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## TRAINING REGULATIONS

### SURGICAL EDUCATION AND TRAINING IN UROLOGY

*These Regulations apply to trainees who commenced prior to 2016*

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## 1. INTRODUCTION

### 1.1 Administration and Ownership

1.1.1 The Royal Australasian College of Surgeons (College) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and Training (SET) Program in Urology is the accredited training program to obtain the Fellowship of the College in the specialty of Urology and operates in Australia and New Zealand. The administration and management of the SET Program is delegated to the Urological Society of Australia and New Zealand (USANZ) as an agent of the College. The Board of Urology (the Board) has dual reporting roles and represents both the College and the USANZ on all matters relating to the SET Program in Urology.

1.1.2 The official website for the SET Program in Urology is the USANZ website at [www.usanz.org.au](http://www.usanz.org.au). The website is the main form of communication and outlines all relevant information pertaining to the training program.

1.1.3 For assistance or information on the SET Program in Urology, please contact:

Education and Training Manager  
USANZ  
Suite 512, Eastpoint, 180 Ocean Street  
Edgecliff NSW 2027  
Phone + 61 2 9362 8644  
Fax + 61 2 9362 1433  
Email [education@usanz.org.au](mailto:education@usanz.org.au)

### 1.2 Overview of the Regulations for the SET Program in Urology

1.2.1 The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in Urology. These Regulations are in accordance with the policies and strategic direction of the College and should be read in conjunction with the College policies governing Surgical Education and Training. At times these Regulations will refer directly to a College policy. In such instances these policies can be found on the College website [www.surgeons.org](http://www.surgeons.org).

1.2.2 These Regulations comply with College policy.

1.2.3 All trainees must be familiar with the applicable College policies.

1.2.4 All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations at all times.

1.2.5 No supervisor, trainer or individual Board member may grant an exemption from these Regulations. Any exemption must be approved by the Board and communicated to the trainee in writing from the Board Chair.

1.2.6 As the Regulations change all persons are advised to ensure they are consulting the most current version. The most current version is the one that will be referred to and is available on the USANZ website.

1.2.7 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of College policies, these Regulations shall prevail.



### 1.3 Definitions and Terminology

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

Term	Definition
ASSET	Australian and New Zealand Skills Education and Training
Board (the Board)	Board of Urology
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically ill Surgical Patient
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
College	Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
GSSE	Generic Surgical Sciences Examination
MALT	Morbidity Audit and Logbook Tool
Mini-CEX	Mini-Clinical Examination
Quarter	3 month period
Rotation	Determined by the Board to be 3 months duration
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SSE (Urol)	Surgical Science Examination in Urology
TA&E	Sectional Training Accreditation and Education Committee
Training Supervisor	Co-ordinates management, education and training of a trainee in an accredited training position within a teaching hospital. Monitors performance, completes assessments, identifies and documents performance management. Member of relevant Sectional Training Accreditation and Education Committee (TA&E)
USANZ	Urological Society of Australia and New Zealand

## 2. PROGRAM ADMINISTRATION

### 2.1 Registration for Training

2.1.1 Trainees selected to the SET Program in Urology in accordance with the Selection Regulations, will be registered with the College in accordance with the **College Trainee Registration and Variation Policy**.

2.1.2 Trainees who wish to alter their registration status must apply to the Board for a variation in accordance with these Regulations.

### 2.2. SET Program Duration

2.2.1 In accordance with the College **Trainee Registration and Variation Policy**, the total time permitted to complete the requirements of the entire SET Program in Urology is 8 years, unless RPL has been granted, in which case the maximum time is reduced according to the period of RPL granted.

2.2.2 Approved family, carers or sick leave or approved leave to undertake research shall not be included in the calculation of the maximum period of training.

2.2.3 The Board has the discretion to shorten training on the basis of a review of prior learning and experience, demonstration of attainment of the required competencies and performance.



## 2.3 Training Fees

- 2.3.1 Trainees on the SET Program in Urology will be charged by RACS a fee with two components – The College SET Fee (CSET) Fee and the Specialty Surgical Education and Training Fee (SSET) Fee, which is the training fee for the SET Program in Urology. The College is responsible for determining the CSET Fee. The USANZ is responsible for determining the SSET Fee. The CSET Fee is approved by College Council in October each year and is published on the College website. The SSET Fee is published on the College website.
- 2.3.2 The College is responsible for invoicing and collection of the CSET and SSET fees and invoices are issued prior to the commencement of the training year. All enquiries regarding the CSET and SSET fees must be submitted to SET Enquiries via email to [SETenquiries@surgeons.org](mailto:SETenquiries@surgeons.org).
- 2.3.3 The USANZ charges an additional and separate fee for educational opportunities that enhance the training program but are not funded from the SSET fees. This fee (USANZ Trainee Subscription Fee) is determined each year by the USANZ.
- 2.3.4 The USANZ Trainee Subscription Fee comprises Trainee Membership to the USANZ and may also incorporate a contribution to a range of educational services and innovations delivered by the USANZ (e.g. Trainee Week, affiliations with international Urology organisations)
- 2.3.5 Trainees who fail to pay outstanding training related fees to the College or the USANZ will be dismissed in accordance with the College ***Surgical Education and Training (CSET) Fee policy***.
- 2.3.6 By application and acceptance into the training program administered by the USANZ on behalf of the College, a trainee becomes a Trainee Member of the USANZ.

## 2.4 Deferral of Clinical Training

- 2.4.1 Applicants offered a position on the SET Program in Urology may make an application to the Board for deferral in accordance with these Regulations.
- 2.4.2 Requests for deferral must be submitted in writing at the time of acceptance of offer. Requests submitted after this time will only be considered in exceptional circumstances, at the discretion of the Board.
- 2.4.3 Where a trainee defers entry to the SET Program in Urology, the rules, regulations and pre-requisites that apply to that trainee will be those that apply at the time of commencing clinical training. The possibility of variation in specific rules, regulations and pre-requisites of the cohort they join must be considered by the trainee when a request for deferral is made.

## 2.5 Interruption from Clinical Training

- 2.5.1 Interruption is a period of approved absence by a trainee from the SET Program in Urology.
- 2.5.2 Neither the College nor USANZ is an employer of trainees and approval of a period of interruption from training does not compel an employer to grant leave. Trainees must apply for appropriate leave from their employer.
- 2.5.3 Interruption will not be granted if a trainee has received notice of dismissal from Surgical Training.



