



Selection Regulations

Surgical Education and Training Program in Urology

2023 Intake

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1. INTRODUCTION

- 1.1** The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:
- a) **Applicant** means a person who has applied to the Surgical Education and Training Program in Urology.
 - b) **BOU** means the Board of Urology, Royal Australasian College of Surgeons.
 - c) **Clinical Year** means a 12 month period from February to February.
 - d) **RACS** means the Royal Australasian College of Surgeons.
 - e) **USANZ** means the Urological Society of Australia and New Zealand.
 - f) **Interview** means the BOU semi-structured panel interview conducted as part of the selection process.
 - g) **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.
 - h) **SET Program** means the Surgical Education and Training Program in Urology as approved by the BOU.
 - i) **SET** refers to the 5 year SET Program in Urology.
 - j) **Selection Sub-Committee** – a Sub-Committee of the BOU appointed under specified Terms of Reference.
- 1.2** These Regulations describe the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons SET Program in Urology for the 2023 intake in Australia and Aotearoa New Zealand conducted in 2022. This is a public document.
- 1.3** The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and Aotearoa New Zealand.
- 1.4** The USANZ undertakes the development, delivery, selection and administration of the SET Program as agents of the RACS.
- 1.5** The overall objective of the SET Program in Urology is to produce competent independent specialist urologists with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.

2. PRINCIPLES UNDERPINNING THE SELECTION PROCESS

- 2.1** The aim of the selection process is to select the highest calibre trainees for the SET Program based on merit through a fair, open and accountable process.
- 2.2** The selection process will be legal and conducted without prejudice.
- 2.3** The selection process will be well documented and objective with Applicants having access to eligibility criteria, information on the selection process, general selection criteria and an appropriate appeals process.
- 2.4** The selection process will be subject to continuous review to ensure its continued validity and objectiveness.
- 2.5** The SET Program will be advertised to create bi-national awareness of opportunity for all eligible applicants.
- 2.6** Any factors influencing the trainee intake will be openly declared with the mechanism by which the quota or limit is arrived at made known.
- 2.7** All Applicants who satisfy the eligibility and application criteria will be considered in open competition and without bias.
- 2.8** Applicants are expected to have a genuine interest and commitment to urology as a potential career with their selection of the specialty based on an accurate perception of the specialty traits.
- 2.9** Applicants are expected to have:
- a) a sound knowledge of basic sciences and a commitment and motivation to continuous self-directed learning including a demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.
 - b) exposure to varied working environments, work hours and an aptitude to appropriately manage high stress environments in a responsible, efficient and dependable manner, seeking appropriate assistance when needed.
 - c) suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial examination to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.
 - d) a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
 - e) a history of being considerate to the views of others at all times, reacting appropriately and diplomatically in all work situations and behaving in a manner, which is professional and supportive for all work, ethnic, social, and gender groups.
 - f) interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy, respect and reliability at all times and actively contributing to assessing progress and providing workable solutions.
 - g) a history of reliability and punctuality, assuming responsibility for completing tasks without prompting in a timely and efficient manner and demonstrating a high level of self-motivation and organisation.
 - h) insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.

- i) a willingness at all times to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.
- j) highly effective listening and vocabulary skills and timely and highly effective written and verbal communication, keeping all team members up to date without prompting and always providing clear directions and descriptions of situations in an appropriate tone, which encourages confidence and understanding.
- k) ethical and responsible behaviour at all times with concern and sensitivity to the needs of others, demonstrating aesthetic sensibility, sound judgment and a focus on providing safe, comprehensive surgical care of the highest standard relating to patients, families and members of the health care team in a manner which exhibits honesty, integrity and compassion.
- l) a good knowledge of ethical principles and practices and the ability to identify ethical expectations that impact on patient care and the work environment including informed consent, risk minimisation, confidentiality and clinical governance.
- m) interests outside their career and a balance in their work and personal life with community involvement considered to be a positive reflection of the character of the applicant.
- n) an understanding of the importance of research and its application to clinical practice. Publications, presentations or research experience, resulting in some meaningful and tangible outcome are highly regarded.
- o) good integrity, honesty and character upholding high service and professionalism standards, in keeping with the need for the public to have absolute trust and confidence in medical professionals.

3. REGISTRATION

- 3.1** Doctors who wish to apply for the SET Program in Urology must register in accordance with the [RACS Policy: Registration for Selection into SET](#) available on the [RACS website](#). Doctors who are not registered cannot lodge an application for the SET Program. Registrations will not be accepted under any circumstances after the closing date.
- 3.2** Doctors must satisfy the generic eligibility requirements for the SET Program, being those outlined in the RACS Policy: Registration for Selection into SET. Doctors are also required to confirm for themselves that they meet the minimum eligibility criteria required by the BOU before they register for selection.

4. APPLICATION

- 4.1** USANZ administers the overall selection process for entry into the SET Program in Urology in Australia and Aotearoa New Zealand.
- 4.2** Applicants are permitted to apply for consideration in Australia or Aotearoa New Zealand but not both countries.
- 4.3** Applicants will be allowed a maximum of three attempts at selection into the SET Program in Urology. An application submitted in 2020 (for the 2021 intake) will not be considered as one of the three attempts.
- 4.4** Applications must be submitted via the urology online application form accessible from the USANZ website www.usanz.org.au. No other form of application will be accepted.
- a) Access to the online application form will be made available to all registered and eligible Applicants on the opening date for applications.
 - b) Applicants are responsible for ensuring that they allow enough time to complete the application.
 - c) Achievements must be entered in the correct section. Achievements entered in the incorrect section of the online application will not be counted as part of the correct section and these achievements will not attract points.
 - d) Applications may be commenced, saved, printed and re-accessed during the application period. Applicants are recommended to print and review their draft application prior to submission.
 - e) Applications must be submitted by the closing date. Saved, un-submitted applications will not be considered. No extensions will be granted
 - f) Once an application has been submitted, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
 - g) Incomplete applications or those that do not comply with the instructions within the online application form, or these Regulations will not be considered.
 - h) Applicants will receive an email confirmation when they have successfully submitted their application.
- 4.5** Applicants must attach documentary evidence for all claims made throughout the application.
- a) Applicants are responsible for ensuring their evidence supports and verifies all claims.
 - b) Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.
 - c) In most cases, evidence must be retrospective. Prospective evidence will not be accepted. Exceptions to this are noted in Section 9 (Presentations and Publications).
 - d) Forms of evidence other than what is outlined will not be accepted.
 - e) Where a signature is required on documentary evidence, the signature must be either a physical, handwritten signature or an electronic scanned version of such a signature. Address blocks, typed signatures and email signatures are not acceptable.
 - f) Letters of evidence must be dated.
 - g) All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
 - h) Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations, or where the evidence does not meet the verification requirements will not be awarded points.
 - i) The Selection process and requirements change on an annual basis; no data is carried over from one year's Selection process to the next. Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current Selection process/year.

