

## **Selection Regulations**

### **Surgical Education & Training Program**

#### **Cardiothoracic Surgery 2023 Intake**

## 1. INTRODUCTION

1.1. Definition of terms for the purpose of these Regulations:

- 1.1.1. **ANZSCTS** or **Society** means the Australian and New Zealand Society for Cardiac and Thoracic Surgeons.
- 1.1.2. **Applicant** means a person who has submitted an application for the Surgical Education and Training (SET) Program in Cardiothoracic Surgery of the RACS.
- 1.1.3. **Application Closing Date** means the date upon which applications close as described in 4.2.
- 1.1.4. **Award** means a medal, prize or award at an academic, tertiary level.
- 1.1.5. **Board** means the Royal Australasian College of Surgeons Board of Cardiothoracic Surgery.
- 1.1.6. **Cardiothoracic Surgical Rotation** means an employment period within a Cardiothoracic surgical hospital unit/department at post-graduate level as further described in 3.2.2.
- 1.1.7. **Cardiothoracic Surgical Supervisor** means a Surgical Supervisor on the SET Program as approved by the Board in accordance with the RACS Surgical Supervisors Policy.
- 1.1.8. **Cardiothoracic Surgeon** means a specialist with cardiothoracic scope of practice in Australia or Aotearoa New Zealand.
- 1.1.9. **FRACS** means a Fellow of the Royal Australasian College of Surgeons.
- 1.1.10. **Interview** means the Board semi-structured interview conducted as part of the selection process.
- 1.1.11. **Indexed** means the relevant journal is listed in Index Medicus.
- 1.1.12. **Other Surgical Specialties** refers to any of the following:
- General Surgery
  - Vascular Surgery
  - Urology
  - Otolaryngology, Head and Neck Surgery
  - Orthopaedic Surgery / Spinal Surgery
  - Plastic Surgery
  - Breast and Endocrine
  - Colorectal
  - Surgical Oncology
  - Paediatric Surgery
  - Trauma / Acute Surgical Unit
  - Transplant Non-Cardiac (applicable only if a standalone rotation)
  - Upper GI / Hepatobiliary / Bariatric
  - Neurosurgery
- 1.1.13. **RACS** means the Royal Australasian College of Surgeons.
- 1.1.14. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the Applicant's performance.
- 1.1.15. **Referee Reports** means the reports provided by a Referee as further described in Regulation 8.
- 1.1.16. **Regulations** means these Selection Regulations for the SET Program 2023 intake.

- 1.1.17. **Rotation** means an employment period at a hospital within a non-surgical unit/department at post-graduate level.
- 1.1.18. **SET** means Surgical Education and Training as referred to within the specialist surgical education and training delivered by RACS in Australia and Aotearoa New Zealand.
- 1.1.19. **SET Program** means the SET Program in Cardiothoracic Surgery as approved by the Board.
- 1.1.20. **Structured Curriculum Vitae** means the curriculum vitae component of the selection processes as further described in Regulation 6.
- 1.1.21. **Surgical Rotation** means an employment at a hospital within a surgical unit department at post graduate level.

## 1.2. **Purpose of these Regulations**

The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the SET Program 2023 intake. This is a public document.

## 1.3. **Administration and Ownership**

The RACS is the principal body accredited and authorised to conduct surgical education and training in Australia and Aotearoa New Zealand. Each SET Program conducted under the auspices of the RACS has an appointed specialty board that is responsible for advising the RACS on training and education via the relevant governance structures. These functions are performed by the Board.

## 1.4. **Objective of the SET Program**

The overall objective of the SET Program is to produce competent independent specialist Cardiothoracic Surgeons with the experience, knowledge, skills and attributes necessary to provide their communities and health systems and professions with the highest standard of safe, ethical and comprehensive care and leadership.