- 2.5.4 Applications for leave other than medical or family leave must be received and approved by the Board at least six (6) months prior to the period of interruption. Requests submitted after this date will only be considered in exceptional circumstances. Requests for interruption in Term 2 (last 6 months) in any given year will only be approved in exceptional circumstances.
- 2.5.5 Applications for interruption for medical or family reasons can be submitted to the Board at any time. In circumstances of ill-health, the application must be accompanied by a comprehensive report from the trainee's treating doctor. In order to allow the Board to make an informed assessment as to the trainee's suitability to recommence training, the details requested may include information regarding the treatment being offered and an expected prognosis as well as an assessment as to the likelihood of the trainee being able to resume the SET program in all its facets and an expected timeframe for doing so.
- 2.5.6 Applications for interruption for trainees who receive a scholarship from the College or the Foundation for Surgery will be granted in order to complete the scholarship.
- 2.5.7 All requests must be considered and approved by the Board by 30 June each year.
- 2.5.8 The Board will make a decision to approve or otherwise, taking into consideration the reasons for the request, the trainee's progress to date and logistical considerations. In order to minimise vacancies on the training program and to not disadvantage other trainees and new appointees, the Board may require the period of interruption to be greater or less than that applied for.
- 2.5.9 Interruptions for any purpose may only be granted in 12 month increments to coincide with the training years.
- 2.5.10 Trainees will be formally notified by the Board as to whether their request has been approved or otherwise. Trainees are advised not to undertake any action until formal, written notification from the Board has been received.
- 2.5.11 Any periods of interruption (excluding interruption for approved medical, family or research leave) will count towards the maximum period for completion of the program.
- 2.5.12 Where a trainee takes an interruption from training, the rules, regulations and pre-requisites that apply to that trainee will be those that apply at the time of returning to the training level that they return to. The possibility of the variation in specific rules, regulations and pre-requisites of the cohort they join must be considered by the trainee when the leave request is made.
- 2.5.13 The Board may set conditions that require trainees returning from interruption to demonstrate currency of skills. This may include the satisfactory completion of an assessment process comprising an interview and practical assessment, performed by the TA&E Committee to determine current competencies and other criteria as determined by the Board.
- 2.5.14 Trainees who return from interruption of greater than 12 continuous months may be required to complete additional periods of training or other requirements, as determined by the Board.



## 2.6 Part-Time Training

- 2.6.1 Part time training is a period of training undertaken on less than a full time equivalent basis as part of the SET Program in Urology
- 2.6.2 The Board fully supports the concept of part time training while recognising the complexities in arranging the logistics to make the SET Program feasible on a part time basis. The Board is unable to guarantee that part time accredited training positions can be identified and requests fulfilled.
- 2.6.3 All requests for part-time training must be made in writing to the Board at least six (6) months prior to the proposed commencement of the part time training. Requests must include all relevant information.
- 2.6.4 Applications for part time must have a training commitment of at least 50% of a full time trainee in any one training year. The overall duration of the training program must not exceed the published expected minimum duration of training plus 3 years.
- 2.6.5 The Board will make a decision to approve or otherwise taking into consideration the availability of a suitable part time training position.
- 2.6.6 Trainees approved for a period of part time training are required to participate in pro rata out-of-hours work and surgical teaching programs. The components of the SET Program, which must be undertaken during the approved period of part time training, will be determined by the Board. All trainees will be required to satisfactorily complete all components and competencies of the SET Program to be eligible for Fellowship.
- 2.6.7 Trainees approved for a period of part time training will be registered with the College for that period as part time and will be required to pay an applicable pro rata training fee in accordance with the College policy for Surgical Training Fees.

## 2.7 Leave

- 2.7.1 All leave applications must be discussed with the Training Supervisor. The impact the leave will have on Trainee education and clinical skill acquisition must be considered.
- 2.7.2 A trainee must have an exceptional reason (e.g. imminent birth of a child) to be granted leave to miss a mandatory component of the education program (e.g. Sectional teaching session, USANZ ASM, Trainee Week). Requests for leave of this nature must be forwarded prospectively, in writing, to the Sectional TA&E Chairperson for consideration.
- 2.7.3 Trainees undertaking full-time clinical training are permitted a maximum of six (6) weeks leave per six month period or nine (9) weeks in twelve months. Periods beyond this may affect the accreditation of that term and an extension of training may be required.
- 2.7.4 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carer's leave.
- 2.7.5 In the rare instance a Trainee wants or needs to take more leave than the above recommendation, the situation will be individually considered by the Board of Urology. The competence and performance of the Trainee will be the key issues that determine the need for extension. The need for an extension of training time may not be finalised until after the Trainee returns from the leave.



## 2.8 Withdrawal from Training

- 2.8.1 Trainees who do not wish to continue on the SET Program in Urology must formally notify the Board of their withdrawal.
- 2.8.2 The Trainee must stipulate when the withdrawal will be effective. 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 Board.
- 2.8.4 Should a Trainee resign from their position of employment, they will also be considered to have resigned from the Training Program. Trainees must not resign from employment before contacting their Training Supervisor for support, advice or assistance. The Head of Department should be made aware of by the trainee of such action.

## 2.9 Completion of the SET Program

- 2.9.1 On successful completion of the SET Program, and relevant examinations, the Chair of the Board shall recommend to the College the awarding of the College Fellowship in Urology. The Fellowship process once signed off by the Board is coordinated by the College.

## 3. SET PROGRAM - GENERAL REQUIREMENTS

### 3.1 Overview of Program Requirements

- 3.1.1 The SET Program in Urology is designed to allow trainees to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher, and professionalism, leading to competent, safe, independent practice as specialist urologists.
- 3.1.2 The SET Program in Urology is a minimum of six levels as outlined below:
  - SET 1 - Introduction to general surgical training
  - SET 2 - Progression to advanced general surgical skills
  - SET 3 - 1st year of advanced clinical urology training
  - SET 4 - 2nd year of advanced clinical urology training
  - SET 5 - 3rd year of advanced clinical urology training
  - SET 6 - Senior Registrar level, progressing to independent clinical practice and awarding of the FRACS (Urol)
- 3.1.3 Each level of the SET Program has training requirements, which must be satisfied. The training requirements are used to assess performance and make a determination on progression and suitability to continue training.
- 3.1.4 Where indicated in these Regulations, some training requirements can be completed at an earlier level or exemption or credit granted through recognition of prior learning (refer Regulation 11).



### 3.2 Clinical & Surgical Requirements for SET1

3.2.1 SET1 trainees are required to acquire the following **basic surgical skills**:

- a) open surgery - suturing, anatomical layers, acquiring basic operative techniques
- b) laparoscopic surgery - placement of ports, camera assisting, basic dissection
- c) basic general endoscopy - orientation, coordination & dexterity skills

3.2.2 SET1 trainees are required to acquire and demonstrate the following **basic clinical skills**:

- a) appraisal & management of ward/emergency surgical patients
- b) understanding of team work, group management, collaboration and delegation concepts
- c) broad based general medical knowledge and application (including judgement)
- d) professional, ethical & responsible behaviour
- e) awareness of basic leadership roles
- f) awareness of health care issues including preventive measures as they apply to everyday care
- g) awareness of the importance of continuing professional development, clinical governance and audit
- h) communication ability including respect of others and confidentiality
- i) ability to learn from peers and seniors but also to teach juniors in the team

### 3.3 Clinical and Surgical Requirements for SET2

3.3.1 SET2 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 land-marks, 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.

3.3.2 SET2 trainees are required to develop the following **laparoscopic surgical** skills:

- a) develop the ability to safely, confidently, and fluently gain laparoscopic access 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.

3.3.3 SET2 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.



3.3.4 SET2 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.

### 3.4 Clinical and Surgical Requirements for SET3 – SET4

3.4.1 Trainees in SET3 and SET4 are required to pursue increasingly advanced skills including mastering the SET 1 & 2 requirements, general pre & post-surgical care, as well as care of the critically ill patient.

3.4.2 Trainees in SET3 & SET4 are required to demonstrate acquisition of the following surgical skills:

- a) basic (SET 3) to advanced (SET 4) endourological skills
- b) performance of common procedures;
  - all cystoscopic procedures (biopsy, fulguration, TURBT, RGPG, stents)
  - all ureteroscopy (including flexible URS/laser where available)
  - endoscopic prostatectomy (small SET 3/complex SET 4) to completion (TURP or equivalent)
  - basic (SET 3) to advanced (SET 4) complex stone surgery
  - basic laparoscopy (SET 3) to acquiring advanced laparoscopic skills (SET 4)
  - basic major open urology skills (SET3) to acquiring advanced open urology skills (SET4)
  - all minor open skills (e.g. peno-scrotal surgery, inguinal)
  - other skills – e.g. urodynamics, TRUS prostate biopsy, continence procedures, implant surgery, etc.