4.6 Applicants are required to disclose, at the time of this application, all or any of the following information:

- a) In the last 10 years has the applicant been made aware of any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA or any other regulatory health complaints entity in any State or Territory of Australia or in Aotearoa New Zealand relating to their medical practice? Or if you have practised in other countries, similar notifications or complaints made in those countries.
- b) Is the applicant aware of any formal complaint made to any hospital or health service in which they have been engaged or employed during the last five years?
- c) Is the applicant aware of any other formal complaint being made otherwise in relation to their practice as a medical practitioner in the last five years?

Should responses to any of these questions be 'yes', Applicants are required to provide full details.

It is a condition of application for selection that, should at any time in the future, the BOU become aware that the responses to the questions above are incorrect or misrepresented or are untruthful, applicants may be dismissed from the training program. It would be sufficient grounds for the dismissal that the BOU has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful.

4.7 Applicants must pay a selection application fee at the time of application to be considered for selection. If the fee is not received by the closing date, the application will not be considered. The fee is non-refundable as of the closing date for applications.

4.8 Each application is assessed and marked as it was submitted. No active follow up will take place in instances where the application (or verification) is incorrect or absent.

4.9 The information collected as part of the application and during the selection process will be used to assess the applicant's suitability for the SET Program. Information may be disclosed to other parties or where required to do so by law. The BOU may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the BOU will deem the applicant ineligible for selection and their application will be withdrawn. By submitting the application, the applicant is consenting to the collection, use, disclosure and storage of the information by the Board or Urology or its agents. By submitting an application, the applicant also verifies that no false or tampered documentation will be submitted.

4.10 By submitting an application, the applicant is consenting to references being collected, and to the named referees within the application providing the information requested as part of the Reference Report process.

4.11 By submitting an application, Applicants are certifying that the information provided is correct and in accordance with these Regulations. If it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or by mistake, the applicant may be automatically deemed unsuitable. Evidence of tampered and/or falsified documents or misleading entries may be reported to the relevant authorities.

5. ELIGIBILITY REQUIREMENTS

5.1 Examinations

- 5.1.1 A doctor who wishes to apply must successfully complete the RACS Generic Surgical Sciences Examination (GSSE) by the application closing date.
- 5.1.2 Doctors who do not pass the GSSE by the application closing date will not be able to apply.
- 5.1.3 Evidence of satisfactory completion of the GSSE must comprise an official Certificate of Completion or retrospective letter on RACS letterhead, with the appropriate signature. Prospective evidence will not be accepted.

Note - Successful completion of the RACS Clinical Examination (CE) will be a mandatory eligibility requirement in 2023 (for the 2024 intake). The number of attempts may also be taken into consideration in the awarding of CV points.

5.2 Clinical Rotations

- 5.2.1 Applicants must complete the specified clinical rotations, ensuring they have undertaken the minimum time stipulated by the application closing date. These do not attract points as part of the Curriculum Vitae.
- 5.2.2 Applicants must complete the following clinical rotations:

Rotation Type	Level	Minimum Duration
Surgery in General	PGY2 or above	26 weeks
Emergency Medicine	PGY1 or above	10 weeks
Urology	PGY2 or above	26 weeks

- 5.2.3 Applicants who are active SET General Surgery trainees at the time of application are not required to provide evidence of completion of the Surgery in General and ED rotation requirements.
- 5.2.4 Applicants who have not completed the specified clinical rotations by the application closing date will be deemed unsuitable and will not progress to the next stage of selection.
- 5.2.5 The following are considered acceptable Surgery in General rotations:
- a) General Surgery
 - b) Acute Surgical Unit
 - c) Breast and Endocrine
 - d) Colorectal
 - e) Surgical Oncology
 - f) Transplant
 - g) Trauma
 - h) Upper GI/Hepatobiliary
 - i) Vascular Surgery
 - j) Paediatric Surgery
 - k) Urology (refer 5.2.7)
- 5.2.6 Surgical nights/surgical relief rotations **WILL NOT** be considered acceptable Surgery in General Rotations.
- 5.2.7 Applicants may include a Urology rotation as a Surgery in General rotation if a **different** Urology rotation is included to meet the 'Urology rotation' eligibility requirement. (i.e., the same rotation cannot be included to comply with both criteria).

- 5.2.8** Applicants may include a Paediatric Surgery rotation (up to a maximum of 13 weeks) as a Urology Rotation provided the rotation comprised a significant proportion of paediatric urology. Applicants may not use the same rotation to comply with the Surgery in General eligibility requirement.
- 5.2.9** Rotations with a minimum duration of 6 continuous weeks can be added together for a cumulative total. The cumulative total for the Urology and Surgery in General Rotations (i.e., 26 weeks) may include up to a maximum of 3 weeks leave. The cumulative total for the Emergency Medicine Rotation (i.e., 10 weeks) may include up to a maximum of 2 weeks leave.
- 5.2.10** Evidence of completed rotations must comprise a retrospective letter from a member of hospital administration or Head of Department, on hospital letterhead with appropriate signature, detailing work history. Evidence must include commencement and end dates, position held and hospital. Prospective evidence, including a work contract or letters of offer, will not be accepted.
- 5.2.11** Rotations for which documentary evidence does not comply with 5.2.10 will not be taken into consideration and will result in the applicant being considered unsuitable.

5.3 Integrity, Honesty and Character

- 5.3.1** Applicants with relevant notifications, or complaints history as disclosed (as required) in their application, or which otherwise is obtained by or provided to the BOU, may be ineligible and excluded, as the BOU may determine in its entire discretion.