## 2. **PRINCIPLES UNDERPINNING THE SELECTION PROCESS**

- 2.1. The aim of the selection process is to select the highest calibre trainees for the SET Program on the basis of merit through a fair, open and accountable process.
- 2.2. The selection process will be legal and conducted without prejudice.
- 2.3. The selection process will be objective and documented. Selection process decisions made by the Board are open to challenge and Applicants are referred to the RACS Reconsideration, Review and Appeal Regulation, available on the RACS website [www.surgeons.org](http://www.surgeons.org) for more information.
- 2.4. The selection process will be subject to continuous review to ensure its continued validity and objectiveness.
- 2.5. The selection process will conform to the requirements agreed by the RACS Board of Surgical Education and Training (BSET) and will meet the RACS generic eligibility requirements. These requirements are listed in the "Generic eligibility requirements for Selection" page on the RACS website
- 2.6. The number of Applicants selected in any year, will be determined by the Board.
- 2.7. Interviews are not automatically granted to all eligible Applicants. Only those Applicants who have obtained the minimum standard for the Structured Curriculum Vitae and Referee Reports will be eligible for Interview.

## 3. **ELIGIBILITY FOR APPLICATION TO THE SET PROGRAM - CARDIOTHORACIC SURGERY**

To be eligible to apply to the SET Program, each Applicant must meet the requirements of this Regulation 3.

### 3.1. Registration – Generic Eligibility

To be eligible to apply to the SET Program:

- 3.1.1. Applicants must register with RACS. Registration opens 12:00 AEDT, 12 January 2022 and closes 12:00 AEDT, 9 February 2022. Applicants must register in accordance with the Registration for Selection into SET regulation, available on the RACS website.
- 3.1.2. Applicants must complete the “Operating with Respect” eLearning module. The module must be completed within the time limits as specified on the RACS website.
- 3.1.3. Applicants must have permanent residency or have citizenship of Australia or New Zealand at the time of registration.
- 3.1.4. Applicants must have general (unconditional) registration in Australia or registered within the general scope of practice in Aotearoa New Zealand.
- 3.1.5. Applicants must have successfully completed the RACS Hand Hygiene Learning Module from Hand Hygiene Australia since 1 January 2014 (NZ Applicants please note: Hand Hygiene New Zealand uses the Australian Learning Module as its default program. NZ Applicants must also complete the Hand Hygiene Australia Learning Module.) Applicants must complete the RACS Module which is available on the Hand Hygiene Australia website. No other module will be accepted.

### 3.2. Cardiothoracic Surgery Specific Eligibility

In addition to the generic eligibility requirements of registration as described in Regulation 3.1, Applicants to the SET Program must also meet the following specific eligibility requirements:

- 3.2.1. Surgical Rotations

Complete two (2) Surgical Rotations in two (2) different surgical specialties of a minimum duration of ten (10) continuous weeks each. The Surgical Rotations must be undertaken within the last seven years and must be completed by 31 January 2022 (1 December 2014 – 31 January 2022); and
- 3.2.2. Cardiothoracic Surgical Rotations

Complete one (1) Cardiothoracic Surgical Rotation of a minimum of ten (10) continuous weeks. The Cardiothoracic Surgical Rotation must be undertaken within the last seven years and must be completed at the time of application (1 December 2014 – 31 January 2022). The Cardiothoracic Surgical Rotation is subject to the following conditions:

  - a. The Cardiothoracic Surgical Rotation must be undertaken within a hospital unit where an approved Cardiothoracic Surgical Supervisor is present.
  - b. A Cardiothoracic Surgical Rotation must provide both cardiac and thoracic exposure.
  - c. The Cardiothoracic Surgical Rotation must be purely Cardiothoracic and not shared with one of the Other Surgical Specialties.
  - d. A Cardiac or Thoracic rotation will not be counted as a Cardiothoracic Surgical Rotation. However, separate cardiac and thoracic rotations, each of minimum 10 weeks duration may be combined to satisfy the requirement 3.2.2.
  - e. If the hospital’s Cardiac and Thoracic units are separate, the Applicant will be deemed as having completed a Cardiothoracic Surgical Rotation if they completed at least 10 weeks in both units.
- 3.2.3. In relation to the Surgical Rotations described in Regulation 3.2.1 and the Cardiothoracic Surgical Rotations described in Regulation 3.2.2:
  - a. Rotations which are not undertaken on a full-time basis will be adjusted pro rata.
  - b. The Rotations must be undertaken within a hospital unit specialising in one of the RACS nine surgical specialties.
  - c. The minimum duration of a Rotation excludes any leave taken during the Surgical Rotation.
  - d. Applicants must provide written evidence in the form of a letter signed by the Head of Unit or HR Department from the employing institution confirming completion of the relevant Rotation.