### 3.5 Clinical and Surgical Requirements for SET5

3.5.1 Trainees in SET5 are required to demonstrate complete mastery of the SET 1 to SET 4 levels, progressing to a leadership role and demonstrate completion of core urological skill acquisition.

3.5.2 SET5 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 SET5, trainees must be established in their ability to understand and undertake elective and emergency urological care.

### 3.6 Clinical and Surgical Requirements for SET6

- 3.6.1 Trainees in SET6 are required to demonstrate complete mastery of the SET 1 to SET 5 levels. They will be involved in a leadership role within the team and demonstrate full completion of core urological skill acquisition.
- 3.6.2 SET 6 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 SET 6, trainees must be demonstrating all aspects of advanced independent, safe, competent urological performance and may be acquiring sub-specialised advanced skills.

### 3.7 Curriculum

- 3.7.1 All trainees are expected to read widely to develop a sound knowledge base.
- 3.7.2 The Modular Curriculum Portfolio sets out the requirements and objectives of the SET Program in Urology. The Portfolio also outlines the relevant sources of educational content for each curriculum component.
- 3.7.3 Trainees are expected to be familiar with the Modular Curriculum Portfolio, which is available on the USANZ website.
- 3.7.4 The Board is responsible for developing, maintaining and updating the curriculum. The curriculum is reviewed every three (3) years.
- 3.7.5 The Fellowship Examination in Urology is based on the Modular Curriculum Portfolio and assesses the assimilation of knowledge into clinical practice.
- 3.7.6 The curriculum is presented as a portfolio and allows the trainee and trainer to document the training process together and chart ongoing coverage of the curriculum.
- 3.7.7 Trainees are recommended to use the Modular Curriculum Portfolio as a study guide and/or mechanism to document the multitude of informal and formal teaching events that occur throughout their training.
- 3.7.8 Surgical competence is assessed by Training Supervisors as part of the quarterly assessment process.
- 3.7.9 Trainees are recommended to be signed-off for each curriculum component once they have reached a satisfactory level of competence for their level of training, as judged by the trainer.
- 3.7.10 Urology is a rapidly changing field and although the Board aims to provide a comprehensive, relevant and current curriculum there may be instances when major changes or new advances in urology require the trainee develop an understanding not encompassed by the most recent version of the curriculum.

### 3.8 Research Requirement

- 3.8.1 Research is a mandatory component of the SET Program in Urology.
- 3.8.2 A research project must be:
  - a) completed prior to presenting for the Fellowship Examination, and
  - b) undertaken whilst undertaking the SET Program in Urology.



- 3.8.3 One or more of the following are acceptable research projects:
- a presentation of a paper or poster display at the USANZ Annual Scientific Meeting or at an alternative national or international meeting approved by the Board where abstracts are subject to competitive selection. A presentation at a USANZ Sectional meeting will not be accepted.
  - an article (not a case report or abstract) published in a peer reviewed scientific journal where the trainee is listed as the primary author
  - a dissertation with a written review of a clinical problem, together with a critical literature review; this would be assessed by the relevant TA&E Committee, with other advice from experts or the Board if necessary
  - a 6 month (or more) period of full-time research
  - a higher degree
  - significant research that in the opinion of the Board is equivalent to (a) to (f) above.
- 3.8.4 Trainees must provide documentation to the Board verifying completion of an acceptable research project before being approved to present for the Fellowship Examination. Acceptable forms of documentation include:
- a letter from the meeting organisers at which a presentation was given. The letter must confirm that the trainee personally presented the paper and the title of the same.
  - a copy of the article as published or if the article has been accepted for publication, but not yet published, a copy of the article accepted and a letter from the publisher, on the publisher letterhead, confirming acceptance of the article.
  - a letter from the Sectional TA&E verifying that a dissertation has been completed, that it fulfils requirements of 3.8.3(c) and that it is of an acceptable standard.
  - a letter from the supervisor of research verifying the research was full time and the period of time of the research.
  - a certificate verifying that a higher degree has been awarded.
  - a letter from the Board of Urology stating that the trainee has undertaken equivalent research to one of the Sections above.

### 3.9 Trainee Portfolio

- 3.9.1 All trainees are required to maintain a comprehensive trainee portfolio throughout their training.
- 3.9.2 The trainee portfolio should contain:
- copies of all College and Board correspondence regarding their training progress
  - logbook summaries
  - completed assessment reports
  - completed DOPS and Min-CEX assessments
  - evidence of completion of compulsory courses
  - any other training documentation
- 3.9.3 To facilitate continuity of training, it is the responsibility of the trainee to present their portfolio to the Training Supervisor at the commencement of each term. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.



## 4. TRAINING POSTS

### 4.1 Overview

- 4.1.1 The role of clinical training posts are to facilitate workplace experience through hands on learning and service commitment in a range of training environments that provide the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist urologist.
- 4.1.2 Clinical training posts are accredited in accordance with the **Training Post Accreditation Regulations** available on the USANZ website.
- 4.1.3 Each training post has its own profile for patient case mix, staffing levels, specific working requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to varied working environments during training.

### 4.2 Allocation Process

- 4.2.1 The Board (or as required the Sectional TA&E Committee on behalf of the Board) conducts the allocation of trainees to accredited posts during SET1-SET5 and oversees the process for appointment/allocation to accredited SET6 posts.
- 4.2.2 All trainees are appointed/allocated to accredited posts within Australia or in New Zealand.
- 4.2.3 New trainees appointed to the SET Program are allocated to a Section and SET level. Section allocations are based on selection rankings and consideration is given to Section preferences.
- 4.2.4 Existing SET3-SET5 trainees may be offered the opportunity to indicate their post preferences for the forthcoming year. Whilst these preferences are considered, the Sectional TA&E Committee allocates trainees according to the training requirements of each individual and trainees may not be allocated to their preferred posts. The decision of the TA&E Committee is absolute and final and trainees are not permitted to swap or enter into their own arrangements for post allocations.
- 4.2.5 The Board encourages trainees to move out of Section for SET6 given the substantial benefits gained by experiencing a different structure of health care delivery.
- 4.2.6 In some Sections, trainees may undertake SET6 in the same hospital (in a different role) as they have undertaken in SET3-SET5. In other Sections, it is preferable for trainees to undertake SET6 in a different hospital but there may be extenuating circumstances where this will be permitted. This will be determined by the Board on a case by case basis.
- 4.2.7 It is the trainee's responsibility, once post allocation has occurred to contact the employing hospital to make the appropriate application for appointment to the allocated training post. The hospital is the employing body and as such makes the decision to employ (or not). The hospital may require documentation to complete the appointment process such as structured curriculum vitae, confirmation of medical registration or completed criminal record checks.
- 4.2.8 On occasions a trainee may be required to change Sections to continue training due to availability of 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.



- 4.2.9 Whilst it is understood that the personal circumstances of trainees are likely to change during the training program the Board cannot alter allocated Sections of trainees based on these circumstances. If personal circumstances are serious, deferral from training may need to be considered.
- 4.2.10 Should a trainee refuse to commence employment in their Board allocated training post they will be dismissed from Training in accordance with the College **Dismissal from Surgical Training** Policy and these Regulations.

