

New Zealand Board in General Surgery
Royal Australasian College of Surgeons, New Zealand Association of General Surgeons

Training Regulations:

For the Surgical Education and Training Program in General Surgery in New Zealand

Effective: 1 July 2019

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1. INTRODUCTION

1.1 Definitions and Terminology

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

Term	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training
BCC	Bi-National Curriculum Conference (BCC)
Board (the Board)	New Zealand Board in General Surgery - NZBIGS
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CCRTGE	Australia and New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy
CE	Clinical Examination
CLEAR	Critical Literature Evaluation and Research
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Mini-CEX	Mini Clinical Examination
NZAGS	New Zealand Association of General Surgeons
RACS	Royal Australasian College of Surgeons
Rotation	Training position accredited by NZBIGS
RPL	Recognition of Prior Learning
SET	Surgical Education and Training
SET2+	This indicates the years from SET2 onwards
SSE	Surgical Sciences Examination (Generic and Specialty Specific)
SEAM	Surgical Education and Assessment Modules
Hospital Supervisor	The Hospital Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Supervisor is appointed and approved by the Board and BSET and is a member of the Training Committee. The Hospital Supervisor coordinates the management, education and training of accredited Trainees in accredited training positions. This includes monitoring performance, completing assessments and developing and overseeing performance management. The Hospital Supervisor may delegate the responsibilities outlined in these regulations to a Trainer.
Term	The length of a term is six months.
Training Committee	The Training Committee is a subcommittee of NZBIGS responsible for the management of trainees in New Zealand.
Trainer	The Trainer is a delegate of the Hospital Supervisor and is a consultant surgeon on an accredited unit which trainees are

Term	Definition
	allocated to. The Trainer may perform the duties of the Hospital Supervisor as outlined in the regulations and as delegated by the Hospital Supervisor.
Training Year	A year consists of two (2) six-month terms.

1.2 Overview of the Regulations for the SET Program in General Surgery

- 1.2.1. The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in General Surgery. These Regulations are in accordance with the policies and strategic direction of the Royal Australasian College of Surgeons. At times these Regulations may refer directly to a generic RACS policy.
- 1.2.2. All Trainees, Hospital Surgical Supervisors, Surgeon Trainers, Training Committee and Board Members are required to comply with these Regulations.
- 1.2.3. The information in these Regulations is as accurate as possible at the time of publication. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on the [NZAGS](http://nzags.co.nz) website. All persons are advised to ensure they are consulting the most current version. If you need to refer to a previous version of the Regulations, please contact nzbigs@nzags.co.nz.
- 1.2.4. All Trainees must be familiar with the applicable policies, which are specifically referred to throughout these regulations.

1.3 Administration and Ownership

- 1.3.1. The RACS is the body accredited and authorised to conduct Surgical Education and Training in Australia and New Zealand.
- 1.3.2. The New Zealand Board in General Surgery is responsible for the delivery of the SET Program in General Surgery in New Zealand, the accreditation of hospital posts, and the supervision and assessment of General Surgical Trainees.
- 1.3.3. The New Zealand Board in General Surgery delivers the SET program in New Zealand and the program is administered by NZAGS.
- 1.3.4. For further information, refer to the ***New Zealand Board in General Surgery Terms of Reference***.

1.4 Selection

- 1.4.1. For detailed information regarding selection into the SET Program in General Surgery in New Zealand, please refer to the ***New Zealand General Surgery Selection Regulations*** located on the [NZAGS](http://nzags.co.nz) website.

2. PROGRAM OVERVIEW

The below depicts the overall requirements of the New Zealand General Surgery Training Program. Further information on each component is detailed in the various sections of the regulations.

SET1 (For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior) SET 1 was removed in 2014.

Requirement	Quantity/Description
Rotations/Terms	<p>Satisfactory completion of two (2) six-month terms. During SET1 a term may consist of one (1) six-month rotation or two (2) three-month rotations.</p> <p>If a term consists of the latter, the assessment at the end of the first rotation is deemed the Mid-term Assessment and the assessment at the end of the second rotation the End of Term Assessment.</p>
Logbooks	One (1) per each six-month rotation or three month rotation
DOPS	One (1) per six-month or one (1) per three-month rotation
Mini-CEX	One (1) per six-month or one (1) per three-month rotation
Examinations	<ul style="list-style-type: none"> SSE Generic SSE Speciality Specific (for Trainees who commenced on the Training Program in 2013 or prior) Clinical <p><i>Note: Trainees are required to complete these examinations by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.</i></p>
SEAM ¹	<ul style="list-style-type: none"> For Trainees who commenced in the Training Program from 2014 onwards Minimum two modules per six month term
Courses ²	<ul style="list-style-type: none"> ASSET CCrISP
Educational Sessions ³	<ul style="list-style-type: none"> NZAGS Trainees' Days

SET2 (For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior)

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
SEAM ¹	<ul style="list-style-type: none"> For Trainees who commenced in the Training Program from 2014 onwards Minimum two modules per six month term <p><i>Note²: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program.</i></p>
Educational Sessions ³	<ul style="list-style-type: none"> NZAGS Trainees' Days

SET2 (For Trainees who were selected onto the Training Program from 2015 onwards and were selected into SET2)

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Examinations	<ul style="list-style-type: none"> Clinical <p><i>Note: Trainees are required to complete this examination by the end of their second year of training or by the end of the fourth attempt (whichever comes first) otherwise the Trainee will be dismissed.</i></p>
SEAM	<ul style="list-style-type: none"> Minimum two modules per six month term <p><i>Note: Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program.</i></p>
Courses ²	<ul style="list-style-type: none"> ASSET CCrISP
Educational Sessions ³	<ul style="list-style-type: none"> NZAGS Trainees' Days

SET3

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions ³	<ul style="list-style-type: none">NZAGS Trainees' Days
Research ⁴	Approval of research activity by Training Committee

SET4

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Educational Sessions ³	<ul style="list-style-type: none">NZAGS Trainees' Days

SET5

Requirement	Quantity/Description
Rotations/Terms	Satisfactory completion of two (2) six-month terms. Each term must have a Mid-term and End of Term Assessment returned.
Logbooks	One (1) per six-month rotation
Courses ²	<ul style="list-style-type: none">EMSTCLEAR
Examination	Fellowship Examination
Educational Sessions ³	<ul style="list-style-type: none">NZAGS Trainees' Days

Notes:

1. Trainees who commenced in 2014 will be provided one (1) additional clinical year to complete the eight (8) SEAM modules.
2. The Skills courses are listed at the SET level in which they must be **completed** in order to progress through SET. Courses can be undertaken prior to the SET level indicated.
3. New Zealand Trainees from SET2+ must attend the NZAGS Training Days in March and September annually.
4. Research may be commenced and completed prior to SET3. Research activities must be **approved** prior to completing SET3.

<p>Prior to sitting the Fellowship Examination</p>	<ul style="list-style-type: none"> • Completion of at least six (6) six-month satisfactory terms beyond SET1 • Satisfactory completion of any periods of Probationary Training • Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies • Completion of 600 major operative cases in accredited terms beyond SET1 • Commencement of approved research activity • Fully paid up dues and fees owed to the RACS • Presentation of a satisfactory Portfolio of Training (including all assessments and logbooks obtained throughout training). The Training Manager will provide a transcript of the trainees' training file for the Training Chair.
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<p>Prior to award of the Fellowship in General Surgery</p>	<ul style="list-style-type: none"> • All Skills Courses as listed above • Completion of all program requirements as listed to be eligible to sit the Fellowship Exam • Satisfactory completion of the General Surgery Fellowship Examination • Completion of 800 major operative cases in accredited terms beyond SET1 with satisfactory primary operator rates and case mix • Completion of at least eight (8) six-month satisfactory terms beyond SET1 • Satisfactory completion of the RACS Research Requirement • Satisfactory attendance at the required number of NZAGS Trainee Days • Fully paid up dues and fees owed to the RACS
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3. TRAINEE ADMINISTRATION

3.1 Registration and Training Fees

- 3.1.1. Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS [Trainee Registration and Variation Policy](#).
- 3.1.2. There are two components to the training fee in General Surgery – RACS and Specialty. The College is responsible for determining the College component. NZAGS is responsible for determining the specialty component for New

Zealand Trainees. The approved training fees are published on the [RACS](#) website.

3.1.3. The RACS is responsible for invoicing and collection of fees. All enquiries regarding fees must be submitted to SET Enquiries via email SETenquiries@surgeons.org

3.1.4. Trainees who fail to pay outstanding monies to the RACS may be dismissed in accordance with the RACS [Dismissal from Surgical Training Policy](#).

3.2 Leave

3.2.1. Trainees undertaking full-time training are permitted a maximum of **six (6)** weeks of leave per six-month term subject to approval by the employing authority. Periods beyond this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in **Section 9.1.1a** and **Section 10.1.1a**. The Trainee's period of clinical training will be extended by a minimum of six months. Where a Trainee takes more than six (6) weeks leave during a six-month term, the term may be deemed assessable if the supervisor and consultants have been able to adequately assess the Trainee and the logbook numbers. In this scenario the Trainee will still undertake an End of Term Assessment.

3.2.2. The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, exam, conference and carers leave. Rostered days off (stand down days) are not included in leave. Trainees wishing to take **more than six (6)** weeks of leave in one (1) term must receive prior approval for either interruption of training, in accordance with **Section 3.3**, or an extension of leave from the Training Committee, and subject to approval by the employing authority.

3.2.3. Trainees wishing to take more than six (6) weeks leave must submit an Online Trainee Request as per **Section 3.10**. Requests will follow the process as outlined in **Section 3.11**.

3.2.4. Trainees who take leave from Training without the prior approval of or notification to, the New Zealand Board in General Surgery will be considered as having abandoned their post. Upon learning that the Trainee has left their employment, the Board will provide **10 days'** notice to the Trainee, for attendance at a meeting to consider their continued participation in the Training Program. Should the Trainee not respond, or not attend the meeting, the Trainee will be dismissed in accordance with the RACS [Misconduct Policy](#) and **Section 8**.

3.3 Interruption

3.3.1. An interruption is a period of approved absence by a Trainee from the SET Program following commencement of SET.

3.3.2. The Board is not an employer and approval of a period of interruption does not compel a Trainee's employer to grant leave. Trainees must also apply for appropriate leave from their employer.

3.3.3. Trainees may apply for the following types of interruption:

- a. Medical (refer to **Section 3.4**)
- b. Parental
- c. Carers Leave to care for or support a member of the Trainee's immediate family or household who is sick, injured or has an unexpected emergency.
- d. Approved Research (refer to **Section 3.5**)
- e. Personal Circumstances which are outside of **3.3.3a-d**

3.3.4. All requests for interruption must be made as per **Sections 3.10** and **3.11**. Requests for Medical Interruption must also adhere to **Section 3.4**. Requests for Approved Research Interruption must also adhere to **Section 3.5**.