6. OVERVIEW OF SELECTION PROCESS

- 6.1** Applicants who satisfy the eligibility and application requirements will be considered in open competition for selection to the SET Program in Urology.
- 6.2** The selection process uses three selection tools, each contributing the following weightings to the Overall Selection Score of 100.
- | | | |
|----|-----------------------------|-----|
| a) | Structured Curriculum Vitae | 30% |
| b) | Structured Referee Reports | 30% |
| c) | Semi-Structured Interview | 40% |
- 6.3** All applications will be initially assessed based on CV and Referee Reports.
- 6.4** The CV and Referee Report score for each applicant will be added together to determine a Combined (CV & Referee Report) Score.
- 6.5** Applicants will be ranked according to their Combined (CV & Referee Report) Score.
- 6.6** The BOU will determine the number of interviews to be conducted based on the approximate number of training positions expected to be available in the following year. Interviews will be scheduled according to a ratio of two (2) applicants to each one (1) training post (i.e., a ratio of 2:1).
- 6.7** Applicants who are not shortlisted for interview are classified as 'Unsuitable' and will not be considered further in the selection process. These applicants will be notified in writing in accordance with clause 12.1.
- 6.8** Applicants who have proceeded through to interview will be ranked based on their Overall Selection Score.
- 6.9** The minimum standard for selection will be the Overall Selection Score of the applicant whose ranking is 5 places below the number of available training positions.
- 6.10** Applicants who rank high enough in comparison to the number of available training positions will be deemed successful and will be allocated to a training post. All other applicants who do not rank high enough to be offered a post will be deemed unsuccessful.

6.11 In the event two or more applicants are ranked equally, the Interview Score will be the differentiating factor. In the event the applicants still remain equal, the Referee Report Score will be the differentiating factor. In the event the applicants still remain equal, the CV Score will be the differentiating factor. In the event the applicants still remain equal, the BOU will have discretion to make the final decision regarding the ranking on review of the selection documentation, applicant experience and performance.

7. ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITIATIVE

7.1 RACS Council has approved the Aboriginal and Torres Strait Selection Initiative and the BOU will implement this initiative in the selection process.

7.2 Under this initiative, it is expected that there will be two (2) posts available for the 2023 intake.

7.3 An applicant will be considered for the initiative posts if the following conditions apply:

- a) They have identified as Aboriginal or Torres Strait Islander in the registration process, and
- b) They have met the eligibility requirements for membership of Australian Indigenous Doctors' Association, and
- c) They have met the generic and specialty specific eligibility requirements, and
- d) They have met the minimum standard for selection as per 6.9.

7.4 In the circumstance of more than two applicants meeting the above criteria, the posts will be allocated to the highest ranking applicants.

7.5 An applicant's status as Aboriginal or Torres Strait Islander will only be known to RACS staff, USANZ staff and BOU members directly involved in the Selection process, for the purposes of implementing the Selection Initiative.

8. STRUCTURED CURRICULUM VITAE

- 8.1** The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, publications, presentations, development activities.
- 8.2** The Structured Curriculum Vitae has a maximum of 113 points. The components scored are:
- | | |
|--|-----------------|
| a) Qualifications | (Max 15 points) |
| b) Professional Development Activities (Medical/Technical) | (Max 20 points) |
| c) Professional Development Activities (Non-Technical) | (Max 15 points) |
| d) Publications and Ongoing Research | (Max 25 points) |
| e) Presentations | (Max 20 points) |
| f) Prizes, Awards and Leadership | (Max 15 points) |
| g) Rural/Regional Origin and Experience | (Max 3 points) |
- 8.3** The score out of 113 will be adjusted to score of 30 for the Structured Curriculum Vitae selection tool.
- 8.4** The scoring of the Structured Curriculum Vitae is overseen by the BOU member who holds the position of Chair, Selection Sub-Committee. Each CV is scored by two USANZ staff members using a structured scoring system. The BOU Chair or Chair, Selection Sub-Committee will make the final decision in cases of a discrepancy or where an entry or evidence does not comply with the Regulations.
- 8.5** In some parts of the application, **applicants must not include the same achievement in certain sections of the Curriculum Vitae** (e.g., the same body of research presented at more than one meeting must only be entered once). Applicants who are unsure whether an achievement is permitted or where to place specific achievements to attract maximum benefit should seek assistance via the Selection Helpdesk.
- 8.6** **Attempts by applicants to enter achievements, where they are clearly inadmissible as outlined in the Selection Regulations, will be viewed as a breach of the Regulations and will attract no points. Where 3 separate breaches are identified (whether intentional or otherwise), the applicant will be considered unsuitable and will not proceed further in the selection process.**

Notification of Modifications to the Assessment of Medical/Technical Proficiency

*In the future, the BOU **may** use competency in index operations as a tool for assessing candidates' medical/technical proficiency. The assessment is likely to go **beyond numbers** of procedures. Formalised data collection forms are being developed. Until these have been circulated, and the index procedures determined, applicants are requested to keep a prospective logbook which is corroborated by a consultant surgeon(s) at the end of the term. A statement regarding the degree of supervision, ability to deal with complexity and independence achieved performing the procedure is also necessary and will aid in the completion of any future formal selection tools. The procedures that will be examined will be common urological endoscopic procedures, and common general surgical and urological operations.*

9. SECTIONS ON THE CURRICULUM VITAE

9.1 Qualifications

- 9.1.1** Qualifications may be attained before, during or after completion of primary medical degree.
- 9.1.2** Higher degrees must be awarded from institutions where the primary medical degree is recognised in Australia/Aotearoa New Zealand.
- 9.1.3** Qualifications must be awarded by examination and assessment through a recognised and accredited Australian or Aotearoa New Zealand educational institution (as determined by the BOU) and have clear relevance to one or more of the College competencies.
- 9.1.4** Qualifications attained overseas must have been assessed by the relevant authorities in Australia and/or Aotearoa New Zealand as equivalent to the relevant Australian or Aotearoa New Zealand qualification. In Aotearoa New Zealand, this is the New Zealand Qualifications Authority (NZQA).
- a) A Master of Surgery (MS) undertaken overseas is considered equivalent if the applicant has completed a minimum 12 months of full time study. Qualifications will be assessed on full time equivalent duration, coursework and research content. A letter from the supervisor outlining these criteria must be provided. The qualification must be shown to be of a similar standard awarded by an Australian or Aotearoa New Zealand university.
 - b) A post graduate Medical/Surgical Doctorate undertaken overseas is considered equivalent if the applicant can outline an Australian or Aotearoa New Zealand Doctorate equivalent thesis presented for completing the degree. A letter from the university and/or supervisor outlining the work undertaken must be provided. An MD equivalent of a primary medical qualification is not accepted.
 - c) A PhD undertaken overseas is considered equivalent if the applicant has completed the equivalent of 3 years full time study and completed a thesis. A letter from the supervisor and/or institution outlining these criteria must be provided and proof of thesis shown. The qualification must be shown to be of a similar standard awarded by an Australian or Aotearoa New Zealand university.
- 9.1.5** Points can be attained for partial completion of a research PhD or equivalent Doctorates and Masters Degrees (Medicine/Surgery) undertaken completely by thesis (no coursework). Other qualifications must be successfully completed at the time of application.
- 9.1.6** Points will not be awarded for:
- a) Primary medical qualifications including the MBBS/MBChB or overseas equivalent and MD where it is the primary medical qualification
 - b) Other Bachelor degrees
 - c) Certificates
 - d) Qualifications for registration of overseas degrees (e.g., AMC, IELTS)
 - e) Qualifications commenced in the year of application
 - f) Qualifications (incl. MS, MD, PhD) from institutions where the primary medical degree is not recognised in Australia/Aotearoa New Zealand
 - g) Degrees and Diplomas that do not meet criteria listed in 9.1.1 – 9.1.5
 - h) Completion of the MRCS examinations or the MRCS Diploma
 - i) Successful completion of the RACS Clinical Examination