## 5. ASSESSMENT

### 5.1 Overview and Process

- 5.1.1 The assessment of trainees is conducted in accordance with the College **Assessment of Clinical Training** Policy and these regulations.
- 5.1.2 The assessment of a trainee's performance by the Training Supervisor in consultation with other trainers is fundamental to a trainee's continuing satisfactory progression through the SET Program in Urology.
- 5.1.3 Assessments are focused on the workplace application of the necessary knowledge, skills, behaviours and professional interactions for the particular level of the SET Program.
- 5.1.4 Regular feedback and assessment of the trainee by the Training Supervisor and other members of the Unit is required, to identify and reinforce good performance and to review areas requiring improvement. These are in addition to the formal assessments. Trainees are also encouraged to seek continuous feedback and informal assessment.

### 5.2 Assessment Report

- 5.2.1 An assessment report must be completed quarterly during each year of clinical training on the prescribed form applicable to the relevant SET level.
- 5.2.2 In addition, an assessment report must also be completed:
  - a) as soon as is practical any time after the identification of unsatisfactory or borderline performance as determined by the Training Supervisor, Board of Urology or Sectional TA&E Committee
  - b) at the end of a probationary period or at more frequent intervals during a probationary period where requested by the Board of Urology or Sectional TA&E Committee
- 5.2.3 Assessment reports must be completed by the Training Supervisor following discussion with other consultants in the Unit.
- 5.2.4 Where a trainee is allocated to a non-urological rotation (e.g. General Surgery), the relevant Training Supervisor for that rotation is responsible for the assessment of the trainee's performance during that period.
- 5.2.5 The Training Supervisor should also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).
- 5.2.6 Although the assessment form can be completed in the absence of the trainee, the Training Supervisor must subsequently meet with the trainee face to face to discuss the assessment report.



- 5.2.7 The completed assessment report must be signed and dated by both the trainee and the Training Supervisor and should reflect the discussions held during the applicable performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment on the part of the trainee.
- 5.2.8 Trainees are required to participate in the assessment process. Failure of a trainee to participate or adhere to the requirements of the assessment process in a timely manner may result in non-accreditation of a period of training, and commencement of probationary training. It may also exclude the trainee from applying for specific grants and scholarships.
- 5.2.9 Trainees are responsible for ensuring that the completed assessment report is submitted in the prescribed manner by the due date. Trainees are also required to retain a copy of each assessment report for their records.
- 5.2.10 Failure to submit assessment reports by the due date in accordance with instructions from the Sectional TA&E Chairperson or Board of Urology may result in a probationary period or non-accreditation of a period of training. It may also exclude the trainee from applying for specific grants and scholarships.
- 5.2.11 The Sectional TA&E Committee is responsible for the review of an assessment report and for making recommendations to the Board for accreditation of a clinical rotation. The final decision of accreditation for a clinical rotation rests with the Board.

### **5.3 Assessment of Operative Experience**

- 5.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mix and caseloads, are essential learning opportunities for trainees to acquire the necessary technical and decision making skills and expertise to practise as an independent urologist.
- 5.3.2 Accurate reporting of the operative experience in an accredited clinical training post is required. The operative logbook provides details about the trainee's level of supervised surgical operative experience.
- 5.3.3 From the commencement of the SET Program in Urology, trainees must maintain a logbook by using the RACS MALT system. This includes non-urological terms. Data entry should not be delayed more than four weeks at any one time, and must be completed each quarter in time for the submission of the assessment report and logbook summary report.
- 5.3.4 A completed logbook summary report must be generated and submitted to the Training Supervisor when assessment reports are being completed at the end of each quarter.
- 5.3.5 The logbook summary report must be signed by the Training Supervisor to verify that it is an accurate record.
- 5.3.6 Trainees are responsible for forwarding the completed logbook to the Sectional TA&E Chairperson by the communicated due date. Failure to submit a logbook summary report by the due date in accordance with the instructions from the Sectional TA&E Chairperson may result in a probationary period or non-accreditation of a period of training. It may also exclude the trainee from applying for specific grants and scholarships.
- 5.3.7 The Sectional TA&E Chairperson is responsible for reviewing logbook summary reports and reporting to the Board on a trainee's operative exposure.



- 5.3.8 Inaccurate recording of procedures in the operative logbook is classified as misconduct and forms grounds for dismissal in accordance with the College ***Dismissal from Surgical Training*** policy and Regulation 9 of these regulations.
- 5.3.9 Trainees are required to keep a copy of their signed logbook summaries for their training portfolio.

#### 5.4 Direct Observation of Procedural Skills in Surgery (Surgical DOPS) Assessment

- 5.4.1 Surgical DOPS is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.
- 5.4.2 These assessments are formative and are aimed at guiding further development of surgical skills.
- 5.4.3 All SET1-SET4 trainees are required to complete at least one (1) DOPS assessment per quarter. The DOPS form can be found on the USANZ website.
- 5.4.4 Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.
- 5.4.5 The DOPS must be completed in time for review by the Training Supervisor during the in-training assessment meeting. The completed DOPS form must be submitted together with the quarterly assessment documentation. Failure to return a completed DOPS form may result in disciplinary action, which could include Probation or non-accreditation of the term being assessed. It may also exclude the trainee from applying for specific grants and scholarships.
- 5.4.6 Trainees are advised to retain a copy of all completed DOPS forms in their Training Portfolio.

#### 5.5 Mini-Clinical Examination (Mini-CEX)

- 5.5.1 The Mini-CEX is designed to assess competencies essential to the provision of high quality clinical care. It also facilitates feedback in order to drive learning.
- 5.5.2 These assessments are formative and are aimed at guiding further development of clinical skills.
- 5.5.3 All SET1-SET4 trainees are required to participate in at least one (1) Mini-CEX assessment per quarter. The Mini-CEX form can be found on the USANZ website.
- 5.5.4 Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.
- 5.5.5 The Mini-CEX assessment must be completed in time for review by the Training Supervisor during the in-training assessment meeting. The completed Mini-CEX forms must be submitted with all quarterly assessment documentation. Failure to return the form may result in disciplinary action, which could include Probation or non-accreditation of the term being assessed. It may also exclude the trainee from applying for specific grants and scholarships.
- 5.5.6 Trainees are advised to retain a copy of all completed Mini-CEX forms in their Training Portfolio.



## 5.6 Accreditation of Clinical Training Rotations

- 5.6.1 The Board is responsible for the review of assessment reports and for confirming that Training Supervisors have applied appropriate standards of assessment. As the committee responsible for confirming the accreditation of clinical rotations, the Board may substitute its own rating of assessment reports.
- 5.6.2 A rotation will be recorded as **Satisfactory** when the assessment report and logbook summary satisfies the Board's performance standards.
- 5.6.3 A rotation will be recorded as **Borderline** when the assessment report or logbook summary does not completely satisfy the Board's performance standards
- 5.6.4 A rotation will be recorded as **Unsatisfactory** when an assessment report or logbook is below the Board's performance standards.
- 5.6.5 A rotation may be recorded as **Unsatisfactory** if:
- leave exceeds six weeks in any six month period, or
  - if a trainee has received two consecutive Borderline assessments, or
  - if a trainee has received three non-consecutive Borderline assessments
- 5.6.6 During SET 6 an **Unsatisfactory** assessment will lead to an extension of training. A **Borderline** assessment during SET6 may lead to an extension of training.
- 5.6.7 Where an assessment report is rated as **Borderline**, the Sectional TA&E Committee will review the report and make a recommendation to the Board in terms of whether the rotation is to be recorded as Unsatisfactory, Satisfactory or remain Borderline.
- 5.6.8 If a rotation has been recorded as **Unsatisfactory** the rotation may not be accredited and the trainee may be required to undertake an extension of training. The Board will determine the length of the extension.
- 5.6.9 Where the Board has made or ratified an amendment to the overall rating of an assessment report in accordance with Clause 5.6.1 the trainee will be notified in writing of the change in decision.
- 5.6.10 The Board may record a rotation as 'not assessed' for a trainee who returns from interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption. The trainee may be provided with a remedial plan to return competency to the required standard. In certain circumstances, the trainee will be required to revert to a lower SET level. This is to ensure a safe and satisfactory level of acquisition of knowledge and skill base within the limits of what can be achieved in any time period.

