to the SET Program are allocated to a Training Region and SET level. Training Region allocations are based on selection rankings and consideration is given to Training Region preferences.
- 2.2.6 After being advised of training post allocation, the Trainee will contact the employing hospital and make the appropriate application for appointment. The hospital is the employing body and as such makes the decision to employ (or not).
- 2.2.7 Trainees may be offered the opportunity to indicate their training post preferences for the forthcoming year. Whilst these preferences are considered, the respective RTC allocates Trainees according to the training requirements of each individual. The decision of the RTC is absolute and final and Trainees are not permitted to swap or enter into their own arrangements to re-allocate training post.
- 2.2.8 The BOU encourages Trainees to move out of their Training Region for SET5 given the substantial benefits gained by experiencing a different structure of health care delivery.
- 2.2.9 The BOU may consider submissions from Trainees to undertake SET5 in the same hospital (in a different role) as they have undertaken SET2-SET4.
- 2.2.10 On occasions a Trainee may be required to change Training Regions to continue training due to availability of training posts. Whenever this occurs, the process of determining the Trainee(s) for relocation will be based on factors including but not limited to selection ranking and performance in training to date.
- 2.2.11 Whilst it is understood that the personal circumstances of Trainees are likely to change during the SET Program, the BOU will not alter allocated Training Regions of Trainees based on these circumstances. If a Trainee can no longer train in a particular training region, deferral or a period of interruption may need to be required.
- 2.2.12 Should a Trainee refuse to commence employment in their allocated training post they will be dismissed from the SET Program in Urology in accordance with the *RACS Regulation: Dismissal from Surgical Training* and these Regulations.
- 2.3 Deferral**
- 2.3.1 Requests for deferral must be made before or at the time of acceptance of a training offer. Requests submitted after this time will only be considered in exceptional circumstances.
- 2.3.2 Requests for deferral must outline the reasons for the request and include any related documentary evidence and 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 RTC prior to determination.

- 2.3.3 If a request for deferral is denied, the original training offer must be accepted or declined. If there is no response within 14 days of the deferral denial notification, the offer for a position on the SET Program will be withdrawn.
- 2.3.4 The standard period of deferral will be 12 months.
- 2.3.5 The BOU will guarantee an accredited training post for a deferred Trainee at the start of the following year.
- 2.3.6 The BOU will determine the Training Region allocation based on the Trainee's relative selection ranking in comparison with other applicants appointed the following year.
- 2.3.7 Trainees are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.
- 2.3.8 An approved period of deferral does not preclude the Trainee from being employed in a non-training clinical term.
- 2.3.9 Where a Trainee defers commencement of the SET Program, the Training Regulations that apply to that Trainee will be those that apply at the time of commencing clinical training.

2.4 Interruption

- 2.4.1 The BOU is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. Trainees must also apply for and be granted appropriate leave from their employer.
- 2.4.2 Trainees must apply for an interruption to clinical training. In order to minimise vacancies on the training program and to not disadvantage other Trainees, the BOU may require the period of interruption to be greater than the period the Trainee applied for.
- 2.4.3 An application for interruption should include:
 - a) the reasons for the request;
 - b) the period of interruption sought including start and end dates; and
 - c) any supporting evidence (which is essential for medical interruption).
- 2.4.4 All applications for interruption will be considered but not necessarily granted. The BOU will decide on the approval or otherwise taking into consideration, but not limited to, the following:
 - a) the reasons for the request;
 - b) the length of interruption sought;
 - c) the impact on the Trainee's SET Program
 - d) the Trainee's performance;
 - e) the impact on training units; and
 - f) the impact on the SET Program overall.
- 2.4.5 Applications for interruption will not be granted where a trainee:
 - a) has been suspended from the SET Program in accordance with clause 12 or has been considered for suspension;
 - b) has received notice of dismissal or has been considered for dismissal.
- 2.4.6 Applications for interruption must be submitted before 1 June in the year prior to the proposed start of the period of interruption. Where this is not possible, applications must be submitted as far in advance as possible.

- 2.4.7 Trainees who apply for medical interruption must provide appropriate documentation, including a medical certificate from their treating doctor, outlining the reasons for which medical interruption is required.
- 2.4.8 Trainees who undertake approved medical interruption will be required to submit confirmation from their treating doctor indicating their ability to return, prior to recommencing clinical training. Failure to provide this will result in the Trainee being placed on a period of further interruption.
- 2.4.9 Subject to proper approval, Trainees may be permitted to take personal leave for a maximum period of 12 months. This will contribute to elapsed training time (refer clause 2.9 Maximum Duration).
- 2.4.10 Trainees must be performing at a Satisfactory level at the time of applying for personal leave and may have their application withdrawn if their overall performance in the most recent term was rated as Borderline or Unsatisfactory.
- 2.4.11 Extensions to interruption to training must adhere to the criteria outlined in clause 2.4.3. Failure to do so may result in the request being denied.

2.5 Returning from Interruption

- 2.5.1 Upon returning to clinical training from a period of interruption, a Trainee will need to demonstrate retention of the competencies commensurate with the SET level held prior to interruption.
- 2.5.2 During the first term returning from interruption, the Trainee will be assessed at the SET level they held prior to interruption.
- 2.5.3 The BOU will inform the Trainee of what activities are required to demonstrate and/or monitor currency of skills. These activities may include but are not limited to:
- a) Completion of Feedback Tools
 - b) Monthly meetings with their Training Supervisor.
 - c) A period of time under a Remediation Plan.
- 2.5.4 Following this first term, the BOU will determine the Trainee's SET level for subsequent assessments.
- 2.5.5 If a Trainee has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the BOU will record this first term as 'not assessed.' The Trainee may be provided with a remediation plan to return competency to the required standard. In certain circumstances, the Trainee will be required to revert to a lower SET level.
- 2.5.6 Where a Trainee takes an extended period of interruption from training, the Training Regulations that apply to that Trainee will be those that apply at the time of returning to clinical training unless otherwise advised by the BOU.