9.1.8 Evidence of qualifications must comprise the following:

Qualification	Evidence
PhD (3 years full time equivalent) or Master of Surgery (MS) – of 2 years full time equivalent duration undertaken completely by thesis (no coursework).	<p>If completed: Transcript or testamur from University confirming awarding of degree, plus details of thesis submitted.</p> <p>If currently enrolled: Proof of enrolment in the PhD/Masters from the University and documentation of completed significant milestones (Confirmation of Candidature, Pre-Submission Thesis Review) from University or Primary Supervisor.</p>
Doctor of Medical Science (DMedSc) or other post graduate Doctorate in Medicine or Surgery	<p>If completed with thesis: Transcript or testamur from University confirming awarding of Doctorate degree, plus details of thesis submitted.</p> <p>If completed without thesis: Transcript or testamur from University confirming awarding of the Doctorate degree.</p>
Master of Surgery (MS) or other Masters degree – completed by coursework with or without dissertation (1 year full time equivalent duration or more).	Transcript or testamur from University confirming awarding of the MS.
Other Masters degrees (not MS) of 2 years full time equivalent or more duration completed by thesis.	Transcript or testamur from University confirming awarding of Masters degree, plus details of thesis submitted.
Diploma	Certificate from University or Educational Institution confirming awarding of diploma and letter from University or Educational Institution confirming FTE duration of course.

9.2 **Professional Development Activities (Medical/Technical)**

- 9.2.1** Scoring considers scientific meetings, workshops, seminars or courses attended in the three (3) years immediately prior to the closing date for applications where the content has relevance to Medical Expertise, Technical Expertise or Judgement – Clinical Decision Making, relevant to urological practice, as determined by the BOU.
- 9.2.2** Professional development activities must be delivered by a recognised training provider as determined by the BOU.
- 9.2.3** Points will be awarded for attendance at the following meetings/courses (whether delivered face to face or virtually):
- a) USANZ ASM, USANZ Section Meetings and RACS ASC
 - b) Other scientific meetings or conferences (international, national or state) relating to Urology, General Surgery or Vascular Surgery
 - c) Courses, workshops, seminars or similar relating to surgical skills, medically related ethical skills, medical management or anatomy, as determined by the BOU.
- 9.2.4** Documentary evidence must comprise a certificate of attendance or retrospective letter from provider on the relevant letterhead verifying attendance (including time commitment). Registration confirmation, tax invoices/receipts or any other form of documentary evidence will not be accepted as confirmation of attendance.

- 9.2.5** Points will be awarded for registration at face to face meetings, courses or similar which were cancelled due to COVID, provided there was no option for virtual attendance. Documentary evidence must include confirmation of registration (including payment confirmation AND evidence of meeting/course cancellation).
- 9.2.6** Points will not be awarded for attendance at:
- a) Scientific meetings or conferences where a score has been given for a presentation at the same meeting.
 - b) Workshops or courses that form part of a scientific meeting/conference where a score has already been given for attendance at the meeting/conference unless the workshop or course attracts its own CPD points.
 - c) ASSET, CCrISP, EMST and CLEAR (or equivalent courses recognised by the College).
 - d) Professional development activities specifically aimed at assisting doctors prepare for the GSSE and the CE.
 - e) Face to face activities that are less than 3 hours in duration (excluding refreshment breaks).
 - f) Hospital grand rounds, morbidity meetings, unit audits or other such expected activities as part of employment.
 - g) Activities that will be attended in the future (i.e., after the application closing date).
- 9.2.7** Points will not be awarded for involvement in teaching of medical students or interns or similar.
- 9.3** **Professional Development Activities (Non-Medical/Non-Technical)**
- 9.3.1** Scoring considers conferences, workshops, seminars or courses attended in the three (3) years immediately prior to the closing date for applications where the content is tailored to the medical profession and has relevance to Professionalism, Scholar/Teacher, Health Advocacy, Management and Leadership, Collaboration and Communication, relevant to urological practice, as determined by the BOU.
- 9.3.2** Professional development activities must be delivered by a recognised training provider as determined by the BOU.
- 9.3.3** Points will be awarded for attendance at conferences, meetings or courses (whether delivered face to face or virtually).
- 9.3.4** Points will not be awarded for attendance at:
- a) Workshops or courses where the content is not tailored to the medical profession.
 - b) Workshops or courses that form part of a meeting/conference where a score has already been given for attendance at the meeting/conference unless the workshop or course attracts its own CPD points.
 - c) Face to face activities that are less than 3 hours in duration (excluding refreshment breaks).
 - d) Hospital grand rounds, morbidity meetings, unit audits or other such expected activities as part of employment.
 - e) Activities that will be attended in the future (i.e., after the application closing date).
- 9.3.5** Points will not be awarded for involvement in teaching of medical students or interns or similar.
- 9.3.6** Documentary evidence must comprise a certificate of attendance or retrospective letter from provider on the relevant letterhead verifying attendance. Registration confirmation, tax invoices/receipts or any other form of documentary evidence will not be accepted as confirmation of attendance.

9.3.7 Points will be awarded for registration at face to face meetings, courses or similar which were cancelled due to COVID, provided there was no option for virtual attendance. Documentary evidence must include confirmation of registration (including payment confirmation AND evidence of meeting/course cancellation).

9.4 Publications

9.4.1 Research undertaken within the four (4) years immediately prior to the closing date of applications may be included.

9.4.2 All research must be of an academic nature relevant to medicine/surgery.

9.4.3 Points will be awarded for articles and case reports published or accepted for publication in the following journals:

- a) ANZ Journal of Surgery
- b) a peer reviewed journal that is listed in the Urology section of the RACS Library
- c) other medically-related, peer reviewed printed journals, provided the Impact Factor is 2.0 or greater on topics related to urology, general surgery and vascular surgery

9.4.4 Points will be awarded for articles (not case reports) submitted to the following journals:

- a) ANZ Journal of Surgery
- b) a peer reviewed journal that is listed in the Urology section of the RACS Library
- c) other medically-related, peer reviewed printed journals, provided the Impact Factor is 2.0 or greater on topics related to urology, general surgery and vascular surgery

9.4.5 Points will only be awarded for articles (as outlined in 9.4.3) where the applicant is the first or second author.

9.4.6 Points will only be awarded for case reports (as outlined in 9.4.3) where the applicant is the first author.

9.4.7 Points will be awarded for chapters in a medical or surgical textbook where the applicant is the first or second author. Multiple chapters in the same book will be scored only once.