## 5.7 Extension of Training

- 5.7.1 The Board may extend the duration of a trainee's SET program at any time for any of the following reasons:
- to match the progress of attainment of competencies;
  - if the trainee receives any Unsatisfactory assessment;
  - If the trainee receives Borderline assessments for greater than 3 months of any training year;
  - if the trainee receives a Borderline assessment during the SET6 level of training;
  - 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 reports by the time specified.





- 5.7.2 The Board will extend the duration of a trainee's SET program if they receive an Unsatisfactory assessment during the SET6 level of training.
- 5.7.3 When a trainee is required to undergo an extension of training, the rules, regulations and pre-requisites that apply will be those that apply at the time of returning to the training level that they return to and to the cohort of trainees that they join not what may have applied previously to that trainee.

## **6. COURSES & EDUCATIONAL ACTIVITIES**

### **6.1 Australian and New Zealand Surgical Skills Education and Training (ASSET)**

- 6.1.1 The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory component of the SET Program in Urology.
- 6.1.2 The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery. Information regarding the ASSET course can be found on the College website.
- 6.1.3 All trainees must satisfactorily complete the ASSET course before the end of SET1. Failure to do so may result in failure to progress to the next SET level.

### **6.2 Care of the Critically Ill Surgical Patient (CCrISP)**

- 6.2.1 The CCrISP course assists trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.
- 6.2.2 The course focuses on clinical knowledge, acumen, and procedural skills together with communication, responsibility and leadership. Information regarding the CCrISP course can be found on the College website.
- 6.2.3 All trainees must satisfactorily complete the CCrISP course before the end of SET1. Failure to do so may result in failure to progress to the next SET level.

### **6.3 Early Management of Severe Trauma (EMST)**

- 6.3.1 The EMST course is designed to demonstrate concepts and principles of primary and secondary patient assessment, establish management priorities in a trauma situation, initiate primary and secondary management of unstable patients and demonstrate skills used in initial assessment and management.
- 6.3.2 Information regarding the EMST course can be found on the College website.
- 6.3.3 All trainees must satisfactorily complete the EMST course before the end of SET2. Failure to do so may result in failure to progress to the next SET level.

### **6.4 Critical Literature Evaluation and Research (CLEAR)**

- 6.4.1 The CLEAR course is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials.
- 6.4.2 The course aims to make the language and methodology relevant to surgeons and their day to day activities. Information regarding the CLEAR course can be found on the College website.
- 6.4.3 Trainees may be granted RPL in relation to the CLEAR course and should refer to Section 11 for further information.
- 6.4.4 All trainees must satisfactorily complete the CLEAR course before the end of SET3. Failure to do so may result in failure to progress to the next SET level.



## 6.5 USANZ Trainee Week

- 6.5.1 The USANZ Trainee Week is an intensive and interactive education program held in November each year and hosted by a different Section of USANZ. The Board determines the location.
- 6.5.2 The USANZ Trainee Week is compulsory for all trainees in SET2-SET5.
- 6.5.3 Under exceptional circumstances (e.g. imminent birth of a child), the Board will consider requests for exemption from attending the USANZ Trainee Week. Any requests for exemption must be forwarded in writing to the Board Chair no later than 1<sup>st</sup> September each year.
- 6.5.4 It is a requirement of hospital 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).
- 6.5.5 All trainees must pay a fee to attend the USANZ Trainee Week.
- 6.5.6 Trainees are responsible for their own accommodation, travel arrangements and expenses.
- 6.5.7 Trainees are expected to behave in a responsible and professional manner at all times during Trainee Week, including 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 Board.

## 6.6 Scientific Meetings

- 6.6.1 All trainees are required to attend certain scientific meetings each year as outlined below:
  - a) SET1 trainees are **encouraged** to attend at least one scientific meeting (e.g. College ASC, Registrar Paper Day, USANZ ASM)
  - b) SET2 trainees are **expected** to attend at least one scientific meeting (e.g. College ASC, Registrar Paper Day, USANZ ASM)
  - c) SET3-SET5 trainees **must** attend the USANZ ASM
  - d) SET6 trainees **may** attend the USANZ ASM or another urological meeting (conditional upon leave approval)
- 6.6.2 Quality educational meetings should be attended to broaden the educational experience of the SET Program. The Board encourages trainees to attend any worthwhile educational meeting depending on leave availability and service requirements of the post.

## 6.7 Section Meetings

- 6.7.1 All trainees are required to attend the relevant Section Meeting of the USANZ each year as outlined below:
  - a) SET1 trainees are **encouraged** to attend the relevant Section meeting
  - b) SET2 trainees are **expected** to attend the relevant Section meeting
  - c) SET3-SET5 trainees **must** attend the relevant Section meeting
  - d) SET6 trainees **may** attend the relevant Section meeting (conditional upon leave approval)
- 6.7.2 Sectional TA&E Committees may mandate specific requirements regarding the presentation of research for particular SET levels at Section meetings.



## 6.8 Sectional Educational Activities

- 6.8.1 Sectional TA&E Committees may coordinate, oversee or endorse tutorial programs, workshops, skills courses, journal clubs and other similar educational activities for the benefit of Trainees. These activities are aimed at providing educational opportunities for trainees to meet the components of the Urology curriculum.
- 6.8.2 Trainees are required to participate in Sectional TA&E educational activities and a number of 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.
- 6.8.3 Under exceptional circumstances (e.g. imminent birth of a child), the Sectional TA&E Chairperson will consider a request for a leave of absence from a compulsory Sectional education activity. Requests must be forwarded in writing to the Sectional TA&E Chairperson no less than 4 weeks prior to the educational activity.

## 6.9 Local Education Activities

- 6.9.1 A trainee's day to day education is provided by their hospital post. This will include tutorials, uro-radiology meetings, uro-pathology meetings, journal club meetings and quality assurance meetings.

## 6.10 Attendance at Meetings

- 6.10.1 Attendance at meetings where stated may be a compulsory activity. Unless prior written approval has been gained prior to the even, attendance is expected. Non-attendance under any other circumstances may impact on a trainee's progress in training and may result in disciplinary action (pursuant to Regulation 9 – Misconduct). It may also exclude the trainee from applying for specific grants and scholarships.

## 7. EXAMINATIONS

### 7.1 Compulsory Examinations

- 7.1.1 The SET Program in Urology requires successful completion of four examinations:

- a) Generic Surgical Science Examination (GSSE)
- b) Clinical Examination (CE)
- c) Surgical Science Examination in Urology
- d) Fellowship Examination in Urology

- 7.1.2 Recognition of prior learning for the examinations may be considered in accordance with Regulation 11.

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

### 7.2 Generic Surgical Science Examination (GSSE)

- 7.2.1 The GSSE has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. The recommended reading list and further advice is available on the College website.
- 7.2.2 Trainees must complete the GSSE in accordance with the College ***Conduct of the SET Generic Surgical Science Examination Policy.***



### 7.3 Clinical Examination (CE)

- 7.3.1 The Clinical Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. Examples of tasks includes but is 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. The recommended reading list and further advice is available on the College website.
- 7.3.2 Trainees must complete the Surgical Science (Generic) Examination in accordance with the College **Conduct of the SET Clinical Examination Policy**.