- 3.3.5. With the exception of interruption for medical, carers or parental leave, Trainees cannot apply for interruption for the first six months of training.
- 3.3.6. Applications for interruption must be for periods in multiples of six months.
- 3.3.7. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- 3.3.8. In order to minimise vacancies on the training program and to not disadvantage other trainees, the Board may require the period of interruption to be greater than applied for.
- 3.3.9. The Board may set conditions the Trainee must meet prior to returning to active training following a period of interruption. The Board may also set conditions applicable to the Trainees clinical training upon returning from a period of interruption. The conditions will be specified at the time the interruption is approved.
- 3.3.10. Requests for interruption must be made in accordance with the RACS [Trainee Registration and Variation Policy](#) and these Regulations. The Board does not have the authority to grant requests that do not comply with RACS Policy or these Regulations.
- 3.3.11. All requests for interruption **must** be made via an online Trainee request (refer **Section 3.10**) and must include all applicable information. Refer to **Section 3.4** for additional information regarding Medical Interruption and **Section 3.5** for additional information regarding Approved Research Interruption. Requests will follow the process as outlined in **Section 3.11**.
- 3.3.12. In accordance with **Section 3.10**, all requests **must be received and approved at least six (6) months** prior to the term/s of interruption required.
- 3.3.13. Requests for interruption of training in order to complete unaccredited rotations **will not** be approved.
- 3.3.14. Extensions to interruption to training must adhere to the same criteria as new requests. Failure to do so may result in the request being denied.

3.4 Medical Interruption

- 3.4.1. Trainees who request medical interruption must provide appropriate documentation, including a medical certificate outlining the reasons medical interruption is required, from their treating doctor at the time of the request.
- 3.4.2. Trainees approved for medical interruption will be required to submit a report from their treating doctor prior to recommencing clinical training indicating their ability to return to training.
- 3.4.3. Requests for Medical Interruption must be made via an online Trainee request (refer **Section 3.11**) and adhere to the processes in **Section 3.10**.

3.5 Approved Research Interruption

- 3.5.1. A period of full time research, **relevant to General Surgery**, during the SET Program is strongly encouraged.
- 3.5.2. The term Approved will refer to the research topic being deemed appropriate for the purposes of the Research Requirement. Trainees are still required to complete the approved research activity and present or publish their work and inform the Board when this has occurred in order to be considered as meeting the Research Requirement (refer to **Section 4.6** and **Appendix 3**).
- 3.5.3. Approved Research Interruption must be for a minimum of one (1) term.
- 3.5.4. Trainees **will not** be granted Approved Research Interruption until there has been satisfactory completion of the following requirements:
 - a. Two satisfactory terms
 - b. SSE and CE Examinations
 - c. ASSET and CCrISP Courses

- d. Satisfactory Completion of at least four (4) of the eight (8) SEAM modules including the Summative Assessment components.
- 3.5.5. Trainees who are approved for Research Interruption may complete any of the remaining four (4) SEAM modules whilst on Research Interruption; Trainees must notify the Board of their intention to complete SEAM modules whilst on Interruption. Upon recommencing clinical training, Trainees must ensure they comply with **Section 5.6**.
- 3.5.6. At the time of applying for Approved Research Interruption Trainees must submit applicable documentation including a letter of support from the intended supervisor, synopsis of research project and/or proof of offer to a higher degree **must be attached** to the request.
- 3.5.7. Full time research with a view to the successful completion of a university higher degree (MD or PhD) for two (2) or more years of **full-time** study will be supported on the condition the request adheres to the conditions in these Regulations.
- 3.5.8. Requests for Approved Research Interruption must be made via an online Trainee request (refer **Section 3.11**) and adhere to the timelines and processes in **Section 3.10**.
- 3.5.9. Trainees must be performing satisfactorily at the time of interruption to training. Approved Research Interruption **will not** be approved if the Trainee's most recent term was unsatisfactory or the Trainee is currently on probation.
- 3.5.10. Trainees on Approved Research Interruption must submit a progress report by the supervisor of research for each six-month period for the duration of the research. The Trainee is responsible for submitting completed progress reports to the relevant Training Committee within **two (2)** weeks of the completion of each six-month period. The Training Committee will review the progress report and confirm with the trainee if they deem the progress satisfactory.
- 3.5.11. The Research Reporting form can be found on the [NZAGS](#) website.
- 3.5.12. A final report must be provided by the supervisor of research to the Training Committee within **two (2)** weeks of the completion of the research. The completion of the research project must be certified by the Board on the advice of the Training Committee.
- 3.5.13. Trainees who are not progressing satisfactorily with their project or do not submit a six monthly report may not have an application of satisfactory completion of Research Requirement approved unless an additional research activity is completed as advised by the Board or Training Committee.
- 3.5.14. Trainees must notify the Board if they are unable to proceed with or complete their research; Approved Research Interruption may be withdrawn. In the event that Approved Research Interruption is withdrawn, the trainee may be required to recommence training when a training post becomes available.
- 3.5.15. Research undertaken over two (2) or more years towards a higher degree (Masters or PhD) may be considered for RPL towards clinical rotations at the discretion of the Training Committee and Board.
- 3.5.16. To apply for RPL, Trainees must submit an online Trainee request (refer **Section 3.11**) and adhere to the processes in **Section 3.10**.
- 3.5.17. The Board may grant conditional exemption from up to **one (1)** year of accredited clinical training pending receipt of satisfactory assessments and logbooks following the Trainees return to training.
- 3.5.18. If a Trainee has been granted exemption of **one (1)** year of accredited clinical training in lieu of prospective full time research, the eligibility criteria to sit the Fellowship Examination, and the eligibility criteria for the awarding of a Fellowship in General Surgery, will be reduced by **two (2) rotations**. All remaining criteria must be satisfied including logbook numbers.

- 3.5.19. The Board reserves the right not to accredit research towards clinical training, if the applicable level of clinical competency is not evident at the point of re-entering clinical training after completing the research.
- 3.5.20. Trainees who extend a period of interruption to training in order to complete Research by Higher Degree must first meet all of the above criteria before an extension is considered for approval.

3.6 Flexible Training

- 3.6.1. Flexible training is a period of training undertaken on less than a full-time basis.
- 3.6.2. Requests for flexible training must have a training commitment of at least 50% of a full-time trainee.
- 3.6.3. Requests for flexible training must be made in accordance with the RACS [Trainee Registration and Variation Policy](#). The Board does not have the authority to grant requests that do not comply with RACS Policy.
- 3.6.4. The Board fully supports the concept of flexible training while recognising the complexities in arranging appropriate posts. The Board is unable to guarantee that flexible accredited training posts can be identified and requests fulfilled.
- 3.6.5. All requests for flexible training **must** be made via an online Trainee request (refer **Section 3.11**) and must include all applicable information. Requests will follow the process as outlined in **Section 3.10**.
- 3.6.6. Requests for flexible training will only be approved in blocks of twelve (12) months, unless 3.6.9 applies.
- 3.6.7. Trainees undertaking flexible training will be required to complete the appropriate mid-term or end of term three-monthly assessment.
- 3.6.8. Trainees granted approval to undertake a period of flexible training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments and logbook data. Flexible Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees.
- 3.6.9. In the event that a trainee is to interrupt their training outside a scheduled six month rotation and therefore only partially complete a rotation, a trainee may apply to have retrospective recognition of the training undertaken if the following conditions are met:
 - a. The interruption is for medical, parental or carers leave
 - b. The trainee has worked a minimum of three months prior to commencement of interruption
 - c. The trainee has worked full time a minimum of eight (8) continuous weeks on a single surgical unit
 - d. A formal assessment is undertaken at the completion of each such period of training
 - e. The supervisor of each component worked must provide a letter of support
 - f. The assessments must be rated as satisfactory with no borderline or not competent ratings
 - g. The trainee is not on probation or a performance management plan (in the year prior or in the year of application)

The Board will review the request and determine if the time in training can be accredited towards one rotation on a case by case basis. This includes consideration of applications where no more than one of the criteria above do not apply.

- h. Leave of any type taken does not exceed the maximum specified in 3.6.11

3.6.10 Trainees undertaking flexible training are permitted a maximum of five (5) days leave for training periods less than three months (3) , subject to approval by the employing authority. Trainees completing more than 13 weeks continuous training will be entitled to leave on a pro-rata basis (i.e. five (5) days per completed 4 weeks). Leave in excess of this may result in the term being deemed not accredited and will not count towards the required number of rotations as outlined in **Section 9.1.1a** and **Section 10.1.1a**.

3.7 Extension to Training Requests

- 3.7.1. Requests for an Extension to Training beyond SET 5 must be made to the Training Committee.
- 3.7.2. The Training Committee may also require a Trainee to undertake an extension to training based on performance.
- 3.7.3. Requests must be made via an online Trainee request **Section 3.11** and must include all applicable information. Requests, by the Trainee, will follow the process and timelines as outlined in **Section 3.10**
- 3.7.4. Trainees must specify the following:
 - a. Length of extension
 - b. Reason for the extension
 - c. Areas the Trainee does not feel competent in
- 3.7.5. Extensions to training will only be granted if a suitable post is available.
- 3.7.6. If an extension to training has been approved, the Trainee **must** complete the extension before Fellowship is approved and participate in all assessment processes as outlined in **Section 7**.

3.8 Withdrawal from Training Program

- 3.8.1. Trainees who do not wish to continue on the General Surgery Training Program must notify the Board of their withdrawal via an online Trainee request (refer **Section 3.11**).
- 3.8.2. The Trainee must stipulate when the withdrawal will be effective. Trainees are recommended to complete their allocated terms for the training year.
- 3.8.3. Trainees who withdraw without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.
- 3.8.4. Should a Trainee resign from a position of employment, they must also resign from the Training Program via an online Trainee request (refer **Section 3.11**). Trainees should not resign from employment before contacting their Hospital Surgical Supervisor for support, advice, and assistance.

3.9 Deferral

- 3.9.1. Requests for deferral must be made in accordance with the RACS [Trainee Registration and Variation Policy](#). The Board does not have the authority to grant requests that do not comply with RACS Policy.
- 3.9.2. For applicants to the SET program, **requests for deferral must be submitted at the time of acceptance of offer**. Requests submitted after this time will only be considered in exceptional circumstances.
- 3.9.3. The standard period of deferral will be 12 months (one year). In exceptional circumstance, the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated

that the varied period will not result in another applicant being prohibited from commencing training, and that any resulting vacancy is supported by the training hospital.

- 3.9.4. Where an extended period of deferral is granted, that is time in excess of one (1) year, the maximum time period of completion will be reduced by the extra time granted for deferral.
- 3.9.5. Requests for deferral in order to complete unaccredited rotations **will not** be approved.
- 3.9.6. Trainees are not permitted to apply for retrospective accreditation (Recognition of Prior Learning) of clinical rotations undertaken during any period of deferral.
- 3.9.7. SET applicants are to refer to the New Zealand Selection Regulations for further information on deferral.