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

9.4.9 Published meeting abstracts, book reviews, letters to the editor and media releases will not be scored.

9.4.10 Multiple publications with duplicate or similar topics or content must only be entered once and will only be scored once.

9.4.11 Acceptable documentary evidence must comprise:

Publication	Evidence
Published articles and case reports	<ol style="list-style-type: none"> a) A retrospective letter of acceptance from the publishing body (not the supervisor) stating that the publication has been accepted. The letter of acceptance must specify the applicant's authorship, or b) Journal article title page clearly showing the publication reference, date and the applicant's authorship. A copy of the entire publication must not be included.
Chapter in a medical or surgical textbook	A letter from the publisher showing level of contribution plus a copy of the book chapter or full bibliographic details.
Submitted articles	A letter from the publisher confirming the article has been submitted and is being considered. Letters from supervisors verifying article submission will not be accepted.

9.5 Presentations

- 9.5.1 Presentations undertaken within the four (4) years immediately prior to the closing date of applications or accepted for presentation in the future will be considered.
- 9.5.2 Presentations at scientific meetings or conferences where abstracts are subject to competitive selection will be considered. Hospital based presentations will not be considered.
- 9.5.3 Presentations must be of an academic nature relevant to Urology, General Surgery or Vascular Surgery.
- 9.5.4 Oral presentations will only be scored where the applicant is the first or second author and the named presenter in the meeting program. Documentary evidence must be explicit on this point, or the presentation will not be scored.
- 9.5.5 Scoring of oral presentations includes:
- a) Presentations (including moderated poster presentations comprising an oral component) delivered within the meeting program at a face to face meeting
 - b) Presentations (including pre-recorded video presentations) delivered at a virtual meeting
- 9.5.6 Poster presentations will only be scored where the applicant is the first author and the named presenter in the meeting program. Documentary evidence must be explicit on this point, or the presentation will not be scored.
- 9.5.7 Scoring of poster presentations includes:
- a) Presentations (including moderated short oral presentations) delivered in the exhibition area at a face to face meeting
 - b) unmoderated poster presentations (no oral component) at a face to face meeting (i.e., poster on display in exhibition area only)
 - c) e-Posters (no verbal component) at a virtual meeting
- 9.5.8 Documentary evidence must comprise:
- a) a copy of the abstract showing the applicant's name and level of authorship against the presentation title, **AND**
 - b) a copy of the meeting program (showing name, date and location of meeting together with applicant's name printed against presentation title), or a letter on the conference organiser letterhead, with the appropriate signature, notifying of acceptance to present or confirming presentation has been accepted.
- Applicants **MUST** include both pieces of evidence. Presentations will not be scored without the required evidence.
- 9.5.9 Planned presentations at meetings that were cancelled due to the impact of COVID-19 will be scored, provided there was no option for virtual presentation. Documentary evidence must comprise:
- a) a copy of the abstract showing the applicant's name and level of authorship against the presentation title, **AND**
 - b) official confirmation from the conference secretariat that the presentation was accepted. This must state that the applicant was the named presenter. The presentation type must also be included (i.e., oral presentation including moderated poster within meeting program, poster presentation including a moderated oral presentation in exhibition area only, or unmoderated poster), **AND**
 - c) evidence of conference cancellation.

Applicants **MUST** include all three pieces of evidence. Presentations will not be scored without the required evidence.

- 9.5.10** Scoring of presentations will be weighted depending on the type of meeting.
- 9.5.11** Points **will not** be awarded for poster presentations at meetings of a Regional or Sectional organisation.
- 9.5.12** For scoring purposes, the type of meeting is classified by intended audience, not title or geographical location.
- 9.5.13** Presentations that have sufficiently similar topics or that have been presented at more than one meeting or conference will only be scored once (with the higher score being awarded).
- 9.5.14** Points will be awarded for presentations where the same body of research has also been published.
- 9.5.15** Involvement in continued teaching or teaching of medical students or interns or similar must not be included in this section and will not be scored.

9.6 Prizes, Awards and Leadership

9.6.1 Applicants may only include prizes, awards and leadership positions from postgraduate years.

9.6.2 Scoring **includes**:

- a) Prizes, awards, grants and scholarships for excellence in medically and non-medically related fields, including prizes for presentations, as determined by the BOU.
- b) Elected positions of responsibility on a board, committee or other appropriate body (for a minimum of 12 months duration) in a community service organisation, as determined by the BOU.
- c) Community and cultural involvement or sporting involvement as determined by the BOU.
- d) Significant regional, national or international sporting or cultural representation as determined by the BOU. Achievements are considered to be 'significant' when they reflect commitment, focus, drive, or altruism.
- e) Volunteer work undertaken on a recurrent basis (for a minimum of 12 months duration), as determined by the BOU.

9.6.3 Scoring **excludes**:

- a) Certificate of Merit, Honours, Deans Honour Roll, Distinctions, CME points, honorary mentions, letters of appreciation, commendation and special mentions
- b) Monetary donations or other types of donations
- c) One off voluntary activity
- d) Involvement in continued teaching or teaching of medical students or interns or similar
- e) Involvement as a mentor

9.6.4 Acceptable documentary evidence must comprise:

Prizes, Awards and Leadership	Evidence
Prize, award, grant, scholarship etc	Correspondence from awarding institution, or certificate of award.
Elected positions	Letter from the community service organisation detailing the applicant's position, time spent on the board or committee and details of the organisation.
Community and cultural or sporting involvement	Letter from the organisation detailing the applicant's involvement, time spent in the organisation and nature of the organisation.
Sporting or cultural representation	Certificate of participation or accomplishment award on organisation letterhead.
Volunteer work	Letter from the organisation detailing the applicant's position, time spent in the organisation undertaking volunteer work, and details of the organisation.

9.7 Rural/Regional Origin and Experience

9.7.1 Points will be awarded to applicants who have been residents for a minimum of 3 years during the period of secondary school education in an area classified as MM2 or above in the Modified Monash Model in Australia or in an approved regional location in Aotearoa New Zealand. *

** A regional area in Aotearoa New Zealand is defined as outside the main urban areas of Auckland, Wellington (includes Upper and Lower Hutt, Porirua and Kapiti), Christchurch, Hamilton, Tauranga and Dunedin.*

9.7.2 Points will be awarded to applicants who have undertaken a minimum of 12 months (cumulatively) in a rural clinical school in Australia or Aotearoa New Zealand.