### 7.4 Surgical Science Examination in Urology

- 7.4.1 The Surgical Science Examination in Urology has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to urology. The recommended reading list and further advice is available on the USANZ website.
- 7.4.2 Trainees must complete the Surgical Science Examination in Urology in accordance with the College **Conduct of the Surgical Science Examination in Urology Policy**.

### 7.5 Fellowship Examination

- 7.5.1 Information regarding examination dates, application forms and format of the Fellowship Examination can be obtained via the College website.

### 7.6 Eligibility to Present for Fellowship Examination

- 7.6.1 To present for the Fellowship Examination in Urology, a trainee must fulfill all of the following criteria:
- be in SET5 or SET6
  - have completed a research project in accordance with Regulation 3.8
  - have fully satisfied the requirements of the SET program to their level
  - have demonstrated core reading that confirms a knowledge base that is broad based and an ability to integrate core knowledge into clinical practice.
  - have demonstrated clinical performance with core skill base at a safe and competent level.
  - have no outstanding disciplinary issues
  - have no unsatisfactory technical or non-technical competency issues
- 7.6.2 A trainee will have their general skill base and clinical (including operative) skill base assessed by their current Training Supervisor to determine their readiness to sit the Fellowship Examination.
- 7.6.3 A trainee's **general skill base** will be assessed in terms of:
- Demonstrating team work, group management, collaboration and delegation concepts
  - Demonstrating broad based general medical knowledge and application (including judgement)
  - Demonstrating professional, ethical & responsible behaviour
  - Awareness & undertaking leadership roles
  - Awareness of health care issues including preventive measures as they apply to everyday care
  - Awareness of the importance of continuing professional development, clinical governance and audit



- g) Demonstrating communication including respect of others and confidentiality
- h) Demonstrating an ability to learn from peers and seniors but also to teach juniors in the team

7.6.4 A trainee's **clinical skill base** will be assessed in terms of:

- a) Managing ward duties, emergency caseload, theatre lists, outpatient clinics, multidisciplinary team meetings, junior staff
- b) Managing all aspects of pre & post-operative surgical care
- c) Demonstrating endoscopic competence - (Cystoscopy, RGPG, stents, URS, pyeloscopy, TURBT, TURP or equivalent)
- d) Performing all scrotal, basic penile, minor urological open surgery, TRUS Bx
- e) Performing most aspects of advanced urological surgery with demonstration of understanding of the principles of major surgery
- f) Acquiring other skills – e.g. urodynamics, , continence procedures, implants

7.6.5 A trainee must be approved by the Board to sit the Fellowship Examination in Urology on each occasion.

## 8. PROBATION

8.1 A trainee will be placed on Probation upon receipt of an unsatisfactory assessment report for a training term.

8.2 The probationary period is designed to allow trainees the opportunity to learn from their mistakes and to improve their attitudes, behaviours, knowledge and skills where appropriate. It provides them with the opportunity to implement strategies to improve their performance including remedial plans and to monitor their progress.

8.3 Where the Board determines that a trainee is to undergo a probationary period the Board will formally notify the trainee that a probationary period and probationary status has been applied. A copy of this correspondence is sent to the Sectional TA&E Chair, Training Supervisor and the relevant employing authority. Such notification will include:

- a) Identification of the reason for the probationary period (e.g. unsatisfactory performance)
- b) Confirmation of the remedial action plan
- c) Identification of the conditions or required standards of performance to be achieved during the probationary period
- d) Notification of the duration of the probationary period
- e) The frequency at which assessment reports must be submitted (if applicable)
- f) Possible implications if any one of the conditions or required standards of performance are not satisfied

8.4 If Probation has been applied as per regulation 8.4 the trainee will be required to attend a formal interview with a panel comprising a minimum of two people that may include the Training Supervisor, other hospital trainers or representatives of the Board. The proceedings of the interview are to be minuted. The interview will address the following:

- a) Details of unsatisfactory performance
- b) Response of the trainee
- c) Remedial action advised via a remedial plan
- d) Timing of further meetings to review progress, performance and progression of remedial plan
- e) Consequences of any further unsatisfactory or borderline assessments

8.5 The probationary period set by the Board will be no less than three months and generally, no more than six months and will take into account the areas of unsatisfactory performance and previous performance history.



- 8.6 During the probationary period, the trainee is required to participate in a performance management and review process. The process will be tailored to address the particular areas of performance requiring improvement.
- 8.7 During the probationary period, the Training Supervisor must regularly review the trainee's performance and the trainee should be offered constructive feedback and support. The details of these reviews must be documented by the trainee, approved by the Training Supervisor and returned to the Sectional TA&E Chair. The trainee must take the initiative and be responsible for arranging the reviews.
- 8.8 If the required performance standard(s) and any additional conditions have been satisfied at the conclusion of the probationary period the probationary status will be removed and the trainee will be notified in writing.
- 8.9 If performance has not improved to the required standard or additional conditions have not been met at the conclusion of the probationary period the Board may proceed with dismissal in accordance with these Regulations and College policy.
- 8.10 If a trainee receives an unsatisfactory assessment having satisfactorily met the requirements of a prior probationary term, the trainee will commence a second term of probationary training, pending a review by the Board.
- 8.11 Trainees who are on Probation are not permitted to apply for interruption from the training program.

## 9. MANAGEMENT OF MISCONDUCT

- 9.1 Misconduct is defined in, the College **Misconduct Policy**. It includes but is not limited to:
- a) theft
  - b) assault
  - c) fraud
  - d) cheating
  - e) intoxication and/or substance abuse at a SET program event (including surgical rotations)
  - f) a breach of the College's Code of Conduct or Policies;
  - g) disobedience of a lawful and reasonable instruction given by a supervisor
  - h) repetition of acts of misconduct for which the trainee has been counselled
  - i) abuse of or threatening an employee, student or member of the public
  - j) bullying or harassment (including sexual harassment);
  - k) abandonment of training post;
  - l) falsification of training records, patient documentation or patient treatment;
  - m) malicious damage to College or Society property or reputation;
  - n) repeated refusal to carry out a lawful or reasonable instruction that is consistent with the trainee's contract of employment and training agreement.
- 9.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Training Supervisor, Fellow or other individual has identified the alleged misconduct, it must be reported directly to the Board via the Training Supervisor or Sectional TA&E Chair.
- 9.3 The allegation should be put to the trainee, in writing, by the Board, for an initial response, including relevant facts, evidence, reasoning and documentation.
- 9.4 If initial consideration by the Board determines that the alleged conduct does not constitute misconduct, or if the trainee's response is viewed as adequate, no further action will be taken.