3.10 Trainee Requests Process

- 3.10.1. For **all** training requests referred to in **Sections 3.3 to 3.7** the following processes and timelines are applicable:
 - a. All requests for the following year must be approved by the Board by **31 July** each year. Requests for medical or parental interruption will be provided with exemptions to this timeline provided appropriate documentation is submitted with the request and adhere to all relevant College Policies. Requests must first be reviewed by the relevant Training Committee before approval by the Board.
 - b. Requests submitted after this date will only be considered in exceptional circumstances.
 - c. Requests for interruption in Term 2 in any given year will only be approved in exceptional circumstances.
 - d. Trainee must discuss their request with their Hospital Surgical Supervisor. A supporting letter must be provided with their request.
- 3.10.2. All Trainee requests referred to in **Sections 3.2 to 3.8, 4.5.5, 4.6.8, 5.3.4, 5.7 to 5.10 and Appendix 3**, are sent to the Training Committee for recommendation to the Board.
- 3.10.3. Once a decision at the applicable Board meeting has been reached, Trainees will be notified of the outcome within seven (7) working days of the meeting.
- 3.10.4. Trainees are advised, where applicable, not to take action, or make any arrangements prior to receiving final outcome of their request from the Board.
- 3.10.5. All submissions to the Board must be in reference to these Regulations and the applicable RACS Policy to the request. (Refer to **Appendix 1 - Policies**)

3.11 Online Trainee Requests

- 3.11.1. For **all** training requests referred to in **Sections 3.2 to 3.8, 4.5.5, 4.6.8, 5.3.4, 5.7 to 5.10 and Appendix 3**, the following processes are applicable:
 - a. Log in to the NZAGS website www.nzags.co.nz to access the "Trainee Online Request Form" and upload completed form to the "requests" section of SOLA.

4. SET PROGRAM – GENERAL REQUIREMENTS

The SET Program in General Surgery is designed to allow the Surgical Trainee 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, independent practice as a specialist General Surgeon.

4.1 Training, Terms and Posts

- 4.1.1. All training terms are **six (6)** months in duration. Trainees will be required to satisfactorily complete a minimum of:
 - a. **Ten (10)** rotations if commenced in **SET1**
 - b. **Eight (8)** rotations if commenced in **SET2**
- 4.1.2. Trainees may be required to undertake additional terms based on performance and level of competency.
- 4.1.3. The maximum time for completion of the SET Program is the expected minimum duration of the training program plus four (4) years). Trainees will have up to **nine (9)** years from the time they are accepted onto the SET in General Surgery program if commenced in **SET1** or **eight (8)** years if commenced in **SET2**, to meet all requirements including the rotations (refer to Section 4.2). The following conditions apply to the calculation of the maximum time period:
 - a. If Recognition of Prior Learning for Clinical Rotations as per **Sections 3.5.17 and 5.8** has been granted, the maximum time is reduced according to the period granted.
 - b. Approved parental, carers or medical leave as per **Sections 3.3.3a-c and 3.4** shall not be included in the calculation of the maximum period of training as per the RACS [Trainee Registration and Variation Policy](#).
 - c. Extensions to training, part-time training, interruption due to research or personal leave, terms that are deemed not accredited due to extended leave as per **Section 3.2.1** or due to **7.7.12c**, and unsatisfactory terms do not extend the maximum time period.
 - d. If an extension to deferral is granted, the maximum time period will be reduced as per **Section 3.9.4**
- 4.1.4. During **SET2+**, Trainees will be placed in a single rotation per six-month term. Trainees may not undertake more than **two (2)** calendar weeks on a night roster per six-month term unless prior approval has been granted by the Board.
- 4.1.5. Trainees are allocated rotations based on availability of accredited posts, and trainee preferences where these can be accommodated, but cannot be guaranteed.
- 4.1.6. Trainees will be required to fulfil any rotation allocated to them by the Training Committee. Trainees will not be permitted to change rotations unless prior approval has been granted by the Training Committee.
- 4.1.7. Trainees are required to participate fully in the clinical activities of the post including on-call rosters, as determined by the accreditation.
- 4.1.8. Trainees who are refused employment from an accredited hospital and are unable to be placed in another rotation will be placed on interruption for one term.
- 4.1.9. Should a trainee be refused employment for a second rotation the following process will occur:
 - a. The Trainee will be requested to attend a meeting with a Panel consisting of the Training Committee Chair and one further member of the Training Committee.

- b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review the reasons behind the refusal from the hospital.
- c. The Trainee may invite a support person who is not a practicing lawyer.
- d. The Trainee will be provided with an opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
- e. 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 this time by the Trainee for inclusion in the minutes.
- f. Where a Trainee has been duly notified of the meeting as per **Section 4.1.10b** and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.
- g. The Panel will make a recommendation to the Training Committee who will determine possible penalties. The Training Committee will make a final recommendation to the Board.
- h. If dismissal is not recommended by the Training Committee, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a probationary term and Performance Management Plan.
- i. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- j. The Board will make the final decision on whether or not the Trainee should be dismissed.
- k. The Trainee will be notified of the Board's final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- l. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

4.2 Failure to Complete Training Requirements

- 4.2.1. At the commencement of the final maximum year of training, Trainees will be notified in writing of the outstanding requirements that must be met during the final year.
- 4.2.2. Trainees who do not complete all the training requirements in the time period specified in **Section 4.1.3** will be considered Time Expired.
- 4.2.3. Trainees who fail to meet any of the requirements by the maximum time period will be Time Expired and will not be permitted to continue on the Training Program.

4.3 Logbook of Surgical Experience

- 4.3.1. Trainees are required to maintain accurate and complete logbook of operative cases in SOLA
- 4.3.2. The total minimum operative experience to be gained in accredited terms in **SET2+** is **800** major cases. It is expected that Trainees will be involved in a minimum of 100 major cases per six-month term, with minimum primary operator experience as follows:
 - a. SET2, first six months : 20%
 - b. SET2, second six months : 25%

- c. SET3, first six months : 30%
- d. SET3, second six months : 40%
- e. SET4, first six months : 50%
- f. SET4, second six months : 50%
- g. SET5, first six months : 60%
- h. SET5, second six months : 60%

4.3.3. The primary operator is defined as the following logbook categories:

- a. Surgeon Mentor Scrubbed
- b. Surgeon Mentor in Theatre
- c. Surgeon Mentor Available

4.3.4. The Trainee's logbook data will be reviewed at the Mid-term Assessment and evaluated as part of the End of Term Assessment. An accurate and complete logbook is required at the end of each six-month term. Trainees must provide the logbook data in the format displayed in SOLA.

4.3.5. The Hospital Surgical Supervisor may seek input from other members of the Unit in order to adequately evaluate and verify logbook data.

4.3.6. At the completion of each six-month term, the Trainee, Hospital Surgical Supervisor is required to approve the logbook through SOLA.

4.3.7. Trainees must use the "submit" function for their logbook in SOLA within **two (2)** weeks of the term ending.

4.3.8. Any unsatisfactory performance relating to the logbook data will be reported to the Training Committee and may result in non-accreditation of the term (refer to **Section 7.7.12**).

4.3.9. Non-submission of a complete, accurate and signed logbook summary by the due date will result in non-accreditation of the term.

4.4 Case Mix

4.4.1. The operative experience should adequately cover the major areas of General Surgical Training as defined in the curriculum (refer **Section 4.8**).

4.4.2. Trainees are permitted to gain private hospital operative experience in addition to their normal public hospital posts, provided they are supervised by a RACS accredited training post Hospital Surgical Supervisor. The operative experience gained can contribute to overall logbook numbers, up to a maximum of **two (2)** lists per week. However, Trainees must only do this with the approval of their Hospital Surgical Supervisor.

4.5 Endoscopy Training

The New Zealand Conjoint Committees for the Recognition of Training in Gastrointestinal Endoscopy set the minimum training standards required prior to granting recognition of training in Upper Gastrointestinal Endoscopy, Colonoscopy and Endoscopic Retrograde Cholangiopancreatography (ERCP). The Board recognises the role of the CCRTGE in setting of minimum training standards and acknowledges that the CCRTGE provides the means of formal recognition and certification of gastrointestinal endoscopy training.

4.5.1. It is recommended that all Trainees register with the New Zealand Conjoint Committee upon acceptance of a place in the General Surgery Program.

4.5.2. As the CCRTGE requirements may change from time to time, Trainees are advised to check the CCRTGE websites before applying for recognition of training.

- a. New Zealand Trainees should refer to <https://nzsg.org.nz/training/endoscopy-training/> for their information and requirements.

- 4.5.3. The Board requires all Trainees to complete **100** upper gastrointestinal endoscopies and **50** colonoscopies before applying to sit the Fellowship Exam. The following categories will be used to calculate the total number of endoscopies and colonoscopies:
- a. Endoscopy: Total Completed Unassisted
 - b. Colonoscopy: Total Completed Unassisted to Caecum/Ileum
- 4.5.4. Trainees are required to enter all gastrointestinal endoscopy experiences into SOLA.
- 4.5.5. In some cases, exemption from the requirements in **Section 4.5.3** may be granted. Trainees are advised to seek the approval of the Training Committee and the Board, by submitting an online Trainee request (refer **Sections 3.10 and 3.11**).

4.6 Research Requirement

- 4.6.1. All Trainees must complete the mandatory RACS Research Requirement as per the RACS [*Research during Surgical Education and Training Policy*](#).
- 4.6.2. The mandatory Research Requirement must be certified as complete by the Training Committee, and notified to the Board, prior to applying for Fellowship in General Surgery.
- 4.6.3. The Trainee must contribute significantly to the conduct of the research activity. Activities that may satisfy the RACS Research Requirement are outlined in **Appendix 3**.
- 4.6.4. Trainees must have their research activity approved by the Training Committee by the end of SET3. Approval must be sought before commencing the research activity. Refer to **Appendix 3** for further details on the approval process.
- 4.6.5. Trainees who do not comply with **Section 4.6.4** will not be permitted to progress to SET4. Trainees will continue as a SET3 for six month terms until the requirement is met. RPL for the extension in training will not be approved upon completion of this requirement.
- 4.6.6. Trainees must demonstrate that they have commenced the approved research activity in order to be eligible to apply to sit for the Fellowship Examination. If a trainee's project does not proceed, or should another project commence, the trainee must submit a further Research Pre-approval Request.
- 4.6.7. It is the responsibility of the Trainee to provide documentation verifying completion of the Research Requirement and approved research project. This includes outlining the extent of involvement in the research activity, presentation and/or publication.
- 4.6.8. Following completion of the Research Requirement Trainees must submit an online Trainee request for review by the Training Committee (refer **Sections 3.10 and 3.11**).

4.7 Portfolio of Training

- 4.7.1. The Trainee will keep a portfolio of their training, which will include:
- a. Complete the SOLA logbook throughout their training and provide paper logbooks as and when requested
 - b. Documentation relating to skills courses and research activities
 - c. Documentation relating to any period of Probationary Training
 - d. All Formative and Summative Assessment forms and results
- 4.7.2. To facilitate continuity of training, it is the responsibility of the Trainee to present their portfolio to the Hospital Surgical Supervisor at the commencement of each six-month training period. This will assist in setting appropriate learning and training objectives and will allow areas for improvement to be appropriately addressed.

- 4.7.3. The Chair of the Training Committee will review the portfolio when applying to sit for the Fellowship Examination (refer to **Section 9**) and when applying for Fellowship (refer to **Section 10**).