9.7.3 Documentary evidence must comprise:

Rural/Regional Origin and Experience	Evidence
Rural/regional Origin	Letter from relevant school(s) or school reports
Rural clinical school experience	Letter from the relevant clinical school verifying time spent

Note – The BOU plans to incorporate scoring of rural pre-SET clinical rotations in this section in future years.

10. STRUCTURED REFEREE REPORTS

- 10.1** Structured Referee Reports are collected to obtain information, in confidence, about the history of the applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in Urology. References are not released to applicants.
- 10.2** For the purpose of these Regulations, a **supervising consultant** is a medical specialist who has worked with the applicant in an active clinical setting, providing **direct** supervision in an ongoing basis during the term as well as performance feedback and instruction regarding workplace duties and responsibilities. They may be surgeons or non-surgeon consultants.
- 10.3** For the purpose of these Regulations, an **allied health professional** is a clinical nurse consultant or senior nurse working in the ward, emergency department, operating theatre/day surgery or outpatient department who has had significant interaction with the applicant in an active clinical setting on a regular basis (i.e., daily or weekly) for the duration of the term. Individuals from other departments (e.g., hospital pharmacy, physiotherapy, occupational therapy, social work, radiography, psychology or grief/trauma counselling) may only be nominated if their interaction with the applicant has been significant and on a regular basis (i.e., daily or weekly) for the duration of the term.
- 10.4** For the purpose of this section of the Regulations, consultants holding a Fellowship type diploma from an Australian or Aotearoa New Zealand College (or vocationally registered as a consultant in NZ) are eligible to act as referees.
- 10.5** For the purpose of this section of the Regulations, the following persons cannot act as referees:
- International Medical Graduates (IMG) under assessment at the time of application
 - Doctors who are/were working with the applicant in a Senior Registrar/Fellow or similar capacity irrespective of whether they have since been awarded a diploma from an Australian or Aotearoa New Zealand College and are now consultants.
 - Research supervisors
- 10.6** For the purpose of this section of the Regulations, a clinical term:
- Excludes private assisting and research terms
 - Excludes relief or night terms only where there is no consistent single supervising consultant who provided supervision
- 10.7** Applicants must provide contact details including a valid email address for:
- Six (6) primary supervising consultants
 - Two (2) reserve supervising consultants
 - Four (4) primary allied health professionals
 - Two (2) reserve allied health professionals
- 10.8** All referees must come from clinical terms in the 3 clinical years immediately prior to the commencement of the referee reporting process.
- 10.9** Applicants may not nominate more than 3 primary supervising consultants from the one clinical year.
- 10.10** Applicants must comply with the following in terms of nomination of supervising consultants:
- At least one (1) primary supervising consultant must be from within the most recent three months of clinical work.
 - At least three (3) supervising consultants must be urologists – *note applicants who are currently SET trainees or undergoing full time research such as a PhD may nominate urologists outside the 3 year timeframe.*
 - Supervising consultants and allied health professionals must be nominated from terms of no less than 10 weeks duration.

- 10.11** Applicants must confirm that the nominated supervising consultants and allied health professionals have agreed to act as referees.
- 10.12** If an applicant elects not to provide the details for supervising consultants as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing supervising consultants or allied health professionals who do not completely comply with these Regulations, or omitting supervising consultants in preference for others who have had a lesser supervisor role, the applicant may be withdrawn from the selection process and their application will not be considered further.
- 10.13** The units in which the applicant has worked may be contacted as part of the selection process to verify that the supervising consultants and allied health professionals listed on the application form comply with these Regulations. The supervising consultants and allied health professionals may also be asked to verify compliance with these Regulations.
- 10.14** The BOU will request the completion of referee reports from **all** nominated supervising consultants and allied health professionals (including those nominated as reserves). Reports completed by reserves will only be used as part of the selection process if one or more primary reports are not received or are invalid. The reserve reports, where required, will be used in order of their submission date.
- 10.15** The BOU will be responsible for the collection of the Referee Reports. Applicants will not be provided with updates on the Referee Reports collected or involved in the collection process. All referees contacted as part of the selection process will be advised of the confidential nature of the Referee Reports. **Harassment of any individual involved in the completion or collection of the Reports (and/or Applications) is a serious matter and may deem the applicant unsuitable for selection. Harassment includes repeated requests by the applicant about Referee reports or the process of application.**
- 10.16** Each referee will be asked to complete a report **in confidence**. Referees will be asked to carefully consider their assessment and to provide a **fair and accurate account** of performance and to assess the applicant in terms of what is expected of doctors of similar seniority and experience.
- 10.17** For each attribute, skill or behaviour, the referee is provided with competency statements and asked to select the statement **they believe best describes** the applicant's demonstrated attribute, skill or behaviour. The competency statement selected by the referee is converted to the associated numeric score using a predetermined structured scoring system.
- 10.18** Applicants are advised to select referees who can provide an opinion on all facets of their performance. As the selection process endeavours to select applicants into the SET Program in Urology that have a degree of experience, it is important that applicants nominate referees who can provide some indication of this experience in all facets of their performance.
- 10.19** Referees must provide an assessment of an applicant's performance in a minimum number of domains for the report to be considered valid and used as part of the selection process. **To be considered valid, referees must complete 80% of the referee report.** Failure of a referee to fully complete a report (which may occur if the referee is unable to provide an opinion on all facets of an applicant's performance) is not the responsibility of USANZ or the RACS.
- 10.20** The BOU will obtain scores from ten (10) valid referee reports comprising six (6) supervising consultant reports and four (4) allied health professional reports.
- 10.21** If ten (10) valid reports [from six (6) consultants and four (4) allied health professionals] are not received by the closing date for submission of the same, the applicant will be automatically withdrawn from the selection process.
- 10.22** The BOU will omit four (4) scores being the highest and lowest scores from reports submitted by supervising consultants and allied health professionals respectively (i.e., two (2) scores from the supervising consultant group, and two (2) scores from the allied health professional group)

10.23 The final referee report score will be calculated as an average of the remaining six (6) reports, comprising four (4) supervising consultants and two (2) allied health professionals. This score will be adjusted applying the selection tool weighting to provide an overall referee report score out of 30.

11. INTERVIEWS

11.1 The interview has been designed to:

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

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

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

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

11.4 Applicants who are shortlisted for interview will be notified of the date, time and location of the interview at least ten (10) business days prior.