2.6 Flexible Training

- 2.6.1 In order to make arrangements for appropriate supervision and training allocations, Trainees must submit an application for flexible training at least six months in advance.
- 2.6.2 Approval of flexible training is at the discretion of the BOU Chair or nominee. The application should include:
- a) the reason for the request;
 - b) the duration of flexible training being sought;
 - c) the pro rata time commitment preferred, which must be at least 0.5 FTE; and
 - d) the preferred Training Region for the flexible training to be undertaken in.

- 2.6.3 Approval of flexible training requires consideration of the needs of the individual Trainee, the ability of the BOU to identify an employer able to provide the employment conditions sought, and the ability of the flexible training being sought to satisfy the BOU requirements for training, assessment, maintenance of competence and timely progression.
- 2.6.4 The BOU will be responsible for securing flexible training posts and availability cannot be guaranteed.
- 2.6.5 The Trainee will be advised in writing of the outcome of their application for flexible training. If the application is declined, the Trainee will be given reasons for the decision.
- 2.6.6 Trainees granted approval to undertake a period of flexible training must still meet all SET Program requirements (pro-rata) as well as submission of ITA reports and associated documentation at the end of each term.
- 2.6.7 When flexible training is considered on a pro rata basis its contribution to training progression, including minimum and maximum training duration will be a condition of approval and conveyed with the outcome notification.

2.7 Leave

- 2.7.1 Trainees undertaking full-time clinical training are permitted a maximum of six (6) weeks leave per six months or nine (9) weeks in twelve months. Leave beyond this may result in the Trainee's overall performance being recorded as 'not assessed' and may affect Trainee progression.
- 2.7.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference, and carer's leave.
- 2.7.3 All leave applications must be discussed with the Training Supervisor and approved by the employing institution. The impact the leave will have on Trainee education and clinical skill acquisition must be considered.
- 2.7.4 A Trainee must have an exceptional reason to be granted leave to miss a mandatory component of the education program. Requests for leave of this nature must be forwarded prospectively, in writing, to the RTC Chair for consideration.

2.8 Withdrawal from Training

- 2.8.1 Trainees who do not wish to continue on the SET Program must formally notify the BOU in writing of their intention to withdraw
- 2.8.2 Trainees must stipulate when the withdrawal will take effect Trainees are recommended to complete their allocated terms for the training year.
- 2.8.3 Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the BOU.
- 2.8.4 Trainees should contact their Training Supervisor and RTC Chair for support, advice, or assistance if they are considering resigning from their employment as this will result in withdrawal from the SET Program.
- 2.8.5 Trainees who resign from their employment without approval from the BOU will be deemed to have withdrawn from the SET Program.

2.9 Maximum Duration

- 2.9.1 The maximum duration of the SET Program is seven (7) years from the start of the commencement of clinical training.

- 2.9.2 The following conditions apply when calculating maximum duration:
- a) Approved interruption for parental, carer, medical or compassionate reasons is not included in the calculation;
 - b) Approved interruption for all other reasons is included in the calculation; and
 - c) Except for parental, carer, medical or compassionate reasons, approved flexible training does not result in a pro-rata adjustment.
- 2.9.3 Trainees who have had a period of clinical experience recognised as prior learning will have their maximum duration of training reduced by that period.
- 2.9.4 In extenuating circumstances (e.g. when a Trainee has completed all clinical components and only has the Fellowship Examination to complete), Trainees may prospectively apply for an extension of the maximum duration. Retrospective applications will not be considered. Applications will be considered on their merits.

3. OVERVIEW OF PROGRAM REQUIREMENTS

3.1 Curriculum

- 3.1.1 All Trainees are expected to read widely to develop a sound knowledge base.
- 3.1.2 Trainees are expected to be familiar with the curriculum, which is available on the USANZ website.
- 3.1.3 Surgical and professional competence is assessed by Training Supervisors when completing ITA reports.

3.2 SET Levels

- 3.2.1 The SET Program is designed to allow Trainees to achieve competency in all sections of the SET Urology Curriculum.
- 3.2.2 The SET Program is a minimum of five levels as outlined below:
- a) SET1 Core surgery in general skills
 - b) SET2 1st year of advanced clinical urology training
 - c) SET3 2nd year of advanced clinical urology training
 - d) SET4 3rd year of advanced clinical urology training
 - e) SET5 Senior Registrar level, progressing to independent clinical practice and awarding of the FRACS (Urol)
- 3.2.3 Each level of the SET Program has training requirements that must be satisfied. The training requirements are used to assess performance and make a determination on progression and suitability to continue training.

3.3 Clinical and Surgical Requirements for SET1

- 3.3.1 SET1 Trainees are required to develop the following **clinical** skills:
- a) gain competence in the assessment and diagnosis of the acute abdomen.
 - b) gain competence in assessment and coordinated management of trauma.
 - c) gain experience and skill in the resuscitation and management of the acutely unwell, unstable, or shocked surgical patient, due to such as blood loss, fluid loss, toxemia, or sepsis.
 - d) learn resuscitation, fluid balance, and nutrition in the surgical patient.
 - e) develop mature judgement in the role of surgery, and realistic expectations of surgery in the well, acutely unwell, co-morbid and dying patient.

- f) develop sound judgement in the use of peri-operative interventions (anti-coagulation, antibiotics, fluids, nutrition) through an awareness of the indications and contra-indications for their use.
- g) gain experience in the early recognition and appropriate investigation and management of post-operative complications.
- h) appraise and manage ward/emergency surgical patients.
- i) understand teamwork, group management, collaboration, and delegation concepts.
- j) demonstrate broad based general medical knowledge and application (including judgement)
- k) demonstrate professional, ethical & responsible behaviour.
- l) demonstrate awareness of basic leadership roles
- m) demonstrate awareness of health care issues including preventive measures as they apply to everyday care.
- n) demonstrate awareness of the importance of continuing professional development, clinical governance, and audit
- o) demonstrate communication ability including respect of others and confidentiality.
- p) demonstrate an ability to learn from peers and seniors but also to teach juniors in the team.