4.8 Curriculum

Trainees are required to be familiar with the General Surgery curriculum. Details of the curriculum are available on the [NZAGS](#) website. The New Zealand and Australian Boards in General Surgery are responsible for the development, maintenance and updating of the General Surgery curriculum via the Bi-National Curriculum Conference (BCC). The curriculum will be reviewed every three (3) years.

- 4.8.1. The curriculum comprises both technical and non-technical modules.

- 4.8.2. The technical modules cover the following areas:

- a. Abdominal Wall
- b. Breast
- c. Bariatric
- d. Colorectal
- e. Duodenum and Small Bowel
- f. Emergency
- g. Endocrine
- h. Endoscopy
- i. Head and Neck
- j. HPB
- k. Sepsis
- l. Skin and Soft Tissue
- m. Surgical Oncology
- n. Transplantation
- o. Trauma
- p. Upper GI
- q. Vascular

- 4.8.3. The non-technical issues cover the following areas:

- a. Collaboration
- b. Communication
- c. Health Advocacy
- d. Management and Leadership
- e. Professionalism and Ethics
- f. Scholar and Teacher

4.9 Training Committee Educational Activities

The Training Committee may coordinate, oversee or endorse tutorial programs, workshops, skills courses, examination preparatory courses, journal clubs, registrar paper days and other similar educational activities for the benefit of Trainees. These Training Committee activities are aimed at providing opportunities for Trainees to meet components of the General Surgery curriculum.

- 4.9.1. Trainees are required to participate in Training Committee educational activities.

- 4.9.2. The Training Committee will set the minimum attendance rate that Trainees are required to meet per year.

- 4.9.3. The Training Committee will have the discretion to grant exemption to **Section 4.9.2** for Trainees for whom who are not able to attend sessions due to geographical restrictions and/or illness.
- 4.9.4. The Training Committee may rate a rotation as unsatisfactory if a Trainee does not meet the minimum attendance rate and has not been granted an exemption from this requirement.

4.10 National Educational Activities

It is compulsory for all current Trainees in New Zealand to attend the applicable Specialty Society's Trainees' days as follows:

- 4.10.1. Trainees must attend **two (2)** New Zealand Association of General Surgeons (NZAGS) training days per year of training during SET2+. Training days are held in March and September annually.
- 4.10.2. Trainees who attend the Definitive Surgical Trauma Care (DSTC) Course during their SET training may, upon proof of attendance, count this course towards the Trainee Day requirement.
- 4.10.3. Six **(6)** Trainee Days must be attended before approval for Fellowship.

5. COURSES AND EXAMINATIONS

The following courses are a compulsory component of the General Surgery Training Program. Refer to **Section 2 - Program Overview** and **Section 6 – Program and Progression Requirements** for information on when courses must be completed in order to progress through the program.

5.1 Australian and New Zealand Surgical Skills Education and Training

- 5.1.1. The ASSET course provides an educational package of generic surgical skills required by Surgical Trainees and is a compulsory aspect of Surgical Training.
- 5.1.2. The course focuses on basic surgical skills, musculoskeletal injuries and minimal access surgery. Information regarding the ASSET course can be found on the [RACS](#) website.

5.2 Care of the Critically Ill Surgical Patient

- 5.2.1. The CCRISP course assists Trainees in developing skills in managing the critically ill patient, and promotes the coordination of multidisciplinary care.
- 5.2.2. 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 [RACS](#) website.

5.3 Critical Literature Evaluation and Research

- 5.3.1. CLEAR is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials.
- 5.3.2. 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 [RACS](#) website.
- 5.3.3. Trainees may apply for exemption from the CLEAR Course if they hold a postgraduate qualification that includes work completed in clinical epidemiology. Acceptable qualifications are a Graduate Diploma, Masters Degree or Doctorate.
- 5.3.4. Trainees who hold postgraduate qualifications may apply to the Board, via the relevant Training Committee via an online Trainee request (refer **Sections 3.10 and 3.11**), for exemption from the CLEAR Course. Applicants must provide evidence of an acceptable Evidence Based Surgery component to the qualification. Trainees should refer to the RACS [Recognition of Prior Learning Policy](#) and **Section 5.9**.

5.4 Early Management of Severe Trauma

- 5.4.1. 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.
- 5.4.2. Information regarding the EMST course can be found on the [RACS](#) website.

5.5 Clinical Examination

- 5.5.1. Trainees who were selected on the training program during the 2016 and 2017 Selection process are subject to the following regulations:
 - a. SET2 Trainees must satisfactorily complete all components of the Clinical Examination within two (2) years of training in the SET program, with a maximum of four (4) attempts permitted for each Examination.
 - b. Failure to comply with **Section 5.5.1a** will result in dismissal from the Training Program in accordance with the RACS and [Conduct of the SET Clinical Examination Policy](#).
- 5.5.2. Trainees who were selected on the training program during 2018 Selection process and onwards are not required to complete the Clinical Examination.

5.6 Surgical Education and Assessment Modules (SEAM)

- 5.6.1. Trainees who commenced on the program from 2014 (including Trainees who were on deferral in 2013) will be required to complete the Surgical Education and Assessment Modules (SEAM).
- 5.6.2. SEAM consists of the following eight (8) modules.
 - a. Acute Abdomen
 - b. Haematology
 - c. Anatomy
 - d. Operating Theatre
 - e. Nutrition
 - f. Peri-operative Care
 - g. Critical Care and Trauma
 - h. Post-Operative Care
- 5.6.3. Trainees must successfully complete the eight (8) modules during the first two (2) clinical years of SET in General Surgery as per below and **Section 5.6.13**:
 - a. Trainees who were selected during the 2013 or 2014 Selection Process (including trainees who were on deferral during 2013, 2014 or 2015) must complete the eight modules by SET2 as per **Section 5.6.13**
 - b. Trainees who were selected during the 2015 Selection Process and onwards must complete the eight modules by SET3 as per **Section 5.6.13**
- 5.6.4. Successful completion of each module is defined as achieving the minimum pass mark in the Summative Assessment for each module as defined in **Section 5.6.8**.
- 5.6.5. There is no specific order in which Trainees must complete the modules. Each module stands alone in terms of content and assessment.

- 5.6.6. Trainees are advised to undertake a minimum of two (2) modules per six-month term.
- 5.6.7. Trainees must pass the Formative Self-Assessment component within a module before being permitted to undertake the Summative Assessment for the module.
- 5.6.8. The Summative Assessment of each module will consist of 20 multi-choice questions. Trainees must pass 80% of the Summative Assessment questions in order to satisfactorily complete the module.
- 5.6.9. Trainees will have a maximum of four (4) attempts at the Summative Assessment for each module.
- 5.6.10. Trainees will be “locked” out of a module for a period of 48 hours if they do not pass the Summative Assessment for the module. During the “lock out” period, Trainees are able to review the content in the module but are unable to attempt the Summative Assessment.
- 5.6.11. Following the second and third unsuccessful attempt, the trainee will receive a feedback report outlining the topics of the questions answered incorrectly. Individual questions answered incorrectly will not be provided.
- 5.6.12. Following the third unsuccessful attempt at the Summative Assessment Trainees must discuss their preparation and study plan with their supervisor and submit this to the Training Committee Chair who will then approve a fourth and final attempt.
- 5.6.13. Trainees who do not pass the Summative Assessment of any individual module as per **Sections 5.6.8 and 5.6.9** will be dismissed from the Training Program.
- 5.6.14. Trainees who do not satisfactorily complete all eight (8) modules by the end of Mid-term in the second term of their second clinical year will be dismissed from the Training Program. Trainees who commenced in 2014 will be required to complete the eight (8) modules by the end of Mid-term in the second term of their third clinical year as per **Section 5.6.3**. Unsatisfactory or not assessable rotations do not extend the timeframe in which SEAM must be completed.

5.7 Recognition of Prior Learning

- 5.7.1. Recognition of Prior Learning (RPL) involves the evaluation of prior training or experience, which is comparable to the components of the General Surgery Program.
- 5.7.2. The regulations comply with the RACS [Recognition of Prior Learning Policy](#).
- 5.7.3. There is no automatic entitlement to RPL. Trainees must submit documentation via an online Trainee request (refer **Sections 3.10 and 3.11**) for the components they wish to be exempt.
- 5.7.4. Requests for RPL will only be considered once a Trainee has commenced on the General Surgery Program.
- 5.7.5. RPL will only be considered for the following requirements of the Program:
 - a. Clinical Rotations based on Clinical Experience (refer to **Section 3.5.15 – 3.5.19** for RPL of Clinical Rotations based on Approved Research Interruption)
 - b. Research Requirement (refer to **Sections 13.5 and 13.6**)
 - c. Skills Courses
 - d. SEAM Summative Assessment
- 5.7.6. As per the RACS Policy, the MRCS is not considered equivalent to the SSE and CE, therefore Trainees will not be given RPL for these examinations.

5.8 Recognition of Prior Learning for Clinical Rotations based on Clinical Experience

- 5.8.1. Requests for RPL for Clinical Rotations may be considered provided the experience was:
- Undertaken in a recognised surgical unit that would meet the Board's Hospital Accreditation Standards.
 - For a continuous full time equivalent period of six (6) months or more.
 - Supervised by a specialist surgical consultant
 - Obtained within the last two years
 - Not undertaken during a period of deferral as per **Section 3.9.6** or interruption.
- 5.8.2. The Board requires documentation demonstrating and verifying the following, attached to all requests for RPL for Clinical Rotations:
- Terms are on a General Surgery unit or one of its recognised disciplines (such as Upper GI, Colorectal, Vascular, Trauma, Breast and Endocrine, HPB);
 - Adequate level of consultant supervision (the consultant must be adequately credentialed);
 - Terms must be of minimum six-month duration, full time;
 - The operative logbook provided must reflect case mix and case load;
 - Operative logbook to reflect information in current General Surgery Trainee logbook;
 - Satisfactory performance assessment forms must demonstrate competencies equivalent to RACS competencies.
- 5.8.3. The Board may defer a decision on a request for RPL of Clinical Rotations for up to 12 months. This is to enable the adequate formative and summative assessments to confirm the claimed level of competency has been gained.
- 5.8.4. Former trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry at the level of SET2 may be considered for RPL of previous training time under the following circumstances:
- Requests will only be reviewed following two satisfactory rotations, that is at the completion of SET2.
 - All SEAM modules, including the Summative Assessment component must be satisfactorily completed.
 - The Clinical Examination must be satisfactorily completed.
 - ASSET and CCrISP must be satisfactorily completed.
- 5.8.5. Requests must be made via an online Trainee request (refer **Section 3.11**) and must include all applicable information. Requests will follow the process and timelines as outlined in **Section 3.10**.
- 5.8.6. If a Trainee has been granted RPL for Clinical Training, the eligibility criteria to sit the Fellowship Examination, and the eligibility criteria for the awarding of a Fellowship in General Surgery, will be reduced by the equivalent number of terms granted. For trainees who commenced at SET1 all remaining criteria must be satisfied including logbook numbers. For trainees who commenced as SET2, the major logbook numbers will be reduced by 100 per term. That is if a trainee is provided with RPL for two terms, the major logbook numbers will be reduced by 200 for the purpose of Examination and Fellowship Eligibility. With regards to Endoscopy and Colonoscopy numbers, these will be reduced by the number that was undertaken during the trainee's previous rotations on the Training Program.