11.5 Applicants will be provided with a brief on the structure of the interview at the time of notification.

11.6 Applicants who do not satisfy the minimum standards will not be eligible to attend an interview and will be notified accordingly.

11.7 Interviews for all shortlisted applicants will be held at a date to be determined.

11.8 It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Interview. The BOU accepts no responsibility for any costs incurred by applicants in attending the Interview or applicants who fail to satisfy the minimum standards or eligibility criteria who are not permitted to attend an Interview.

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

11.10 Applicants must make themselves available at the scheduled Interview time. Applicants who do not present for the Interview at the scheduled time will not be considered further in the selection process and their application will be withdrawn.

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

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

- 11.13** All applicants will commence their interview in a standard manner; follow-up questions may vary based on applicant responses. These questions will be used to explore the breadth and depth of the applicant's experience and insight. There may be some scenario based questions.
- 11.14** Applicants will spend a fixed amount of time with each panel.
- 11.15** Applicant responses will be evaluated based on a standardised interview scoring guide, which includes positive and negative indicators of performance.
- 11.16** Each panel member will score each applicant individually. Each panel will then provide a consensus score for their section of the interview.
- 11.17** The scores for the four interview panels will be combined and converted to a score out of 40.

12. FEEDBACK

12.1 Unsuitable Applicants

- 12.1.1** Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:
- a) That they have been deemed unsuitable for selection and will not be considered further in the selection process.
 - b) Information on the overall percentage adjusted scores they received for each of the selection tools completed. Information on scores for individual structured referee reports **will not** be released to applicants.
 - c) Notification of the minimum standard or Regulation that they failed to satisfy.
 - d) Upon email request, unsuitable applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the BOU and is all that will be provided. No other feedback queries will be addressed. Verbal feedback **will not** be given.
- 12.1.2** Unsuitable applicants will not be notified of their overall ranking.

12.2 Unsuccessful Applicants

- 12.2.1** Applicants who have been deemed unsuccessful will be notified in writing of the following:
- a) That they have been deemed suitable for selection but have not ranked highly enough to be made an offer and have therefore been unsuccessful.
 - b) Information on the overall percentage adjusted scores they received for each of the selection tools completed. Information on scores for individual structured referee reports **will not** be released to applicants.
 - c) Information on the waiting list process and their position in the list should a position, in accordance with the intake, become available.
 - d) Upon email request, unsuccessful applicants are entitled to further feedback. This feedback will be specific to the applicant and sent in a standard format by email. This standard feedback is determined by the BOU and is all that will be provided. No other feedback queries will be addressed. Verbal feedback **will not** be given.

12.3 Successful Applicants

- 12.3.1** Applicants who have been successful in the selection process will be notified by email of the following:
- a) That they have been successful in the selection process and are being offered a position on the SET Program in Urology including conditions associated with the offer
 - b) Information on applicable entry level eligibility (SET1, SET2), the Section allocation and on the process for allocation to a training post
 - c) A copy of the Regulations for the SET Program in Urology
 - d) A SET Trainee Agreement
- 12.3.2** Applicants will not be notified of their overall ranking.
- 12.3.3** Applicants should anticipate being appointed to SET1. Occasionally, there are available places at more senior levels (i.e., SET2). Only applicants with appropriate prior experience will be considered.
- 12.3.4** Acceptance of the offer to the SET Program in Urology will be conditional on the following:
- a) Acceptance to take up the training position identified in the offer
 - b) The applicant satisfying the medical registration requirements in the state/country of offer
 - c) The applicant satisfying the employment requirements of the relevant health areas and/or the allocated hospital
 - d) The information submitted in the application form being true and correct
 - e) Satisfactory completion of all minimum eligibility criteria
 - f) Agreement to abide by the SET Program Regulations and RACS policies at all times which form part of the contract and acceptance of the conditions which are likely to affect, or be affected by, dismissal
 - g) Submission of the signed SET Trainee Agreement, in accordance with instructions given, prior to the communicated offer expiry date.
- 12.3.5** Applicants who fail to satisfy any of the conditions outlined in Section 12.3.4 of these Regulations will automatically forfeit the offer.
- 12.3.6** Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.
- 12.3.7** Applicants who return the acceptance of offer form by the stipulated deadline, and who satisfy the conditions outlined in Section 12.3.4 will be contacted by the Education and Training Manager regarding the process for allocation to training posts.

13. DEFERRAL

- 13.1 Successful applicants may apply to the BOU to defer the commencement of the SET Program in Urology.
- 13.2 All applications for deferral are governed by the **RACS Regulation: Trainee Registration and Variation** and the SET Program Training Regulations.
- 13.3 Applicants are required to ensure that their requests for deferral comply with the above policy and Regulations.
- 13.4 On the application form, applicants are asked to advise of their intention to defer commencement of the SET Program in Urology, should their application be successful. This is purely to assist with logistical arrangements when offers are being made and is not considered as part of the selection process.
- 13.5 Applicants who wish to defer the commencement of the SET Program in Urology must formally apply to the BOU at the time of acceptance outlining the reasons for their request and providing any related documentary evidence.
- 13.6 All requests for deferral will be considered but not necessarily granted. The BOU will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations. The BOU may consult the respective Regional Training Committee prior to determination.
- 13.7 Requests for deferral may be denied. Should a request for deferral be denied, applicants must either accept the original offer or withdraw and consider reapplying to the SET Program in Urology in any subsequent year.
- 13.8 The BOU can approve deferral of commencement of the SET Program in Urology for a fixed period of one year. Trainees who have already commenced the SET Program cannot apply for deferral and may only apply for interruption of training.
- 13.9 Applicants who receive approval to defer the commencement of training will be guaranteed a clinical training post and assigned a SET level, at the start of the year they commence clinical training.
- 13.10 During the period of deferral, Australian applicants will be allocated in the interim to their State of Origin. This **does not in any way guarantee** that their subsequent appointment will be in the State of Origin. When an applicant advises of their intention to commence clinical training, the BOU will determine their State allocation based on their **relative selection ranking** in comparison with other applicants appointed in the year they will commence clinical training.
- 13.11 Applicants are not permitted to apply for retrospective accreditation of clinical work undertaken during any period of deferral.
- 13.12 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