3.3.2 SET1 Trainees are required to develop the following **open surgical** skills:

- a) acquire confidence, familiarity, and sound technique in surgical access to the abdomen, pelvis, and inguino-scrotal regions through a variety of surgical incisions.
- b) develop sound technique in wound closure in all of the above exposures.
- c) learn a familiarity with anatomical landmarks, anatomical relations, and anatomical and surgical planes in the open abdomen.
- d) learn to recognise normal and diseased abdominal and pelvic organs.
- e) learn safe tissue handling, mobilisation, dissection, and transection techniques.
- f) learn the vascular supply of the intestine and be familiar with the techniques of isolating a vascularised bowel segment and performing a variety of hand sewn and stapled enteric anastomoses.
- g) be familiar with the techniques of performing an ileostomy, and a colostomy.
- h) be familiar with the techniques of performing a safe splenectomy, and lymph node biopsy.

3.3.3 SET1 Trainees are required to develop the following **laparoscopic surgical** skills:

- a) develop the ability to gain laparoscopic access safely, confidently, and fluently to the abdomen and the pelvis. Develop an awareness of anatomical landmarks, and laparoscopic orientation.
- b) develop familiarity with laparoscopic instruments, applicators, and stapling devices.
- c) acquire a level of expertise in laparoscopic tissue manipulation, dissection, and haemostasis.
- d) develop introductory skills in laparoscopic suturing and intra-corporeal knot tying.

3.3.4 SET1 Trainees are required to learn the following **vascular surgery** skills:

- a) anatomy, principles and technique of safe mobilisation and isolation of major abdominal and pelvic vasculature.
- b) principles and technique of safe arterial and venous repair and anastomosis.

3.4 Clinical and Surgical Requirements for SET2 – SET3

- 3.4.1 SET2 and SET3 Trainees are required to pursue increasingly advanced skills including mastering the SET1 requirements, general pre & post-surgical care, as well as care of the critically ill patient.
- 3.4.2 Trainees in SET2 & SET3 are required to demonstrate acquisition of the following surgical skills:
- a) basic (SET2) to advanced (SET3) endourological skills
 - b) performance of common procedures;
 - c) all cystoscopic procedures (biopsy, fulguration, TURBT, RGPG, stents)
 - d) all ureteroscopy (including flexible URS/laser where available)
 - e) endoscopic prostatectomy (small SET2/complex SET3) to completion (TURP or equivalent)
 - basic (SET2) to advanced (SET3) complex stone surgery
 - f) basic laparoscopy (SET2) to acquiring advanced laparoscopic skills (SET3)
 - g) basic major open urology skills (SET2) to acquiring advanced open urology skills (SET3)
 - h) all minor open skills (e.g. peno-scrotal surgery, inguinal)
 - i) other skills – e.g. urodynamics, TRUS prostate biopsy, continence procedures, implant surgery, etc.

3.5 Clinical and Surgical Requirements for SET4

- 3.5.1 SET4 Trainees are required to demonstrate complete mastery of the SET1 to SET3 levels, progressing to a leadership role and demonstrate completion of core urological skill acquisition.
- 3.5.2 SET4 Trainees are required to finalise their urological skill base and be performing most aspects of all common urological surgery safely and competently.
- 3.5.3 By the end of SET4, Trainees must be established in their ability to understand and undertake elective and emergency urological care.

3.6 Clinical and Surgical Requirements for SET5

- 3.6.1 SET5 Trainees are required to demonstrate complete mastery of the SET1 to SET4 levels. They will be involved in a leadership role within the team and demonstrate full completion of core urological skill acquisition.
- 3.6.2 SET5 Trainees are required to have completed their urological skill base and be performing all aspects of all common urological surgery safely and competently. They should be proficiently performing appropriately selected procedures independently.
- 3.6.3 By the end of SET5, Trainees must be demonstrating all aspects of advanced independent, safe, competent urological performance and may be acquiring sub-specialised advanced skills.

3.7 Trainee Portfolio

- 3.7.1 All Trainees are required to maintain a comprehensive Trainee portfolio throughout their training.
- 3.7.2 The Trainee portfolio should contain:
- a) copies of all correspondence regarding their training progress
 - b) logbook summaries
 - c) completed in-training assessment (ITA) reports
 - d) completed feedback tools (OPC, OSP and CbD)
 - e) evidence of completion of compulsory courses
 - f) any other training documentation

- 3.7.3 To facilitate training, the Trainee is responsible for presenting their portfolio to their Training Supervisor at the commencement of each term.

4. COURSES & EDUCATIONAL ACTIVITIES

4.1 Compulsory Courses

- 4.1.1 Trainees must satisfactorily complete the ASSET and CCrISP courses before the end of SET1.
- 4.1.2 Trainees must satisfactorily complete the EMST and CLEAR courses before the end of SET2.
- 4.1.3 Trainees must register for mandatory courses as soon as is practical after selection to the SET Program. Registration and delivery of the courses are managed by the RACS with a fee charged.
- 4.1.4 Recognition of prior learning for compulsory courses may be considered in accordance with Clause 11.2
- 4.1.5 Trainees who do not satisfactorily complete the compulsory courses may not progress to the next SET level.

4.2 USANZ Trainee Week

- 4.2.1 The USANZ Trainee Week is compulsory for Trainees in SET1-SET4.
- 4.2.2 Under exceptional circumstances the BOU will consider requests for exemption from attending the USANZ Trainee Week. Any requests for exemption must be forwarded in writing to the BOU Chair no later than 1st September each year.
- 4.2.3 It is a requirement of training post accreditation that all Trainees be granted the necessary leave by their institutions to attend the USANZ Trainee Week. No Trainee should be required to perform clinical duties or meet on-call requirements whilst the USANZ Trainee Week is in progress (including the night before the USANZ Trainee Week commences).
- 4.2.4 All Trainees must pay a fee to attend the USANZ Trainee Week.
- 4.2.5 Trainees are responsible for their own accommodation, travel arrangements and other expenses.
- 4.2.6 Trainees are expected to behave in a responsible and professional manner at all times during Trainee Week., including all social functions, whether or not they be official Trainee Week functions. Failure to do so may constitute misconduct and result in disciplinary action as determined by the BOU.