5.9 Recognition of Prior Learning for Skills Courses

- 5.9.1. The College publishes a list of courses that are considered equivalent to the following Skills Courses:
- ASSET
 - EMST
 - CCrISP
 - CLEAR
- 5.9.2. RPL for Skills Courses will be considered when supported by a completion certificate displaying the trainee name and successful completion date.
- 5.9.3. Applications for RPL for non-College provided courses not recognised by the College may be considered. Such applications must be accompanied by a completion certificate displaying the trainee name and successful completion date, and supported by documentation detailing the course syllabus and assessment methodology that reflects substantial comparability to the College skills courses.
- 5.9.4. Requests must be made via an online Trainee request (refer **Section 3.11**) and must include all applicable information. Requests will follow the process and timelines as outlined in **Section 3.10**.

5.10 Recognition of Prior Learning for Endoscopy and Colonoscopy Numbers

- 5.10.1. Former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry at the level of SET2 may apply for recognition of prior learning for Endoscopy and Colonoscopy undertaken whilst in an accredited training post on the General Surgery Training Program.
- 5.10.2. Requests must be made via an online Trainee request (refer **Section 3.11**) and must include previous General Surgery accredited logbooks. Requests will follow the process and timelines as outlined in **Section 3.10**.

5.11 Recognition of Prior Learning for SEAM Summative Assessment

- 5.11.1. For former Trainees who were previously dismissed or withdrew from the General Surgery Training Program, and have subsequently regained entry, Recognition of Prior Learning (RPL) for SEAM will automatically be awarded for modules where the Summative Assessment was completed satisfactory in accordance with **Section 5.6.8** and within the five (5) years prior to recommencing SET.

6. PROGRAM AND PROGRESSION REQUIREMENTS

6.1 SET1 (*For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior*)

6.2 SET 1 was removed from the SET Training Program in 2014.

6.3 Progressing from SET2 to SET3 (*For Trainees who were selected onto the Training Program during the 2014 Selection Process or prior*)

- 6.3.1. The requirements for successful completion of **SET2** and progression to **SET3** are:
- Satisfactory completion of at least **two (2)** six-month terms
 - Satisfactory completion of any period of Probationary Training
 - Satisfactory surgical logbook data including primary operator rates and case mix (refer **Section 4.3.4** and **Section 4.4**)

- d. Satisfactory completion of all components of the SSE package and Clinical Examination (refer **Section 5.5**).
 - e. Satisfactory completion of SEAM as detailed in **Section 5.6** for Trainees who commenced from 2014 onwards.
- 6.3.2. Satisfactory completion of the Clinical Examination. A maximum of **four (4)** attempts is permitted (refer **Section 5.5**).
- 6.3.3. Failure to meet the Examination and SEAM requirements will result in dismissal from the SET Program.

6.4 SET2 (For Trainees who were selected onto the Training Program during the 2015 Selection Process and onwards and were selected into SET2)

- 6.4.1. The requirements for successful completion of **SET2** are:
 - a. Satisfactory completion of at least **two (2)** six-month terms
 - b. Satisfactory completion of any period of Probationary Training
 - c. Satisfactory Completion of the ASSET Course (refer **Section 5.1**)
 - d. Satisfactory completion of the CCrISP Course (refer **Section 5.2**)
 - e. An attempt at the Clinical Examination must be made in **SET2** (refer **Section 5.5**).
 - f. Trainees are advised to complete a minimum of four (4) SEAM modules (refer to **Section 5.6**)

6.5 Progressing from SET3 to SET4

- 6.5.1. The requirements for successful completion of **SET3** and progression to **SET4** are:
 - a. Satisfactory completion of at least **two (2)** six-month terms
 - b. Satisfactory completion of any period of Probationary Training
 - c. Satisfactory surgical logbook data including primary operator rates and case mix (refer **Section 4.3.4** and **Section 4.4**)
 - d. Pre-approval of research activity. Trainees who do not comply with this requirement will not progress as per **Section 4.6.5**.
- 6.5.2. For trainees who were selected during the 2015 Selection Process or onwards the following also applies:
 - a. Satisfactory completion of the SSE – Generic and Clinical Examinations
 - b. Satisfactory completion of SEAM as detailed in **Section 5.6**.
 - c. Failure to meet the Examination and SEAM requirements will result in dismissal from the SET Program.

6.6 SET4-5

- 6.6.1. The requirements for successful completion of **SET4-5** are:
 - a. Satisfactory completion of **four (4)**, six-month terms (two (2) satisfactory six-month terms per SET level)
 - b. Satisfactory completion of any probationary terms
 - c. Satisfactory surgical logbook data including primary operator rates and case mix (refer **Section 4.3.4** and **Section 4.4**)
 - d. Satisfactory completion of the College Research Requirements (refer **Section 4.6** and **Appendix 3**)
 - e. Satisfactory completion of the CLEAR Course (refer **Section 5.3**)

- f. Satisfactory completion of the EMST Course (refer **Section 5.4**)

7. ASSESSMENT

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

- 7.1.1. 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.
- 7.1.2. The DOPS form can be found on the [NZAGS](#) website.
- 7.1.3. These assessments are formative and are aimed at guiding further development of surgical skills. Trainees may be required to undertake a surgical DOPS by their Hospital Supervisor Trainer to inform the Mid or End of Term Assessment.
- 7.1.4. 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. This process may be repeated until significant improvement is demonstrated.
- 7.1.5. Trainees are advised to retain a copy of the assessment in their Training Portfolio.

7.2 Mini-Clinical Examination (Mini-CEX)

- 7.2.1. The Mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning.
- 7.2.2. The Mini-CEX form can be found on the [NZAGS](#) website.
- 7.2.3. These assessments are formative and are aimed at guiding further development of clinical skills. Trainees may be required to undertake a Mini-CEX by their Hospital Supervisor or Trainer to inform the Mid or End of Term Assessment.
- 7.2.4. 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. This process may be repeated until significant improvement is demonstrated.
- 7.2.5. Trainees are advised to retain a copy of the assessment in their Training Portfolio.

7.3 Formative Assessment

- 7.3.1. **Formative** assessments aim to identify areas of good performance and areas of performance that require improvement to reach competence. Formative assessments also provide opportunities for improving performance.
- 7.3.2. The components of Formative Assessment during **SET2+** consist of:
 - a. Mid-term In Training Assessments
 - b. Mini-CEX and Surgical DOPS may still be recommended as part of a Performance Management Plan or as a continual assessment tool.

7.4 Summative Assessment

- 7.4.1. **Summative Assessments** are completed in **SET2+** and are aimed at indicating whether a Trainee has demonstrated satisfactory performance in the RACS competencies to permit accreditation of a period of training.

- 7.4.2. If unsatisfactory performance is reflected in a Summative Assessment, the period of training will not be accredited and the Trainee will be placed on Probationary Training (**refer Sections 7.8 and 7.9**).
- 7.4.3. The Summative Assessment requires completion of an End of Term In Training Assessment form.

7.5 Conducting Assessments

- 7.5.1. Both the Formative and Summative Assessments of Trainees are conducted by the Hospital Supervisor or delegate, with the input of all other consultants on the Unit.
- 7.5.2. The Hospital Supervisor may also seek input from other persons who had contact with the Trainee (e.g. nurses, allied health staff, administrative staff).
- 7.5.3. If the Hospital Supervisor is to be on leave during this time, the Trainee should make arrangements to complete the form at an earlier stage. For information regarding Hospital Surgical Supervisors, please refer to the [RACS Surgical Supervisors Policy](#).
- 7.5.4. All consultant members of the Unit on which the Trainee is allocated to, and who have directly observed the Trainee performing, are required to contribute to the Trainee's assessment. This might best be undertaken at a face-to-face meeting, between the Trainers, to discuss the performance of the Trainee, and to reach consensus on the assessment of each competency listed on the assessment form. Although the assessment form might be filled out in the absence of the Trainee, the Hospital Supervisor must subsequently meet with the Trainee to discuss the assessment.
- 7.5.5. Trainees are required to participate in the assessment process. Failure of a Trainee to fully participate or adhere to the requirements of the assessment process in a timely manner will result in non-accreditation of a period of training, and commencement of Probationary Training in the following term.

7.6 Mid-term In Training Assessment

- 7.6.1. At the end of the first **three (3)** months of a six-month term, the Hospital Supervisor will seek the input of all consultants on the Unit, to reach consensus on the Formative Assessment of the Trainee's performance.
- 7.6.2. A review of the Trainee's logbook will be undertaken as part of the assessment.
- 7.6.3. The Hospital Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Supervisor that this meeting occurs (refer **Section 7.5**).
- 7.6.4. The Board's Mid-term In Training Assessment Form must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the [NZAGS](#) website.
- 7.6.5. The forms must be dated and signed by the Hospital, the Trainee and the Trainer/s, and returned to the NZAGS office no later than two weeks after the Mid-term date.
- 7.6.6. The completed form must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.
- 7.6.7. The Trainee must sign the form and must indicate if they agree or disagree with the assessment.
- 7.6.8. It is the responsibility of the Trainee to ensure that the signed, completed assessment form together with any associated documentation is uploaded to SOLA by the due date.
- 7.6.9. If the signed and completed Mid-term In Training Assessment form and any associated relevant documentation are not submitted by the due date, the period of training may be deemed not assessed and may therefore be unaccredited. This may result in the Trainee commencing Probationary Training in the subsequent term.

- 7.6.10. When areas of performance are identified as “Borderline” or “Not competent” and/or “Unsatisfactory” grades are received, the Hospital Surgical Supervisor will discuss this with the Trainee and an appropriate remedial plan will be developed which may include a Performance Management Plan for the remainder of the term. The Performance Management Plan must be returned to the relevant the NZAGS office, by the Trainee, on a monthly basis until the end of term.
- 7.6.11. Where applicable, the Hospital Supervisor will notify the Training Chair of any concerns regarding the performance of the Trainee.
- 7.6.12. If the overall performance is deemed “Unsatisfactory”, the Hospital Supervisor will undertake a further interview with the Trainee. An appropriate Performance Management Plan will be implemented for the remainder of the term. The Performance Management Plan must be returned to the NZAGS office, by the Trainee, on a monthly basis until the end of term.
- 7.6.13. Advice may be sought from members of the Unit in developing an appropriate Performance Management Plan for the Trainee.
- 7.6.14. Unsatisfactory grades in any part of the assessment will be reviewed by the Training Committee.
- 7.6.15. An unsatisfactory Mid-term Assessment is defined as:
- an overall “Unsatisfactory” grade on the Mid-term In Training Assessment form based on receiving borderline and/or not-competent rating(s), and/or
 - one or more “Unsatisfactory” grades in any of the essential criteria and/or
 - non-submission of completed assessment form or any associated documentation more than two weeks after the Mid-term date.