14. RECONSIDERATION OF SELECTION DECISIONS

- 14.1** An applicant may request reconsideration of a decision relating to the selection process. Applications for reconsideration must be addressed to the Chair, BOU and received within seven (7) business days of the applicant being notified of the decision. Applications received outside this timeframe may not be considered.
- 14.2** Applications for reconsideration must be accompanied by all relevant information or grounds upon which the applicant seeks to rely in respect of the reconsideration.
- 14.3** The applicant will bear the onus of proof to establish the grounds of the reconsideration application.
- 14.4** The original decision maker(s) will form a Reconsideration Panel and will convene to review the original decision and material associated with that decision.
- 14.5** The Reconsideration Panel will only consider material as initially submitted by the applicant, i.e., the information on which the original decision was based.
- 14.6** The reconsideration will be conducted with as little formality as possible, but otherwise will have full power to regulate its conduct and operation.
- 14.7** The reconsideration of the decision by the Reconsideration Panel must be undertaken in accordance with the rules of natural justice and each reconsideration will be reviewed on its merits.
- 14.8** Minutes of the meeting shall only record the Reconsideration Panel's decision, the reasons for the decision, and any recommendations made.
- 14.9** The BOU may delegate its powers and duties in respect of any reconsideration as it determines.
- 14.10** The applicant will receive a written response detailing the outcome of the reconsideration within five (5) business days of receipt of the request for reconsideration.

15. SELECTION PROCESS REVIEW

- 15.1** The BOU will review the selection process on an annual basis and consider feedback from applicants, interviewers, referees and other stakeholders.
- 15.2** Once the selection process has concluded and the final outcomes have been determined, the BOU has the right to contact any individual involved in the process for the sole purpose of quality control.
- 15.3** Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.

16. APPENDIX 1 – SCORING GUIDE FOR STRUCTURED CURRICULUM VITAE

16.1 Overview

- 16.1.1 The following provides a scoring guide for the CV component of the Selection Process for eligible entries that meet the criteria as per Section 9.
- 16.1.2 Candidates must reference Section 9 to determine eligible entries. Entries that do not comply with Section 9 or where the evidence does not comply with Section 4.5 will not be awarded points.

16.2 Qualifications (15 points max)

- 16.2.1 Eligible Qualifications that comply with Section 9.1 as determined by the BOU will be scored as follows:

PhD (3 years full time equivalent)	
Completed	8 points
Pre-Submission thesis review	4 points
Confirmation of candidature	2 points

Doctor of Medical Science (DMedSc) or other post graduate Doctorate in Medicine or Surgery	
Completed	8 points

Master of Surgery (MS) of 2 years full time equivalent duration undertaken by thesis (no coursework)	
Completed	4 points
Pre-Submission Thesis Review	2 points

Masters Degree (not MS) of 2 years full time equivalent undertaken by thesis (no coursework)	
Completed	4 points
Pre-Submission Thesis Review	2 points

Master of Surgery (MS) of 1 year or more duration completed by coursework with or without dissertation	
Completed	2 points per year of full time equivalent study

Masters Degree (not MS) of 1 year or more duration completed by coursework with or without dissertation	
Completed	2 points per year of full time equivalent study

Diploma	
Completed	2 points per year of full time equivalent study

16.3 Professional Development Activities - Medical/Technical (20 points max)

- 16.3.1 Eligible Professional Development Activities (Medical/Technical) that comply with Section 9.2 as determined by the BOU will be scored as follows:

Full day or multi-day meeting	1 point
½ day meeting (min 3 hours)	0.5 points

16.4 Professional Development Activities - Non-Medical/Non-Technical (15 points max)

- 16.4.1 Eligible Professional Development Activities (Non-Medical/Non-Technical) that comply with Section 9.3 as determined by the BOU will be scored as follows:

Full day or multi-day meeting	1 point
½ day meeting (min 3 hours)	0.5 points

16.5 Publications (25 points max)

16.5.1 Eligible Publications that comply with Section 9.4 as determined by the BOU will be scored as follows:

Published Article where applicant is first author	5 points
Published Article where applicant is second author	3 points
Book chapter where applicant is first author	4 points
Book chapter where applicant is second author	3 points
Published case report where applicant is first author	1 point (max of 4 points)
Submitted article (not case report) where applicant is first author	1 point (max of 2 points)

16.6 Presentations (20 points max)

16.6.1 Eligible Presentations that comply with Section 9.5 as determined by the BOU will be scored as follows:

Presentations at the Annual Scientific Meetings of the following organisations: a) American Urological Association (AUA) b) Société Internationale d'Urologie (SIU) c) British Association of Urological Surgeons (BAUS) d) Canadian Urological Association (CUA) e) Urological Association of Asia (UAA) f) European Urological Association (EAU) g) World Congress of Endourology (WCE) h) International Continence Society (ICS)	
Oral presentations including moderated poster presentations delivered within the meeting program, or Video presentation delivered at a virtual meeting	4 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only, or e-Poster presentation (no verbal component) at a virtual meeting	2 points
Unmoderated poster presentations	1 point

Presentations at meetings of international, national or Australasian organisations, other than those listed above (determined by the type of event and intended audience, not location)	
Oral presentations including moderated poster presentations delivered within the meeting program, or Video presentation delivered at a virtual meeting	2 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only, or e-Poster presentation (no verbal component) at a virtual meeting	1 point
Unmoderated poster presentations	0.5 point

Presentations at the USANZ ASM or RACS ASC	
Oral presentations including moderated poster presentations delivered within the meeting program	2 points
Poster presentations that include a moderated oral presentation delivered in an exhibition area only	1 point
Unmoderated poster presentations	0.5 point

Presentations at a USANZ Sectional Meeting or Regional Surgical Specialty Meeting	
Oral presentations including moderated poster presentations delivered within the meeting program	1 point

16.7 Prizes, Awards, Leadership (15 points max)

16.7 Eligible Prizes that comply with Section 9.6 as determined by the BOU will be scored as follows:

Prizes/awards/grants/scholarships for excellence in medically and non-medically related fields, including prizes for presentations.	
International level	5 points
National level	3 points
State/Section level	1 point

Elected position of responsibility on a board, committee or other appropriate body (for a minimum of 12 months duration) in a community service organisation	1 point per entry (max 3 points)
Community and cultural involvement or sporting involvement	1 point per entry (max 3 points)
Volunteer work undertaken on a recurrent basis (for a minimum of 12 months duration)	1 point per entry (max 3 points)

Significant sporting or cultural representation.	
International level	5 points
National level	3 points
Regional/Sectional level	1 point

16.8 Rural/Regional Origin and Experience

16.8.1 Eligible Rural/Regional Origin and Experiences that comply with Section 9.6 as determined by the BOU will be scored as follows:

Rural/Regional Origin	1 point
Rural clinical school – minimum of 1 year cumulative	1 point
Rural clinical school – 2 years or more cumulative	2 points