4.3 Scientific Meetings

- 4.3.1 Trainees are required to attend the following meetings each year as outlined below:
- a) SET1 Trainees are expected to attend the USANZ ASM and USANZ Section meetings.
 - b) SET2-SET4 Trainees are required to attend the USANZ ASM and USANZ Section meetings.
 - c) SET5 Trainees may attend the USANZ ASM and USANZ Section meetings.
- 4.3.2 Regional Training Committees may mandate specific requirements regarding the presentation of research by trainees of particular SET levels at Section meetings.

4.4 Regional Educational Activities

- 4.4.1 Regional Training Committees may coordinate, oversee, or endorse tutorial programs, workshops, skills courses, journal clubs and other similar educational activities for the benefit of Trainees.

- 4.4.2 Trainees are required to participate in Regional educational activities and some components of these activities may be compulsory as defined by correspondence sent to Trainees at the beginning of each year. These may include but are not limited to submission and presentation of research and attendance at specified teaching sessions.
- 4.4.3 Under exceptional circumstances the RTC Chairperson will consider a request for a leave of absence from a compulsory Regional education activity. Requests must be forwarded in writing to the RTC Chairperson no less than 4 weeks prior to the educational activity.

4.5 Research Requirement

- 4.5.1 Research is a mandatory component of the SET Program.
- 4.5.2 A research project must be completed whilst undertaking the SET Program and prior to presenting for the Fellowship Examination.
- 4.5.3 One or more of the following are acceptable research projects:
- a) a presentation of a paper or poster display at the USANZ ASM or at an alternative national or international meeting approved by the BOU where abstracts are subject to competitive selection. A presentation at a USANZ Sectional meeting will not be accepted; or
 - b) an article (not a case report or abstract) published in a peer reviewed scientific journal where the Trainee is listed as the primary author; or
 - c) a dissertation with a written review of a clinical problem, together with a critical literature review; this would be assessed by the relevant RTC, with other advice from experts or the BOU if necessary, or
 - d) a 6 month period (or more) of full-time research; or
 - e) a higher degree; or
 - f) significant research that in the opinion of the BOU is equivalent to (a) to (e) above.
- 4.5.4 Trainees must provide documentation to the BOU verifying completion of an acceptable research project before being approved to present for the Fellowship Examination. Acceptable forms of documentation include:

Research Type	Documentary Evidence
Presentation	A copy of the meeting program or correspondence from conference organiser. Documentation must include meeting name, date, and location together with Trainee's name and presentation title.
Published Article	Correspondence from the publisher confirming acceptance for, or publication of the article. This must include Trainee's name and authorship, article title and publication date, or journal article title page clearly showing the article name, publication date and Trainee's authorship.
Dissertation	Letter from the RTC Chair verifying that a dissertation has been completed, and that it is of an acceptable standard.
Full Time Research	Correspondence from research supervisor confirming the duration of the research period.
Higher Degree	Certificate confirming the awarding of a higher degree.
Significant Research	Letter from the BOU Chair stating that the Trainee has undertaken equivalent research to one of the Sections above.

5. FEEDBACK TOOLS

- 5.1 Trainees are required to seek feedback from their Training Supervisors and Trainers and complete the following feedback tools:

	SET1 & SET2	SET3	SET4 (<i>pre-exam</i>)
OPC	2 per term (min)	2 per term (min)	
OSP	2 per term (min)	2 per term (min)	
CbD	2 per term (min)	1 per term (min)	1 per term (min)

- 5.2 Feedback tools must be completed in time for review by the Training Supervisor during the ITA meeting. The completed feedback tools must be submitted together with the assessment documentation. Non-submission of a completed feedback tool may result in disciplinary action, which could include Probation, or the term not being assessed.

- 5.3 Trainees are advised to retain a copy of all completed feedback tools in their Trainee portfolio.

6. OPERATIVE EXPERIENCE

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

7. EXAMINATIONS

7.1 Overview

- 7.1.1 The SET Program requires successful completion of three examinations:

- Clinical Examination (CE)
- Surgical Science Examination in Urology (SSE)
- Fellowship Examination in Urology (FeX)

- 7.1.2 Recognition of prior learning for the examinations may be considered in accordance with clause 11.4.

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

7.2 Clinical Examination (CE)

- 7.2.1 The CE has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. Examples of tasks include but are not limited to patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling, and communication skills. It is recommended that Trainees refer to the recommended reading list and further advice on the RACS website.

7.2.2 Trainees must complete the CE in accordance with the *RACS Regulation: Conduct of the SET Clinical Examination*.

7.3 Surgical Science Examination in Urology (SSE)

7.3.1 The Surgical Science Examination in Urology has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to urology. It is recommended that Trainees refer to the reading list and further advice on the USANZ website.

7.3.2 Trainees must complete the Surgical Science Examination in Urology in accordance with the *RACS Regulation: Conduct of the Surgical Science Examination in Urology*.

7.4 Fellowship Examination (FeX)

7.4.1 The Fellowship Examination is a summative assessment that must be satisfactorily completed during the SET Program.

7.4.2 The Fellowship Examination is comprised of written and clinical/viva components as determined by the RACS Court of Examiners for Urology.

7.4.3 The required standard for the Fellowship Examination is a level of competency equivalent to that of a consultant urologist in their first year of independent practice.

7.4.4 The surgical competencies espoused by the RACS are used as a guideline for the examiners, who follow agreed marking guidelines and the predetermined standard. The Fellowship Examination reflects the Urology SET Program curriculum.

7.4.5 To present for the Fellowship Examination in Urology, a Trainee must fulfill the following criteria:

- a) be in SET4 or SET5, and
- b) have completed a research project in accordance with clause 4.5, and
- c) have fully satisfied the requirements of the SET Program to their level, and
- d) have demonstrated core reading that confirms a knowledge base that is broad based and an ability to integrate core knowledge into clinical practice, and
- e) have demonstrated clinical performance with core skill base at a safe and competent level, and
- f) have no outstanding disciplinary issues, and
- g) have no unsatisfactory technical or non-technical competency issues.