- 9.5 If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out in the following regulations will be followed.
- 9.6 The trainee may be placed on interruption pending investigation of the misconduct by the Sectional TA&E Committee and the Board of Urology. Should this occur, the period of interruption will not be counted in the maximum time period permitted to complete all requirements of the program should the trainee return to clinical training following the investigation.
- 9.7 The Board will establish a panel to meet with the trainee. The general purpose of this meeting will be to determine whether the allegations against the trainee are proven on the basis of the evidence.
- 9.8 The panel will consist of a minimum of three (3) members of the Board or Sectional TA&E Committee as appropriate. The Board will appoint one of the members of the panel as Chair. In addition the USANZ Education and Training Manager may attend to take minutes.
- 9.9 The trainee will be provided with a minimum ten (10) working days' notice of the meeting and the proceedings and will be informed that the purpose of the meeting is to review:
- Details of the allegation including all relevant facts, reasoning and evidence
  - Response of the trainee
  - Possible consequences
  - Process following the meeting.
- 9.10 The trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted. Should the panel require a lawyer to be present to advise the panel on legal issues arising during the hearing (but not to participate in the proceedings), the trainee will be notified and may invite a lawyer as support person.
- 9.11 The trainee will be provided the opportunity to make a formal written submission to the panel. The trainee will be provided with a reasonable opportunity to be heard, produce evidence, and make written submissions in relation to all allegations. The submission must be received at least five (5) days prior to the meeting.
- 9.12 Where the trainee has been duly notified of the meeting and declines or fails to attend, the Sectional TA&E Committee will submit a recommendation to the Board regarding dismissal.
- 9.13 The trainee will be provided with the relevant documentation to be considered by the panel at least five (5) days prior to the meeting.
- 9.14 The panel will advise the trainee in writing and give the trainee a reasonable opportunity to respond if at any stage during the investigation:
- the allegations need to be amended
  - new allegations are added
  - new evidence or facts emerge.
- 9.15 The trainee and the panel will be provided with the minutes of the meeting. The trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at this time for inclusion in the minutes.
- 9.16 Following the meeting, the panel will make a finding as to whether the allegation of misconduct is substantiated and if so, the panel will make a recommendation to the Board as to the penalty, supporting both the finding and recommendation with written reasons.
- 9.17 The finding and recommendation (if any) and written reasons, together with all documentation relied on, will be forwarded to the Board by the panel within 20 (twenty) working days.



- 9.18 The Board will consider the finding and recommendation (if any) within 20 (twenty) working days of receipt of recommendation from the panel.
- 9.19 The trainee will be informed of the Board's decision including a copy of the finding, recommendation (if any) and written reasons of the panel within 10 working days of the date of the Board's decision.
- 9.20 Possible penalties for misconduct may be, but are not limited to:
- a) formal censure, warning or counselling; and/or
  - b) limitation of progression to the next level of training for up to one year; and/or
  - c) suspension of the trainee for a period of up to one year; and/or
  - d) prohibition from sitting the Fellowship Examination for a period of up to one year; and/or
  - e) Probationary term with a remedial plan; or
  - f) dismissal from the training program.
- 9.21 The Board will make the final decision as to the penalty for misconduct including whether or not the trainee should be dismissed.
- 9.22 The trainee will be notified of the Board's decision within ten (10) working days of the Board meeting.
- 9.23 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

## 10. DISMISSAL

### 10.1 Overview

- 10.1.1 Trainees may be considered for dismissal in accordance with the College *Dismissal from Surgical Training* Policy and these regulations.

### 10.2 Dismissal for Misconduct

- 10.2.1 The process for dismissal of a trainee for misconduct is outlined in Regulation 9.

### 10.3 Dismissal for Unsatisfactory Performance

- 10.3.1 Trainees will be considered for dismissal for unsatisfactory performance if:
- a) they have been assessed as unsatisfactory in two consecutive or three non-consecutive clinical rotations at any time during the SET Program in Urology; or
  - b) their performance has been rated as unsatisfactory during a probationary period; or
  - c) they have failed to satisfy a condition of a probationary period;
- 10.3.2 In accordance with 10.3.1(a) a trainee must receive written notification after the first unsatisfactory assessment that they will be considered for dismissal if they receive an unsatisfactory assessment in the consecutive rotation.
- 10.3.3 In accordance with 10.3.1(a) a trainee must receive written notification after the second non-consecutive unsatisfactory assessment that they will be considered for dismissal for any further unsatisfactory assessment at any time during their remaining time on the SET Program.
- 10.3.4 A panel of the Board must meet with the trainee to provide the trainee with the opportunity to give their perspective verbally and to review documentation that may be submitted prior to the meeting including written submission from the Trainee.
- 10.3.5 The panel will consist of a minimum of three (3) members of the Board or Sectional TA&E Committee as appropriate. The Board will appoint one of the members of the





panel as Chair. In addition the USANZ Education and Training Manager may attend to take minutes.

- 10.3.6 No person invited to assist the panel in matters of fact can appear before the panel without the presence of the trainee.
- 10.3.7 The trainee will be provided with a minimum of ten (10) working days' notice of the meeting and informed that the purpose of the meeting is to consider their continued participation in the training program.
- 10.3.8 The trainee may be accompanied by a support person who can provide support but cannot advocate for the trainee. The support person cannot be a practising lawyer. Legal representation is not permitted. Should the panel require a lawyer to be present to advise the panel on legal issues arising during the hearing (but not to participate in the proceedings), the trainee will be notified and may invite a lawyer as support person.
- 10.3.9 The trainee will be provided with the opportunity to make a formal written submission to the panel. The submission must be received at least five (5) working days prior to the meeting.
- 10.3.10 Where a trainee is duly notified of the meeting and declines or fails to attend, the Sectional TA&E Committee will submit a recommendation to the Board regarding dismissal.
- 10.3.11 Minutes of the meeting must be kept. The trainee and panel will be provided with the minutes of the meeting. The trainee may be asked if they believe the minutes are an accurate reflection of the meeting. Any changes they suggest can be attached to the minutes. No new information will be considered at that time for inclusion in the minutes.
- 10.3.12 Following the meeting, the panel will make a recommendation to the Board as to whether or not dismissal should occur. Where the panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation.
- 10.3.13 The Board will make the final decision as to whether or not the trainee should be dismissed or whether there will be additional probationary periods or conditions the trainee will be required to abide by.
- 10.3.14 The trainee will be notified of the Board's decision. The trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 10.3.15 The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

#### **10.4 Failure to complete training program requirements within specified timeframes.**

- 10.4.1 The SET Program must be completed within 8 years from the date of commencement of clinical training. Any interruption from training granted for family or health reasons will extend the maximum period for completion of training.
- 10.4.2 Trainees who fail to complete the training requirements within the timeframe specified by the Board, including individual elements of the program such as mandatory courses and examinations, may be dismissed.



- 10.4.3 Trainees who have not completed the full program, or individual elements (excluding examinations) within the specified timeframe may be invited by the Board to make a written submission as to why they should not be dismissed from training.
- 10.4.4 The Board will consider the submission of the trainee and will make a decision whether or not the trainee should be dismissed or any probationary periods or conditions that should be applied if dismissal is not recommended.

#### **10.5 Failure to comply with College or USANZ Direction**

- 10.5.1 As the accredited training authority, trainees are required to comply with any policy direction of the College, its Boards and Committees or agents (including but not limited to the USANZ) that pertain to training activities.
- 10.5.2 Breaches of the College Code of Conduct that are not misconduct (refer 9.1) are considered to be a failure to comply with College direction.
- 10.5.3 Repeated failure to comply with directions during the SET training program will constitute a dismissible offence.
- 10.5.4 Trainees will receive written warnings, the second of which will advise that any further breach during the SET training program may result in dismissal.
- 10.5.5 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to comply with College or USANZ direction.

#### **10.6 Failure to pay outstanding monies**

- 10.6.1 Trainees who do not pay outstanding training related fees by due deadlines to the College or the USANZ will be dismissed.
- 10.6.2 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to pay outstanding monies.