7.7 End of Term In Training Assessment

- 7.7.1. Just prior to the completion of each six-month term, the Trainee will participate in an End of Term In Training (Summative) Assessment. This will consist of an evaluation of the operative logbook data, review of whether Research Requirements have been met and an assessment of performance against the expected competencies and essential criteria.
- 7.7.2. The Trainee must submit:
- Self-assessment on the Board’s End of Term In Training Assessment Form
 - SOLA logbook to the Hospital Supervisor for review and verification
 - Data reflecting progress with any research activities
 - SEAM progress if applicable
 - Performance Management Plans if applicable
- 7.7.3. The Board’s End of Term In Training Assessment Form must be used to guide and document the feedback and assessment of the Trainee. The form can be found on the [NZAGS](#) website.
- 7.7.4. The Hospital Supervisor will seek the input of all consultants on the Unit to reach consensus on the assessment of the Trainee’s performance (refer **Section 7.5**).
- 7.7.5. The Hospital Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Hospital Surgical Supervisor that this meeting occurs (refer **Section 7.5**).
- 7.7.6. The logbook must be submitted through SOLA and End of Term In Training Assessment forms are to be dated and signed by the Trainee, the Hospital Supervisor. and where applicable, the Trainer/s.
- 7.7.7. The Hospital Supervisor must indicate the following on the form:

- a. Whether the overall performance is rated as satisfactory or unsatisfactory. If a trainee's performance is rated as satisfactory, the Hospital Supervisor may recommend that a Performance Management Plan is put in place for the following term to assist in addressing any deficiencies.
 - b. Whether the logbook is rated as satisfactory or unsatisfactory.
- 7.7.8. The completed form must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.
- 7.7.9. The Trainee must sign the form and must indicate if they agree or disagree with the assessment.
- 7.7.10. The Trainee is required to upload the assessment form in SOLA with any associated documentation the two weeks after the date the Term ends. Should a Trainee not comply:
 - a. the term may be deemed **unsatisfactory**, and may not be accredited, resulting in an extension of training, and
 - b. the Trainee will automatically commence Probationary Training for six-months, pending a review by the Training Committee.
- 7.7.11. The Training Committee is responsible for reviewing submitted assessments and logbook data, and may undertake further review in order to determine if a term is to be accredited.
- 7.7.12. The Training Committee may review any in-training assessment, logbook and any other documentation pertaining to performance in determining the final outcome of a term. The Training Committee may revise the final outcome of the term, based on its review, and the trainee will be advised in writing. The final outcome of the term may be one of the following:
 - a. Satisfactory: The Term will be accredited towards the required number of rotations as outlined in **Section 9.1.1a and Section 10.1.1a**
 - b. Unsatisfactory: If the Training Committee's initial review is to recommend that the term be made unsatisfactory, a panel must be formed and trainee interviewed.
 - c. Not accredited: If the term is deemed not accredited, the following will occur:
 - The Trainee's term will not be accredited towards the required number of rotations as outlined in **Section 9.1.1a and Section 10.1.1a**
 - The Trainee's logbook numbers may be counted towards the logbook numbers required as outlined in **Section 9.1.1c and Section 10.1.1b**. This will be determined by the Training Committee.
 - The Trainee's period of training will be extended by a minimum of six months.
- 7.7.13. Trainees are required to retain copies of all assessments. All assessment reports will form part of the Trainee's portfolio that is to be presented to the Hospital Supervisor at the beginning of each term.

7.8 Unsatisfactory End of Term Assessment

- 7.8.1. An unsatisfactory End of Term Assessment is defined as:
 - a. an overall "Unsatisfactory" rating on the End of Term In Training Assessment form based on receiving borderline and/or not-competent rating(s), and/or
 - b. one or more "Unsatisfactory" rating in any of the essential criteria and/or

- c. non-submission of completed, signed logbook data or assessment form or any associated documentation by the due date as **per Section 7.7.10** and/or
 - d. Unsatisfactory logbook rating following review of the Training Committee as per **Section 7.7.12**
- 7.8.2. Receipt of an unsatisfactory assessment will result in the automatic commencement of Probationary Training in the following term. The continuation of this period of Probationary Training will be decided by the Training Committee pending a review at the earliest possible time.
- 7.8.3. In accordance with the RACS [Assessment of Clinical Training Policy](#) and **these regulations**, upon receipt of an unsatisfactory assessment a formal Performance Review and Counselling Meeting will be convened as soon as possible with the Trainee, the Chair of the Training Committee (or representative), the Hospital Supervisor and one additional member of the Training Committee or supervisor. The Trainee may invite a support person who is not a practicing lawyer. The proceedings of the interview are to be duly documented. The meeting will address the following:
 - a. Details of unsatisfactory performance
 - b. Response of the Trainee
 - c. Remedial action advised via a Performance Management Plan
 - d. Frequency at which performance plan must be submitted
 - e. Consequences of any further unsatisfactory assessments
- 7.8.4. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review **Section 7.8.3a to e**.
- 7.8.5. The Trainee will be provided with an agenda and the opportunity to make a formal written submission to the panel. The submission must be received at least two (2) days prior to the meeting.
- 7.8.6. The Trainee and Panel will be provided with the minutes of the meeting and the Performance Management Plan. 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 by the Trainee for inclusion in the minutes.
- 7.8.7. The following formal process will commence:
 - a. Probationary Training automatically commences at the start of the term immediately following the unsatisfactory term.
 - b. The Training Committee will undertake a review of the assessment at the earliest possible time. If it is agreed by the Training Committee that the assessment is unsatisfactory, the Training Committee will recommend to the Board that the period of training be deemed unsatisfactory.
 - c. This recommendation will be considered at the next meeting of the Board. If agreed that the period of training is deemed unsatisfactory and therefore not accredited towards training, the Trainee will be advised of this in writing. The Trainee will be required to continue with Probationary Training for the entire six-month term.
 - d. The Trainee's period of training will be extended by six months at a minimum.
 - e. The Trainee's logbook numbers will not be counted towards the logbook numbers required as outlined in **Section 9.1.1c** and **Section 10.1.1b**.
- 7.8.8. Trainees may be considered for dismissal for unsatisfactory performance, in accordance with the RACS [Dismissal from Surgical Training Policy](#) and **these regulations**, if:

- a. the Trainees' performance has been rated as unsatisfactory during a probationary period applied in accordance with the RACS [Assessment of Clinical Training Policy](#); or,
- b. the Trainees' performance has been rated as unsatisfactory for three (3) or more terms at any time during their SET program.

7.9 Probationary Training

- 7.9.1. Probationary terms are **six (6)** months in duration. During Probationary Training, 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. The process should allow the Trainee to implement strategies to improve performance, to monitor progress and to identify if the Trainee has achieved competency at the end of the probationary term.
- 7.9.2. Trainees will be required to satisfactorily meet the requirements of Probationary Training in order to have the probationary term accredited. If performance is considered satisfactory at the conclusion of the probationary period, the probationary status will be removed. Only when a probationary term is accredited will the Trainee be allowed to proceed in the SET program.
- 7.9.3. The End of Term Assessment in the probationary term may be conducted at a time within the final **six (6)** weeks of term, between the Hospital Supervisor and the Trainee, to finalise the assessment.
- 7.9.4. If a Trainee receives an unsatisfactory End of Term Assessment **while on** Probation, the probationary term will not be accredited and the Trainee will be placed on suspension for **six (6)** months pending review. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the review. The Trainee's continuation in the Program will be reviewed in accordance with the RACS [Dismissal from Surgical Training Policy](#) **and these regulations**.
- 7.9.5. If a Trainee receives an unsatisfactory End of Term Assessment as per **Section 7.8.1**, having satisfactorily met the requirements of a prior probationary term:
 - a. the Trainee will commence a second six-month term of Probationary Training, pending a review by the Training Committee as outlined in **Section 7.8.7**, and
- 7.9.6. Trainees who are on Probation must remain in their allocated training post and are not permitted to commence Interruption of Training to undertake full time research.

7.10 Dismissal due to Unsatisfactory Performance

- 7.10.1. Trainees may be dismissed from the program for unsatisfactory performance in accordance with **Section 7.8.8** and the RACS [Dismissal from Surgical Training Policy](#).
- 7.10.2. Following confirmation that a Trainee has had an unsatisfactory rotation in accordance with **Section 7.8.8** and RACS [Dismissal from Surgical Training Policy](#) the following process will occur.
 - a. The Trainee will be placed on suspension for a period of six months pending review by the Training Committee and the New Zealand Board in General Surgery.
 - b. The Trainee will be interviewed by a Panel.
- 7.10.3. The Panel and interview will proceed as follows:
 - a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.

- b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - Details of unsatisfactory performance
 - Response of the Trainee
 - Continuation in the General Surgery Training Program
 - Process following interview
 - c. The Trainee may invite a support person who is not a practicing lawyer.
 - d. The Trainee will be provided with an agenda and the opportunity to make a formal written submission to the Panel. The submission must be received at least two (2) days prior to the meeting.
 - e. 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 this time by the Trainee for inclusion in the minutes.
 - f. Where a Trainee has been duly notified of the meeting as per **Section 7.10.3b** and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.
- 7.10.4. Where the Training Committee recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- 7.10.5. The Board will make the final decision on whether or not the Trainee should be dismissed. If dismissal is not recommended, the Board can stipulate any additional probationary periods or conditions the Trainee will be required to abide by upon resuming training.
- 7.10.6. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 7.10.7. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

7.11 Continual Assessment

- 7.11.1. Regular formative feedback and assessment of the Trainee by consultant members of the Unit is advisable, to identify and reinforce good performance and to review areas requiring improvement. These are in addition to the Formative Mid-term In Training Assessment. Trainees are encouraged to seek continual feedback.
- 7.11.2. Borderline or unsatisfactory performance identified during continual feedback and assessment should be discussed with the Trainee and documented to record the following:
 - a. Details of unsatisfactory performance
 - b. Response of the Trainee
 - c. Remedial action advised via a Performance Management Plan
 - d. Consequences of any unsatisfactory assessments

8. MISCONDUCT

- 8.1.1. Conduct identified as misconduct is defined in Section 3.1 of the RACS SET [Misconduct Policy](#).