7.4.6 Training Supervisors are required to determine the suitability of each Trainee to undertake the Fellowship Examination.

7.4.7 Trainees must provide a letter of support from their current Training Supervisor before every attempt of the Fellowship Examination.

7.4.8 Trainees must display the following attributes and competencies to be supported to undertake the Fellowship Examination:

- a) Demonstrating teamwork, group management, collaboration, and delegation concepts
- b) Demonstrating broad based general medical knowledge and application (including judgement)
- c) Demonstrating professional, ethical & responsible behaviour
- d) Awareness and undertaking leadership roles
- e) Demonstrating communication including respect of others and confidentiality
- f) An ability to learn from peers and seniors but also to teach juniors in the team

- g) Awareness of health care issues including preventive measures as they apply to everyday care
- h) Awareness of the importance of continuing professional development, clinical governance, and audit
- i) Managing ward duties, emergency caseload, theatre lists, outpatient clinics, multidisciplinary team meetings, junior staff
- j) Managing all aspects of pre & post-operative surgical care
- k) Demonstrating endoscopic competence - (Cystoscopy, RGPG, stents, URS, pyeloscopy, TURBT, TURP or equivalent)
- l) Performing all scrotal, basic penile, minor urological open surgery, TRUS Bx
- m) Performing most aspects of advanced urological surgery with demonstration of understanding of the principles of major surgery
- n) Acquiring other skills – e.g. urodynamics, continence procedures, implants.

7.5 Exam Pending Trainees

- 7.5.1 Trainees who have completed all training requirements but are yet to complete the Fellowship Examination will be considered Exam Pending.
- 7.5.2 Exam Pending Trainees will be required to provide the RTC with the following information one (1) month prior to the RACS Fellowship Examination application closing date:
 - a) A description of clinical activities undertaken since completing the clinical components of the SET Program.
 - b) A description of exam preparation activities undertaken since completing the clinical components of the SET Program.
 - c) A portfolio of continuing medical educational activities undertaken since completing the clinical components of the SET Program.
 - d) A report on steps taken to meet any recommendations from any previous exam review interview with the BOU or RTC.
 - e) A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination and is of Good Standing
 - f) Three (3) completed OPC forms
- 7.5.3 Where an Exam Pending Trainee is unable to provide the required information or where the RTC deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the RTC may request further information or ask the Trainee to attend an interview.
- 7.5.4 The above documentation is in addition to the RACS Fellowship Examination Application form which must be completed and returned to the RACS as per the Application Process outlined on the RACS website.

8. PROGRESSION AND PERFORMANCE

8.1 Overview

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

8.2 In-Training Assessment (ITA) Report

- 8.2.1 A Trainee's performance during a term must be assessed using the In-Training Assessment (ITA) Report.
- 8.2.2 An ITA Report must be completed quarterly during each year of the SET Program on the prescribed form applicable to the relevant SET level.

- 8.2.3 The Training Supervisor will seek input from other consultants in the Unit and persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff) and incorporate their perspectives when completing the report.
- 8.2.4 The Training Supervisor must meet with the Trainee face to face to discuss the ITA Report.
- 8.2.5 A Trainee's overall performance during a term will be recorded as Satisfactory when they have performed as expected for their level of training.
- 8.2.6 A Trainee's overall performance during a term will be recorded as Borderline when they require further development in some areas to meet the expected level.
- 8.2.7 The rating of a Trainee's overall performance during a term will be recorded as Unsatisfactory when they have performed significantly below the expected level and require substantial improvement.
- 8.2.8 The completed ITA Report must then be signed and dated by both the Trainee and the Training Supervisor. The Trainee signature confirms the assessment has been discussed but does not signify agreement with the assessment on the part of the Trainee.
- 8.2.9 Should a Trainee disagree with the assessment of their performance as documented on their ITA Report, the Trainee must, within one week of the ITA Report submission date, submit written documentation and supporting evidence to the BOU outlining the reasons for disagreement.
- 8.2.10 Trainees are required to participate in the ITA process in timely manner, including submission of the completed ITA report by the prescribed due date. Failure of a Trainee to participate or adhere to the requirements of the ITA process may preclude an assessment of the Trainee's performance, and therefore Trainee progression.
- 8.2.11 Trainees must retain a copy of each ITA Report in their Trainee portfolio.
- 8.2.12 The RTC reviews ITA Reports and makes recommendations to the BOU. The BOU makes final decisions regarding progression.
- 8.3 BoU Review of ITA Reports**
- 8.3.1 The RTC may recommend that the BOU review the overall rating of a Trainee's performance during a term as documented on the ITA report.
- 8.3.2 The rating of a Trainee's overall performance as documented on the ITA report may be reviewed and recorded as Unsatisfactory if the rating of a Trainee's overall performance has been assessed as:
- a) Borderline in two consecutive terms, or
 - b) Borderline where the highlighted deficiencies are in the same domains across two or more terms.
- 8.3.3 If the rating of a Trainee's overall performance during a term has been recorded as Unsatisfactory, the Trainee will automatically commence Probation in the following term and may be required to undertake an extension of training. The BOU will determine the length of the extension.
- 8.3.4 The Trainee will be notified in writing if the BOU reviews an ITA report, and the recorded rating of their overall performance differs from the original rating on the ITA report.
- 8.3.5 If the rating of the Trainees' overall performance has been recorded as Unsatisfactory for two consecutive terms, or three terms at any time during the SET Program, the Trainee's continuation in the Program will be reviewed in accordance with the *RACS regulation: Dismissal from Surgical Training* and these Regulations.

8.4 Remediation Plan

8.4.1 A Remediation Plan may be instituted if the rating of a Trainee's overall performance during a term is recorded as Borderline.

8.4.2 The Remediation Plan will:

- a) Support Trainees who have areas requiring development or improvement, setting objectives that will assist in achieving the competencies expected.
- b) Provide Training Supervisors and Trainers with a list of objectives the Trainee must meet.
- c) Assist Training Supervisors and Trainers in providing opportunities to enable the Trainee to meet these objectives.