#### **10.7 Failure to satisfy medical registration**

- 10.7.1 Trainees who fail to maintain registration as specified in the College ***Medical Registration for the Surgical Education and Training Policy*** may be dismissed.
- 10.7.2 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed to satisfy medical registration.

#### **10.8 Failure to meet employment obligations**

- 10.8.1 Trainees who fail to be employed by, or are dismissed from, the institution in which their allocated training position is located (as notified by the CEO, HR Director or equivalent) may be automatically suspended and subsequently dismissed from the training program.
- 10.8.2 Where a trainee is refused employment by the institution in which their allocated training position was to be located the Board is not obliged to reallocate the trainee.
- 10.8.3 The trainee must be informed within ten (10) working days and provided with copies of the employer's correspondence to the Board.
- 10.8.4 After 30 working days of the date of notification to the trainee of the second refusal of, or dismissal from employment, dismissal proceedings may commence.

- 10.8.5 To afford the trainee procedural fairness, the Board will consider written submissions as to the reasons the trainee has failed meet their employment obligations.

## 11. RECOGNITION OF PRIOR LEARNING

### 11.1 Introduction

- 11.1.1 These Regulations should be read together with the College *Recognition of Prior Learning Policy*.
- 11.1.2 Recognition of Prior Learning (RPL) is the formal recognition of the skills and knowledge, which a person has obtained external to the SET Program in Urology. Credit Transfer (CT) is an arrangement to give a standard level of credit or formal recognition to individuals who have previously achieved competence in a training or educational environment external to the College. Credit transfer assesses a course or component to determine the extent to which it is comparable to a College course.
- 11.1.3 Trainees entering the SET Program in Urology may have gained prior medical training or experience, which is comparable to components of the SET Program in Urology in terms of learning outcomes, competency outcomes and standards.
- 11.1.4 The RPL assessment process assesses an individual's experiences and abilities to determine the extent to which that individual has achieved the required learning and/or competency outcomes for partial or total completion of a qualification, experience or comparable course offered by the College.
- 11.1.5 RPL and CT may only be granted for specific components as identified within these regulations.

### 11.2 Applications

- 11.2.1 Applications for RPL and CT will only be considered once a trainee has commenced the SET Program in Urology and must be made at least three months prior to the commencement of the year in which the specific component is scheduled to take place.
- 11.2.2 Applications for RL or CT must be made in writing to the Chair, Board of Urology via the Education and Training Manager and must be supported by all relevant documentation.
- 11.2.3 Applicants must demonstrate and provide evidence of the comparability of the prior training or experience in the activity from which the exemption is sought.
- 11.2.4 In assessing RPL and CT applications the Board of Urology will assess the comparability of the prior training or experience to nominated components of SET Program in Urology in terms of learning outcomes, competency outcomes, assessment and standards.
- 11.2.5 Trainees will be notified in writing by the Board of Urology of the outcome of their RPL/CT application.

### 11.3 Clinical Experience

- 11.3.1 Applications for RPL for clinical experience may be considered provided the experience was:
- undertaken in a clinical location accredited by a state or national accreditation authority; and
  - in urological rotations for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and



- c) supervised by at least 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, applicants will be required to demonstrate how that experience has contributed to the acquisition of College competencies for that component.
- 11.3.3 In considering a request for RPL, the Board of Urology will request from the supervising clinician a retrospective assessment report aligned with the College competencies. Where a report cannot be obtained no RPL will be granted.
- 11.3.4 The Board of Urology may defer a decision on an application for RPL of clinical experience for up to 12 months of the SET Program in Urology. This is to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained.
- 11.3.5 RPL granted for clinical experience may lead to an overall reduction in the total duration of the SET Program in Urology, but will not exempt trainees from completing all elements of assigned rotations.

#### **11.4 Skills Courses**

- 11.4.1 CT will be automatically granted for trainees who have satisfactorily completed the following College accredited skills courses:
- a) The Australian and New Zealand Surgical Skills Education and Training (ASSET) Course; and
  - b) The Care of the Critically Ill Surgical Patient Course (CCrISP); and
  - c) The Early Management of Severe Trauma Course (EMST); and
- 11.4.2 Applications for RPL for the CLEAR Course may be considered if a trainee holds a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.
- 11.4.3 Trainees who hold postgraduate qualifications that include work completed in clinical epidemiology may apply to the Board, via the relevant TA&E Committee for RPL in relation to the CLEAR Course. Applicants must provide evidence of an acceptable evidence based surgery component to the qualification.
- 11.4.4 The College from time to time independently recognises skills courses that are equivalent to those listed in 11.4.1. These courses are listed on the College website and CT will automatically be granted when supported by a certificate of completion.
- 11.4.5 RPL or CT for skills courses not listed in 11.4.1 but which form part of the SET Program in Urology may be considered at the discretion of the Board. Such applications must be accompanied by a certificate displaying the trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology. The course provider must certify all documentation.



## 11.5 Examinations

- 11.5.1 Trainees who have satisfactorily completed the CE prior to commencement on the SET Program in Urology will be granted credit for this component.
- 11.5.2 Trainees who have satisfactorily completed the GSSE prior to commencement on the SET Program in Urology will be granted credit for this component.
- 11.5.3 RPL and CT are not available for the Surgical Sciences Examination in Urology or the Fellowship Examination.
- 11.5.4 Membership of the UK or Irish based Royal Surgical Colleges (e.g. MRCS, MRCSI) is not considered equivalent to the GSSE and CE and RPL will not be granted for completion of these examinations.

## 11.6. Research

- 11.6.1 RPL and CT will not be granted for research undertaken prior to commencement of the SET Program in Urology.

## 12. TRAINING POST ACCREDITATION

- 12.1 The Board conducts accreditation of SET Urology Training Posts in line with the College ***Training Post Accreditation and Administration*** policy and the ***SET Urology Training Post Accreditation Regulations***.

## 13. REVIEW AND APPEALS PROCESS

- 13.1 Any person adversely affected by a decision that is inconsistent with these Training Regulations and that is made by the Board, a Sectional TA&E Committee or a Training Supervisor may, within 3 months of being notified of the decision apply in writing to the Board Chair to have the decision reviewed.
- 13.2 In submitting a request for review the person must include the grounds for the review, the remedy sought and any relevant supporting documentation.
- 13.3 If the grounds for the review rely on special consideration, the person should address this specifically. Special circumstances are defined by the Board as abnormal, rare or extreme events, which are beyond the person's control, have a prolonged impact and which would not normally be expected or planned for.
- 13.4 The Board will make a decision on the basis of the evidence taking into account the quality and relevance of supporting documentation. It is the person's responsibility to ensure all the evidence available to support their submission accompanies the submission.
- 13.5 Where the review involves a third party or parties they will be advised of the submission and given the opportunity to consider and respond to the same. The Board will consider any such response.
- 13.6 The Board may conduct interviews and obtain additional documentation or evidence as it sees fit to explore the issues relating to the review.
- 13.7 The written submission will be considered by the Board and a decision made within thirty (30) business days of its receipt.
- 13.8 The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision. Where the original decision is modified or reversed the decision of the Board will take effect from the date of notification.



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- 13.9 Notwithstanding the above any person adversely affected by a decision made by the Board, Sectional TA&E Committee or a Training Supervisor may appeal the decision in accordance with the RACS Appeals Mechanism Policy. Timeframes in the policy should be noted.
- 13.10 In any appeal or reconsideration the appellant/person will carry the onus of proof to establish the grounds of appeal or review.
- 14. VARIATIONS**
- 14.1 The Board may, at any time, make variations to the Regulations which will take effect from the date of publication on the USANZ website.