- 8.1.2. Incidents of alleged misconduct must be documented and verified as soon as possible. Once the supervisor, Fellow or other person has identified the misconduct, it should be reported in writing to the New Zealand Board in General Surgery.
- 8.1.3. The allegation may be put by the New Zealand Board to the trainee, in writing, for an initial response, including sufficient detail to enable a response.
- 8.1.4. If the trainee's response is viewed by the Board as inadequate, or a response is not received, the process as per **Sections 8.1.6 and 8.1.7** will be followed.
- 8.1.5. If the trainee's response is viewed by the New Zealand Board as adequate, or if there is no documented proof of the allegation, no further action will be taken.
- 8.1.6. When regulation **8.1.4** applies, the process is as follows:
- a. The Trainee may be placed on suspension pending review by the Training Committee and the Board in General Surgery. The period of suspension will not be counted in the maximum time period permitted to complete all the requirements of the program should the Trainee return to the Training Program following the review.
 - b. The Trainee will be interviewed by a Panel.
- 8.1.7. The Panel and interview will proceed as follows:
- a. The Panel will consist of a minimum of three (3) members of the Board or Training Committee as appropriate.
 - b. The Trainee will be provided with a minimum ten (10) working days' notice of the meeting and will be informed that the purpose of the meeting is to review:
 - Details of the allegation
 - Response of the Trainee
 - Continuation in the General Surgery Training Program
 - Process following interview
 - c. The Trainee may invite a support person who is not a practicing lawyer.
 - d. 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, have relevant persons contacted and make written submissions in relation to all allegations. The submission must be received at least two (2) days prior to the meeting.
 - e. 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 this time by the Trainee for inclusion in the minutes.
 - f. Where a Trainee has been duly notified of the meeting as per **Section 8.1.7b** and declines or fails to attend, the Training Committee will submit a recommendation to the Board regarding dismissal.
- 8.1.8. The Training Committee or Panel may determine possible penalties for the misconduct. The Training Committee or Panel will make a final recommendation to the Board.
- 8.1.9. If dismissal is not recommended by the Training Committee or the Panel, the Board can stipulate the conditions or sanctions the Trainee will be required to abide by upon resuming training. This may include but is not limited to a probationary term and Performance Management Plan.

- 8.1.10. Where the Training Committee or Panel recommends dismissal to the Board, all relevant documentation to support the decision must be submitted with the recommendation. The Board must be satisfied that the recommendation can be substantiated and that the correct processes have been followed and adequately documented.
- 8.1.11. The Board will make the final decision on whether or not the Trainee should be dismissed.
- 8.1.12. The Trainee will be notified of the Board's final decision within **five (5)** working days of the meeting. The Trainee will be provided with a copy of all documentation relied upon during the dismissal process.
- 8.1.13. The Board will inform the RACS Chair of the Board of Surgical Education and Training of the decision.

9. FELLOWSHIP EXAMINATION

9.1 Eligibility to Present for Examination

- 9.1.1. Trainees will be **eligible** to present for the Fellowship Examination after meeting the following requirements:
 - a. Satisfactory completion of at least **six (6)**, six-month terms beyond **SET1**
 - b. Satisfactory completion of any period of Probationary Training
 - c. Completion of **600** major operative cases beyond **SET1**, in accredited and satisfactory terms, with an appropriate case mix and an overall satisfactory primary operator rate
 - d. Satisfactory completion of, or approved exemption from, the minimum upper gastrointestinal endoscopies and colonoscopies
 - e. Commencement of the approved research activity
 - f. Fully paid up dues and fees owed to the RACS
 - g. Presentation of a satisfactory Transcript of Training (refer **Section 4.7**) which will be undertaken by the NZAGS Training Manager at the time of Exam Application review. The Training Committee Chair will review the Training Portfolio.
- 9.1.2. A Trainee may sit the Fellowship Examination when the following has been undertaken:
 - a. Trainee has completed all eligibility requirements to sit the Fellowship Examination
 - b. Trainee submits the required application form by the due date with any required payment to the College
 - c. Trainee submits a letter of support from their current Board approved Hospital Supervisor, if in an approved SET post, directly to the Board via email at nzbigs@nzags.co.nz. Trainees must submit a letter of support before every attempt. For Trainees not in a SET Post refer to **Section 9.2**.
 - d. Training Committee submits a formal notification to the Board supporting the Trainee in presenting for the Fellowship Examination
 - e. Board formally approves the Trainee's application to present for the Fellowship Examination
 - f. Any further conditions that have been recommended by the Board or Training Committee as per the RACS [Fellowship Examination Eligibility, and Examination Performance Review](#) have been satisfactorily completed
- 9.1.3. Trainees who receive an Unsatisfactory End of Term Assessment or Unsatisfactory Mid-Term Assessment, in the term preceding the Fellowship

Examination attempt will not be approved to present for the Fellowship Examination.

- 9.1.4. Trainees who are deemed to be Poor Performers or Safety Concerns may not be approved to present for the following Fellowship Examination. Trainees will only be approved for a future Fellowship Examination following satisfactory completion of any conditions as per **Section 9.1.7**.
- 9.1.5. Success in the Fellowship Examination will result in awarding of a full Fellowship in General Surgery **pending** satisfactory completion of any remaining Training Program requirements (refer **Section 10**).
- 9.1.6. A Trainee who is unsuccessful in the Fellowship Examination will be given feedback via a report from the Court of Examiners. The Trainee will be invited to attend a meeting as per the RACS [Fellowship Examination Eligibility, and Examination Performance Review](#).
- 9.1.7. Trainees who are unsuccessful in the Fellowship Examination will be required to participate in specified exam preparation activities including the use of the Exam Preparation Form, upon recommendation by the Training Committee or the Board. Trainees will be provided with conditional approval to present for a subsequent sitting of the Fellowship Examination contingent upon the Trainee meeting all recommendations relating to exam preparation. The Board may withhold approval or withdraw conditional approval for presenting for the Fellowship Examination if Trainees fail to comply with or do not satisfactorily fulfil the exam preparation recommendations.

9.2 Exam Pending Trainees

- 9.2.1. Trainees who have completed all training requirements including Clinical Rotations but are yet to complete the Fellowship Examination will be considered Exam Pending.
- 9.2.2. Exam Pending Trainees will be required to provide the Training Committee with the following information one (1) month prior to the due date for the RACS Fellowship Examination application as per **Section 9.1.2b**:
 - a. A description of clinical activities undertaken since completing Clinical Rotations in the General Surgery SET Program
 - b. A description of exam preparation activities undertaken since completing Clinical Rotations in the General Surgery SET Program
 - c. A portfolio of continuing medical educational activities undertaken since completing Clinical Rotations in the General Surgery SET Program
 - d. A report on steps taken to meet any recommendations from any previous exam review interview with the Board or Training Committee
 - e. A signed letter from a current clinical supervisor indicating the Trainee is adequately prepared to present for the Examination **and** is of Good Standing
- 9.2.3. Where an Exam Pending Trainee is unable to provide the required information or where the Training Committee deems it necessary to seek clarification on the suitability of the Trainee to present for the Examination, the Training Committee may request further information or ask the Trainee to attend an interview.
- 9.2.4. The above documentation is **in addition** to the RACS Fellowship Examination Application form which must be completed and returned to the College as per the Application Process outlined on the College [website](#) and **Section 9.1.2b**

10. COMPLETION OF SURGICAL EDUCATION AND TRAINING

10.1 Fellowship Requirements and Process

- 10.1.1. A Trainee must meet the following requirements before being awarded the full RACS Fellowship in addition to **Section 9.1.1** :
- Satisfactory completion of **eight (8)**, six-month terms in posts accredited by the Board (beyond **SET1**)
 - Satisfactory surgical logbook statistics consisting of a minimum of **800** major operative cases over **eight (8)** accredited and satisfactory terms (beyond **SET1**) and with satisfactory primary operator rates and case mix (refer **Sections 4.3 and 4.4**)
 - If trainees were provided with an exemption to the minimum number of colonoscopies and endoscopies during the Fellowship Examination Approval process, trainees must still complete the required numbers for Fellowship.
 - Satisfactory completion of the CCrISP Course
 - Satisfactory completion of the ASSET Course
 - Satisfactory completion of the EMST Course
 - Satisfactory completion of the CLEAR Course
 - Satisfactory completion of the RACS Research Requirement
 - Satisfactory completion of the General Surgery Fellowship Examination
 - Satisfactory attendance at the required number of NZAGS Trainee Days (This regulation is only applicable to Trainees who commenced training from 2011 onwards.)
 - Fully paid up dues and fees owed to the RACS
- 10.1.2. Once the Trainee has successfully completed all requirements of the Training Program, it is the Trainee's responsibility to complete a Fellowship Application form available by logging onto the [RACS](#) website, to commence the awarding process.
- 10.1.3. Trainees may be approved for provisional Fellowship following submission of a satisfactory Mid-term Assessment in the 8th rotation, providing all other requirements have been met.
- 10.1.4. The form requires approval from the Chair of the relevant Training Committee who will confirm successful completion of all components of the General Surgery Program.
- 10.1.5. Upon notification from the Training Committee, the Chair of the Board will recommend to the RACS awarding of the Full Fellowship of the Royal Australasian College of Surgeons, in General Surgery.
- Further information regarding the awarding process can be requested by the Trainee via an email to the NZAGS Training Manager.

11. GRIEVANCE AND APPEALS PROCESS

- 11.1.1. Any person adversely affected by a decision made by the Board, or Training Committee, may, within **one (1)** month of being notified of the decision apply in writing to the Board Chair to have the decision reviewed.
- 11.1.2. In submitting a written grievance the person must include the grounds for the grievance, and the remedy sought and any relevant supporting documentation.
- 11.1.3. Written grievances submitted to the Board must:
- Outline where the Trainee believes the grievance lies, in accordance with the categories listed in **Section 11.1.7**

- b. Demonstrate that reasonable attempts were made to address the situation at the earliest possible time
 - c. Not be from a legal practitioner or barrister
 - d. Not be regarding a decision being discussed with the RACS under the [Appeals Mechanism Policy](#)
 - e. Not be in relation to a decision already reconsidered by the Board
- 11.1.4. The written grievance will be considered by the Board at the next appropriate Board meeting.
- 11.1.5. The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate reasoning. The Board may also refer the matter to an independent panel to form a new decision.
- 11.1.6. Where the Board overturns or varies the original decision the reasoning must fall into one of the following categories and must be justified:
 - a. That the decision was based on a mistake of fact;
 - b. That an error in due process occurred;
 - c. That the relevant policies or procedures were not observed;
 - d. That relevant and significant information was not appropriately considered in the decision;
 - e. The grounds for special consideration as defined by the Board were established which justify the decision
- 11.1.7. Notwithstanding the above any person adversely affected by a decision made by the Board or a Hospital Supervisor may, within **three (3)** months of receipt of notice of such decision, appeal the decision in accordance with the RACS [Appeals Mechanism Policy](#)

All queries relating to clarification of these regulations can be addressed to <mailto:nzbigs.co.nz>

APPENDIX 1 – POLICIES

The Regulations are specific to the SET Program in General Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies.

The Board advises that familiarity with the following RACS Policies is essential for Trainees, Board Members and General Surgery training administrators.