8.4.3 The Remediation Plan must include:

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

8.4.4 The Remediation Plan is to be completed as follows:

- a) During the meeting held with the Training Supervisor a discussion will occur regarding the Trainee's assessment and in particular any domains where their performance was below the expected level.
- b) At the meeting objectives will be discussed and set. These will need to be documented on the Remediation Plan. Instructions for designing a Remediation Plan and the Remediation Plan template are to be downloaded from the USANZ website.
- c) The Training Supervisor and Trainee are to meet monthly if the rating of a Trainee's overall performance was assessed as Borderline to review the objectives and determine the outcome.
- d) The Trainee should undertake a self-evaluation first and then present this to their Training Supervisor 24 hours before the meeting. This enables the Trainee to undertake a self-reflection and assess his/her own performance.
- e) The Training Supervisor and Trainee are then to confirm the final outcome.
- f) The review is also an opportunity to modify, delete or add new indicators to the Remediation Plan and to discuss developmental opportunities.
- g) At each review both the Trainee and Training Supervisor can make further comments.
- h) The Remediation Plan form is to be returned to the Education and Training Manager within 1 week following each review.

8.4.5 Trainees on a Remediation Plan are not permitted to apply for interruption from the training program.

8.5 Probation

8.5.1 Probation will be instituted in the event of unsatisfactory overall training performance to:

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

8.5.2 Probation will be no less than three months and no more than six months

- 8.5.3 If the rating of a Trainee's overall performance during a term has been recorded as Unsatisfactory, the BOU will formally notify the Trainee that they will commence Probation in the following term and must participate in a Remediation Plan. A copy of this correspondence will be sent to the RTC Chair and Training Supervisor, and will include:
- Notification of the duration of Probation
 - The frequency of meetings between the Trainee and Training Supervisor. Meetings are at least monthly, or more frequently at the discretion of the BOU or Training Supervisor
 - Notification of any additional conditions
 - Possible implications if the required standard of performance is not achieved.
- 8.5.4 The Trainee and Training Supervisor will meet within seven (7) days of notification to prepare a Remediation Plan addressing areas of deficiency.
- 8.5.5 A meeting will be convened within fourteen (14) days of notification with the Trainee, the Chair of the RTC (or representative), and the Training Supervisor. The Trainee may invite a support person. The proceedings of the meeting are to be duly documented. The meeting will discuss and confirm the following:
- Details of performance and performance standard expected
 - Response of the Trainee
 - Actions to be taken, as documented in the Remediation Plan
 - Frequency of meetings between the Trainee and Training Supervisor and submission of Remediation Plan.
 - Consequences of any further overall performance ratings of Borderline or Unsatisfactory.
- 8.5.6 If the required performance standard(s) articulated in the Remediation Plan and any additional conditions as documented in the Probation notification letter have been satisfied at the conclusion of the term of Probation, Probation will be removed, and the Trainee will be notified in writing.
- 8.5.7 If performance has not improved to the required standard at the conclusion of the maximum term of Probation the BOU may initiate dismissal proceedings in accordance with the *RACS Regulation: Dismissal from Surgical Training* and these regulations.
- 8.6 Extension of Training**
- 8.6.1 The BOU may extend the duration of a Trainee's SET Program at any time for any of the following reasons:
- if the rating of a Trainee's overall performance is recorded as Unsatisfactory in any term;
 - If the rating of a Trainee's overall performance is recorded a Borderline in more than one term in any training year;
 - if there is loss of training time due to illness or other problems;
 - if the Trainee fails to satisfactorily complete any of the requirements of the SET Program, including failure to submit any form of assessment documentation by the time specified.
- 8.6.2 During SET5:
- an extension of training will be mandated if the rating of a Trainee's overall performance is recorded as Unsatisfactory in a term.
 - an extension of training may be mandated if a Trainee's overall performance is recorded as Borderline during a term.
- 8.6.3 When a Trainee is required to undergo an extension of training, the Training Regulations that apply to that Trainee will be those that apply at the time of the extension of training unless otherwise advised by the BOU.

9. DISMISSAL

This section is to be read in conjunction with the *RACS Regulation: Dismissal from Surgical Training*.

9.1 Dismissal for Misconduct

9.1.1 The process for dismissal of a Trainee for misconduct is outlined in Section 13 of these Regulations.

9.2 Dismissal for Unsatisfactory Performance

9.2.1 A Trainees will be considered for dismissal for unsatisfactory performance if:

- a) The rating of a Trainee's overall performance has been recorded as Unsatisfactory in two (2) consecutive terms or three (3) terms at any time during the SET Program; or
- b) The rating of a Trainee's overall performance has been assessed as Unsatisfactory during a probationary period; or
- c) The Trainee has failed to satisfy a condition of Probation;

9.2.2 Where the rating of a Trainee's overall performance has been recorded as Unsatisfactory, they must be informed that they will be considered for dismissal if their overall performance is recorded as Unsatisfactory in the consecutive term.

9.2.3 Where the rating of a Trainee's overall performance has been recorded as Unsatisfactory in two (2) terms, they must be informed that they will be considered for dismissal if their overall performance is recorded as Unsatisfactory at any period during their remaining time on the SET Program.

9.2.4 Where a Trainee is considered for dismissal in accordance with clause 9.2.1, or any other matter described in these Regulations, the BOU will form a Panel to review the Trainee's participation in the SET Program.

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

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

9.2.7 In relation to the meeting with the Panel:

- a) The Trainee will be provided with a minimum of ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to consider their continued participation in the SET Program.
- b) Where the Trainee elects to make a written submission to the Panel, it must be submitted at least five (5) working days prior to the meeting.
- c) The Trainee may be accompanied by a support person.
- d) No person invited to assist the Panel in matters of fact can appear before the Panel without the presence of the Trainee.
- e) Should the Panel require a lawyer to be present to advise the Panel on legal issues arising during the meeting (but not to participate in the proceedings), the Trainee will be notified and may invite a lawyer as support person.
- f) The meeting will be minuted, and the Trainee (if in attendance) and Panel will be provided with the minutes of the meeting. The Trainee will be asked if they believe the minutes are an accurate reflection of the meeting. Any amendments suggested by the Trainee will be

attached to the minutes. No new information may be submitted to the Panel at that time by the Trainee for inclusion in the minutes.

- g) Where a Trainee is duly notified of the meeting and declines or fails to attend, the Panel will submit a recommendation to the BOU regarding dismissal.

9.2.8 Further to the written submission and the meeting, the Panel may inform itself as it sees fit, including by requesting further information from relevant parties. Any additional information obtained by the Panel must be put to the Trainee for their response.

9.2.9 The Panel will make a recommendation, together with written reasons, to the BOU concerning the Trainee's further participation in the SET Program. The recommendation may include any additional probationary periods or conditions that should be applied if the Trainee is recommended to continue in the SET Program.

9.2.10 The BOU will make the final decision as to whether the Trainee should be dismissed from the SET Program in Urology having regard to the recommendation of the Panel and all information considered by the Panel.

9.2.11 The Trainee will be informed in writing of the decision of the BOU within ten (10) working days of the decision being made. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.

9.2.12 The BOU will inform the Chair of the RACS CSET of the decision.

9.3 Dismissal for failure to satisfy medical registration or meet employment obligations

9.3.1 Trainees who fail to maintain appropriate registration as defined in the *RACS Regulation: Medical Registration for the Surgical Education and Training* may be dismissed.

9.3.2 Trainees who receive conditions or undertakings on their registration, or whose registration is cancelled, or suspended, must notify the BOU within two (2) working days of notification from the MBA or the AHPRA or the MCNZ. Failure to report within this timeframe will be considered as misconduct and may result in misconduct proceedings as per Section 13 of these Regulations.

9.3.3 Trainees are considered to have failed to satisfy the employment requirements of the institution in which their allocated training position is located if:

- a) they resign from employment at their allocated training post; or
- b) they are terminated from employment at their allocated training post

9.3.4 Where the BOU is notified by the CEO or HR Director or equivalent of the matters described in clause 9.3.3, the Trainee may be suspended from the training program and dismissal proceedings may be commenced.

9.3.5 Where employment at an allocated training post is refused, the Trainee must notify the BOU within two (2) working days and provide copies of the prospective employer's correspondence to RACS.

9.3.6 Trainees who are refused employment for two or more institutions in which allocated training positions are located will be subject to dismissal proceedings as per clause 9.2.4

9.4 Failure to complete SET Program

9.4.1 Trainees will be considered for dismissal for failing to complete all training requirements within the specified timeframe.

9.4.2 The BOU will consider the Trainee's surgical training record and other applicable information, and should dismissal be recommended the BOU will follow the Dismissal Process outlined in clause 9.2.4.

9.5 Other Circumstances that may lead to Dismissal from Training

- 9.5.1 Trainees appointed to the SET Program may be dismissed if their clinical and/or professional performance does not meet the standards set by RACS. These standards are set out in the *RACS Regulation: Dismissal from Surgical Training*.
- 9.5.2 The BOU will consider the written submission of the Trainee and other relevant information. Should dismissal be recommended the BOU will follow the Dismissal Process outlined in 9.2.4.
- 9.5.3 Where the BOU determines that there is a prima facie case for dismissal, the BOU will follow the dismissal process outlined from section 9.2.4.

10. EXCEPTIONAL CIRCUMSTANCES AND SPECIAL CONSIDERATION

- 10.1 Trainees may apply for variation to SET training requirements on the grounds of exceptional circumstances that may justify special consideration, in accordance with the *RACS Policy: Exceptional Circumstances and Special Consideration*.
- 10.2 Except for attendance at the USANZ ASM or Trainee Week, the special consideration outcome will not exempt a Trainee from completion of a training requirement. The special consideration outcome can allow for alternate timing for completion of a training requirement during the SET Program on such terms and conditions as the BOU determines.
- 10.3 The BOU may, at its sole discretion, apply special consideration to a Trainee or a group of Trainees without an application being submitted by the impacted Trainees where the BOU identifies exceptional circumstances beyond the Trainees' control which have the potential to affect their ability to meet a SET Program requirement or regulation. In such circumstances, the Trainees do not need to accept the special consideration offered.

11. RECOGNITION OF PRIOR LEARNING

11.1 Applications

- 11.1.1 Requests for RPL will only be considered once a Trainee has commenced the SET Program.
- 11.1.2 Applications for RPL must be made in writing to the BOU Chair and must be supported by all relevant documentation.
- 11.1.3 Trainees must demonstrate and provide evidence of the comparability of the prior training or experience in the activity from which the exemption is sought.
- 11.1.4 In assessing RPL applications, the BOU will assess the comparability of the prior training or experience to nominated components of SET Program in terms of learning outcomes, competency outcomes, assessment, and standards.
- 11.1.5 Trainees will be notified in writing by the BOU of the outcome of their RPL application.

11.2 Courses

- 11.2.1 Trainees will be granted RPL for satisfactory completion of the ASSET, CCrISP, EMST or CLEAR courses or RACS recognised equivalent.
- 11.2.2 Applications for RPL for the CLEAR Course may also be considered if a Trainee holds a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters, or Doctorate.
- 11.2.3 Trainees who hold postgraduate qualifications that include work completed in clinical epidemiology may apply to the BOU, via the relevant RTC Chair for RPL in relation to the CLEAR Course. Trainees must provide evidence of an acceptable evidence based surgery component to the qualification.

- 11.2.4 RPL for other skills courses which form part of the SET Program may be considered at the discretion of the BOU. Such applications must be accompanied by a certificate displaying the Trainee's name and successful completion date and supported by documentation detailing the course syllabus and assessment methodology. The course provider must certify all documentation.