Documents can be found on the [RACS website](#) and following subheadings:

- 11.1.8. Education Board and Committees
 - a. Board of Surgical Education and Training Terms of Reference
 - b. New Zealand Board in General Surgery Terms of Reference
- 11.1.9. Examinations and Assessments
 - a. Conduct of the SET Clinical Examination
 - b. Conduct of the SET Generic Surgical Sciences Examination
 - c. Conduct of the Surgical Sciences Examination in General Surgery
 - d. Conduct of the Fellowship Examination
 - e. Fellowship Examination Eligibility and Examination Performance Review
- 11.1.10. Fellowship/Professional Standards
 - a. Code of Conduct
 - b. Complaints

11.1.11. Surgical Education and Training

- a. Assessment of Clinical Training
- b. College Surgical Education and Training (SET) Fee
- c. Discrimination, Bullying and Sexual Harassment
- d. Dismissal from Surgical Training
- e. Former Trainees Seeking Permission to Reapply to Surgical Training
- f. Ill, Injured and Impaired Trainees
- g. Medical Registration for the Surgical Education and Training Program
- h. Recognition of Prior Learning
- i. Religious Observance
- j. Research During Surgical Education and Training
- k. SET Misconduct
- l. Specialty Surgical Education and Training Fees
- m. Surgical Supervisors
- n. Surgical Trainers
- o. Trainee Registration and Variation Policy
- p. Training Agreement
- q. Training Post Accreditation and Administration
- r. Training Requirements and Curriculum Structure

12. APPENDIX 2 – CONTACTS

12.1 NZAGS

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13. APPENDIX 3 - RESEARCH REQUIREMENTS

13.1 Purpose

- 13.1.1. To enable a Trainee to gain competencies associated with scientific research in order to fulfil the requirements for General Surgery.
- 13.1.2. To define the Research Requirements for General Surgery Trainees.
- 13.1.3. To ensure education and training in research is aligned with the requirements of the General Surgery curriculum.
- 13.1.4. To assist Trainees to acquire competency in research.
- 13.1.5. To identify how research education and training can be delivered during the SET program.

13.2 Competencies

- 13.2.1. The following competencies will be met:
 - a. Professionalism
 - b. Scholar and Teacher
 - c. Medical Expertise

13.3 Approved Research Activities

- 13.3.1. The following are defined as approved activities that Trainees are required to complete in order to fulfil the Research Requirement:
 - a. Research, in the field of General Surgery, towards a higher degree **or** participation in a supervised research project in the field of General Surgery, not towards a higher degree. A case report will not be accepted.
 - b. Publication of research outcomes in a peer-reviewed scientific journal, as primary or major author **or** an oral or poster presentation of research outcomes at a recognised peer-reviewed scientific national or international meeting. The following regional meetings will also be accepted as appropriate forums to present at
 - RACS New Zealand Meeting

An approved meeting is defined as one that has a competitive abstract selection process and is officially chaired.

13.4 Criteria for Research Projects

The following criteria must be met in order for a research project to be approved by the Training Committee:

- 13.4.1. The project must be undertaken either part-time or full time during SET
- 13.4.2. The topic is relevant and related to the discipline of General Surgery (the onus is on the Trainee to demonstrate how a project is relevant and related to General Surgery)
- 13.4.3. Trainee has identified a Supervisor for the project
- 13.4.4. Estimated duration of project is specified and appropriate
- 13.4.5. Project design is appropriate
- 13.4.6. Trainee has significant involvement in project and contributes to all or a significant proportion of the project or to a significant part of the project including:
 - a. Project concept
 - b. Project design
 - c. Written project proposal
 - d. Ethics proposal and submission if required

- e. Project implementation
 - f. Data collection
 - g. Data analyses
 - h. Data Interpretation
 - i. Translation of project results into clinical practice
- 13.4.7. Trainee may be involved from the start or at any point in a substantial project
- 13.4.8. Trainee has submitted a Trainee Research Approval as per *Section 14.7* by the end of SET3 (refer **Section 4.6 and Section 6.4**)
- 13.4.9. Satisfactory progress and performance as indicated by supervisor reports

13.5 Criteria for Recognition of Prior Learning (RPL) for Research Requirement

Satisfactory completion of the Research Requirement is detailed in **Section 13.8**. The following criteria must be met in order for RPL of the Research Requirement to be considered by the Training Committee.

- 13.5.1. The research project, and associated publications and/or presentations must be completed during a trainee's post graduate years and within the five years prior to commencing SET Training.
- 13.5.2. Research and associated publications and/or presentations for which a higher degree has been awarded (PhD or Masters by Thesis) will be considered irrespective of when it was completed.
- 13.5.3. All requests must include the following details:
- a. Project Title
 - b. Names of Supervisor(s)
 - c. Research design
 - d. Brief description of research
 - e. Relevance of research project to General Surgery
 - f. Details of any related publications
 - g. Details of any related presentations
 - h. Statement of verification by supervisor of satisfactory participation in, and completion of project.
- 13.5.4. The research project must also comply with all requirements as outlined in **Section 13.4 except for 13.4.1 and 13.4.8**.
- 13.5.5. Trainees must make an RPL request for their Research Requirement via an online Trainee request (refer **Section 3.10 and Section 3.11**).

13.6 Criteria for Recognition of Prior Learning (RPL) for the Project Component of the Research Requirement

As per **Section 13.8** the Research Requirement consists of two components – satisfactory participation in a research project and publications or presentations relating to the project. Where Trainees have participated in a research project prior to commencing SET training but are yet to publish or present work arising from the project, RPL may be considered for the project component of the Research Requirement.

- 13.6.1. The research project must also comply with all requirements as outlined in **Section 13.4 except for 13.4.1 and 13.4.8**.
- 13.6.2. The research project must be completed during a trainee's post graduate years and within the five years prior to commencing SET Training. Research for which a higher degree has been awarded (PhD or Masters by Thesis) will be considered irrespective of when it was completed.

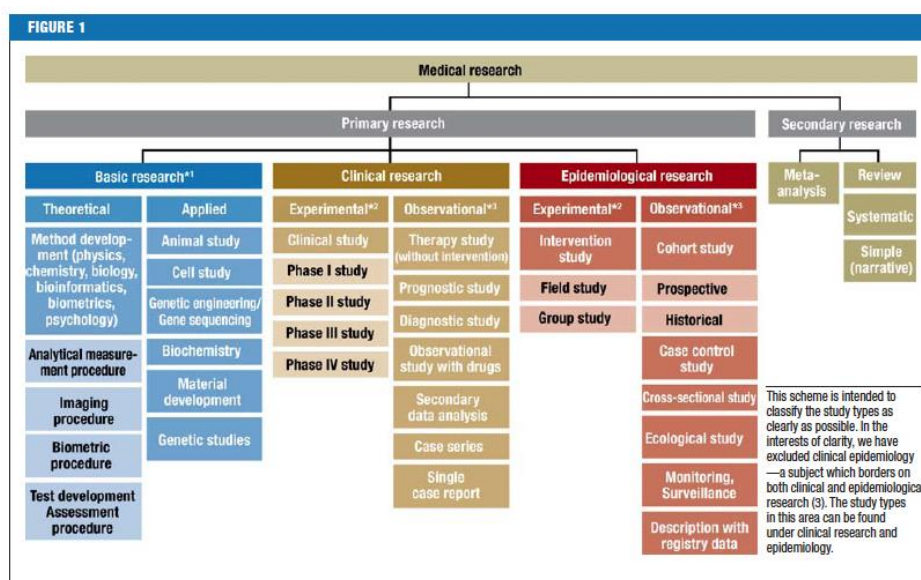
- 13.6.3. Trainees must make an RPL request for the research component of the requirement via an online Trainee request (refer **Sections 3.10 and 3.11**) using the Research Pre-approval form. Trainees must specify their involvement in the project and submit confirmation from the Research Supervisor.
- 13.6.4. If RPL is granted for the research component of the project, trainees must request approval for completion of the Research Requirement following publication and/or presentation via an online Trainee request (refer **Sections 3.10 and 3.11**).

13.7 Research Pre-Approval Process

- 13.7.1. To ensure projects are appropriate, and to provide a learning opportunity for submitting a research proposal, Trainees are required to seek approval from their Training Committee prior to undertaking a project.
- 13.7.2. A Trainee Research Approval form must be submitted no later than at the completion of SET3 (through the Trainee Requests section on SOLA. (refer **Section 4.6 and Section 6.4**)
- 13.7.3. The Training Committee will determine the appropriateness of a research activity and its design (refer to **Section 13.4**). Case reports will not be accepted.

13.8 Satisfactory Completion of the Research Requirements

- 13.8.1. In order to fulfil the mandatory Research Requirement the following must be met:
- Satisfactory research project participation **and** a publication or presentation or
 - Satisfactory completion of research towards a higher degree, which includes associated publication and/or presentations.
- 13.8.2. Once completed, Trainees must request formal approval of their Research Requirement via an online Trainee request (refer **Sections 3.10 and 3.11**).
- 13.8.3. At the time of the request for formal approval trainees must provide documentation verifying their involvement from the supervisor of the project and proof of publication/presentation.



Classification of different study types

^{*1}, sometimes known as experimental research; ^{*2}, analogous term: interventional; ^{*3}, analogous term: noninterventional or nonexperimental

14. APPENDIX 4 – SURGICAL EDUCATION AND ASSESSMENT (SEAM) STANDARD SETTING

14.1 Purpose And Scope

- 14.1.1. This section provides the framework in which the Assessment component of the Surgical Education and Assessment Modules (SEAM) will be Standard Set.
- 14.1.2. As per **Section 5.6**, SEAM is a summative evaluation of a candidate's knowledge, understanding and application of following key areas of the practice of general surgery:
 - a. Acute Abdomen
 - b. Anatomy
 - c. Trauma and Critical Care
 - d. Haematology
 - e. Nutrition
 - f. Operating Theatre
 - g. Peri-operative Care
 - h. Post-Operative Care
- 14.1.3. The requirements for the completion of SEAM by General Surgery Trainees and pass mark (80%) required for satisfactory completion is specified in **Section 5.6**.

14.2 Format of SEAM

- 14.2.1. SEAM consists of two segments and is conducted online as an eLearning Module:
 - a. Content
 - b. Summative Assessment consisting of 20 randomly generated questions containing two easy, sixteen medium and two hard questions.

14.3 Method of Standard Setting Assessment Component

- 14.3.1. A modified Angoff Method will be used to standard set the assessment component of SEAM.

14.4 Subject Matter Experts (SME)

- 14.4.1. A minimum of six (6) to maximum of ten (10) subject matter experts will be selected to form the panel that will review a module.
- 14.4.2. Subject Matter Experts will be either New Zealand or Australian Board in General Surgery or Training Committee members.

14.5 Application

- 14.5.1. Each SME will review the questions and independently rate as easy, medium or hard.
- 14.5.2. The probability categorization of the ratings will be as follows:
 - a. Easy – 90%
 - b. Medium – 80%
 - c. Hard – 70%
- 14.5.3. The SMEs will be provided with the performance statistics for each question and will have the ability to review their rating.
- 14.5.4. The ratings for each question will be averaged at the completion of the reviews.
- 14.5.5. The questions will be rated to the closest probability categorization.

14.6 Review of Attempts

- 14.6.1. A trainee's attempt will be reviewed if they have not satisfactorily passed the assessment component of a module and the following situation occurs:
 - a. A question is deemed not suitable and therefore retired from the question bank.
 - b. A question is deemed to be considerably ambiguous such that a candidate would have been disadvantaged.
- 14.6.2. In the event of **14.6.1a or 14.6.1b**, all trainees who meet **14.6.1** who were presented with the question will have their score adjusted by 1 mark.
- 14.6.3. In the event that the adjustment increases their attempt score to 80%, the trainee will be informed that they have passed the summative assessment component of the module.

14.7 Timeframe

- 14.7.1. Each module will be standard set every two years.