11.3 Clinical Experience

- 11.3.1 Applications for RPL for clinical experience may be considered provided the experience was:
- a) undertaken in a clinical location accredited by a state or national accreditation authority; and
 - b) in urological terms for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
 - c) supervised by at least two (2) clinicians (surgeons or other appropriately qualified consultants); and
 - d) obtained within the last two years; and
 - e) supported by a logbook.
- 11.3.2 When applying for RPL for clinical experience, Trainees will be required to demonstrate how that experience has contributed to the acquisition of RACS competencies for that component.
- 11.3.3 In considering a request for RPL, the BOU will request from the supervising clinician a retrospective assessment report aligned with the RACS competencies. Where a report cannot be obtained no RPL will be granted.
- 11.3.4 The BOU may defer a decision on an application for RPL of clinical experience for up to 12 months of the SET Program. This is to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained.

11.4 Examinations

- 11.4.1 Trainees who have satisfactorily completed the CE prior to commencement on the SET Program will be granted RPL for this component.
- 11.4.2 Trainees will not be granted RPL for the Surgical Sciences Examination in Urology or the Fellowship Examination.

11.5 Research

- 11.5.1 RPL will not be granted for research undertaken prior to commencement of the SET Program.

12. SUSPENSION

- 12.1.1 The BOU Chair or nominee may suspend a Trainee from the SET Program in the following circumstances:
- a) when disciplinary proceedings (of any kind) as set out in these Regulations commence, or
 - b) where the Trainee is subject to an investigation by their employing authority, regulatory authority and/or by RACS; or
 - c) where there has been a material change to a Trainee's employment or medical registration status which impacts on their ability to fully participate in the SET Program.
- 12.1.2 In the event of suspension from the SET Program, the Trainee will be advised in writing as soon as practicable after the decision is made and will be advised of the reason for the suspension and any term or conditions attached to the suspension.

- 12.1.3 The suspension of the Trainee from the SET Program will continue to operate until the BOU Chair or nominee removes it. The BOU Chair or nominee may remove a suspension if the reason for the suspension has been removed or reversed.
- 12.1.4 Fees paid by a Trainee during a period of suspension from the SET Program are not refundable.
- 12.1.5 Any period of suspension from the SET Program will not be counted towards the minimum duration.
- 13. MISCONDUCT**
- 13.1 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Training Supervisor, Fellow or other person has identified the misconduct, it should be reported to the BOU Chair via the Training Supervisor.
- 13.2 Upon receiving a report regarding alleged misconduct, the BOU Chair may determine:
- a) That the alleged conduct does not constitute misconduct and that either an alternative process is more appropriate or that no further action is required; or
 - b) That the allegation be put to the Trainee, in writing, for an initial response. The Trainee will be given ten (10) working days to provide such a written response.
- 13.3 If the response from the Trainee is considered by the BOU Chair as being appropriate, no further action will be taken.
- 13.4 If the Trainee does not submit a response, or their response is viewed by the BOU Chair as inadequate, the following process will occur:
- a) The Trainee may be placed on Suspension while the process described in 13.5 occurs. The period of Suspension will not be counted in the maximum period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the process.
 - b) A Panel will be formed to consider the misconduct matter further in accordance with 13.5.
- 13.5 The Panel will consist of three (3) members. In Australia, these will be Fellows of RACS. In Aotearoa New Zealand, at least two (2) should be Fellows of RACS. The BOU will appoint one of the members of the Panel as Chair.
- 13.6 The Chair of the Panel will write to the Trainee to:
- a) Inform them that the Panel has been formed to further consider the misconduct;
 - b) Provide the Trainee with all information obtained to date by the subcommittee in relation to the misconduct including all relevant facts, reasoning and evidence;
 - c) Invite the Trainee to make a written submission concerning the misconduct allegation. The submission must be received at least five (5) working days prior to the interview; and
 - d) Invite the Trainee to an interview with the Panel.
- 13.7 The interview referred to above shall be conducted as follows:
- a) The Trainee will be provided with a minimum of ten (10) working days' notice of the interview.
 - b) The panel will invite the Trainee to provide a further verbal response to the allegations.
 - c) The Trainee will be informed as to the possible consequences of a misconduct finding and the process following the interview.
 - d) The Trainee will be permitted to invite a support person.

- e) Following conclusion of the interview, the Trainee and Panel will be provided with the minutes of the interview. The Trainee will be asked if the minutes are an accurate reflection of the interview. Any changes they suggest can be attached to the minutes. No new information will be considered at this time by the Trainee for inclusion in the minutes.
- f) Where the Trainee has been duly notified of the interview and declines or fails to attend, the Panel may make a recommendation to the BOU based on the information before them.
- g) If at any stage the Panel is provided with new evidence, further allegations are made or existing allegations are amended, the Panel will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond to that information or allegation.
- h) Within ten (10) working days of the interview, the Panel will make a finding as to whether misconduct occurred and if it did will make a recommendation as to penalty, supporting both finding and recommendation with written reasons. The finding, recommendation, and written reasons, together with all documentation relied on, will be given to the BOU by the Panel.

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

14. COMPLETION OF THE SET PROGRAM

- 14.1 A Trainee must meet the following requirements before being eligible to be awarded the FRACS (Urol):
 - a) Satisfactory completion of SET1 to SET5
 - b) Satisfactory completion of the ASSET Course
 - c) Satisfactory completion of the CCrISP Course
 - d) Satisfactory completion of the EMST Course
 - e) Satisfactory completion of the CLEAR Course
 - f) Satisfactory completion of the Research Requirement
 - g) Satisfactory completion of the CE
 - h) Satisfactory completion of the SSE (Urol)
 - i) Satisfactory completion of the Fellowship Examination
 - j) Fully paid up dues and fees owed to the RACS and USANZ
- 14.2 Once the Trainee has successfully completed all requirements of the SET Program, a Trainee is responsible for completing the RACS Fellowship Application form to commence the awarding process.

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- 14.3 The Chair of the relevant RTC will confirm successful completion of all components of the SET Program.
- 14.4 Upon notification from the RTC, the Chair of the BOU will recommend to the RACS awarding of the FRACS (Urol)
- 15. RECONSIDERATION, REVIEW AND APPEAL**
- 15.1 A trainee affected by a decision related to their participation in the SET Program may challenge that decision in accordance with the *RACS Regulation: Reconsideration, Review and Appeal*