- e. Rotations prior to 1 December 2014 should not be included in the application and will not be accepted.

### 3.3. **Direct Observation of Procedural Skills in Surgery (DOPS) Eligibility**

- 3.3.1. In addition to the generic and specific eligibility requirements described in Regulations 3.1 and 3.2, Applicants to the SET Program must also submit the following three mandatory Direct Observation of Procedural Skills (Eligibility DOPS). The evidence provided must be the Cardiothoracic Eligibility DOPS forms provided via the RACS website and the form must be signed by a FRACS.
- 3.3.2. The following three DOPS procedures are mandatory:
  - a. Chest Drain Insertion;
  - b. Saphenous Vein Harvesting; and
  - c. Harvesting of Radial Artery.
- 3.3.3. Eligibility DOPS submitted must have been completed in the seven years (1 December 2014 – 31 January 2022) prior to applying to the SET Program.
- 3.3.4. Eligibility DOPS may be completed outside of a Cardiothoracic Surgical Rotation.
- 3.3.5. If the Applicant is a current SET trainee in a different specialty, the Eligibility DOPS must have been completed in the five years prior to acceptance to the SET program in that other specialty.

### 3.4. **Examinations Eligibility**

Applicants are required to have successfully completed the Generic Surgical Sciences Examination (GSSE) at the time of application.

## 4. **SELECTION PROCESS OVERVIEW**

- 4.1. Applicants who satisfy the eligibility and application requirements outlined in Regulation 3, will be considered in open competition for selection to the SET Program.
- 4.2. Applications can only be submitted via the RACS online application system at [www.surgeons.org](http://www.surgeons.org). Applications open 12:00 AEDT, on 2 March 2022 and close 17:00 AEDT on 30 March 2022. No other form of application will be accepted, and no extensions will be granted.
- 4.3. In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, the RACS Policies and/or Regulations shall prevail.
- 4.4. The Board of Cardiothoracic Surgery and its staff will not enter into any form of advice, pre-scoring or interpretation of the Regulations outside of the formal application and scoring process.
- 4.5. The Board may verify the information provided within the application with external institutions or individuals, and by submitting an application, the Applicant is consenting to the collection, use, disclosure and storage of the information by the Board or its agent.
- 4.6. By submitting an application, Applicants certify that the information provided is correct and in accordance with these Regulations. If the Board determines, or reasonably suspects, that an Applicant has provided incorrect or misleading information either intentionally or by mistake, the Applicant may be withdrawn from the selection process and their application will not be considered

further in the selection process. This may occur at any point during the selection process. The Applicant may also be disqualified from further applications to the SET Program.

- 4.7. Applicants who do not meet the generic eligibility requirements as set out in Regulation 3.1 and the specific eligibility requirements as set out in Regulation 3.2 will not progress to the next stage of selection and will be advised accordingly.
- 4.8. On completion of the relevant components of the selection process, Applicants will be classified as one of the following:
  - a. **Successful** being an Applicant who satisfies the minimum standards for selection and is considered suitable for selection and who ranks high enough in comparison to the cohort to be made an offer of a position on the SET Program.
  - b. **Unsuccessful** being an Applicant who satisfies the minimum standards for selection and is considered suitable for selection, but who does not rank high enough in comparison to the cohort, to be made an offer of a position on the SET Program.
  - c. **Unsuitable** being an Applicant who fails to satisfy a minimum standard or criterion for selection.
- 4.9. The minimum standard for selection into the SET Program is an overall combined and adjusted score of at least 70% in the three (3) selection tools.
- 4.10. Failure to achieve the minimum standard for selection, will automatically deem an Applicant Unsuitable for selection and their application will not be considered further in the selection process. Unsuitable Applicants will be notified in writing as outlined in Regulation 12.
- 4.11. Applicants who satisfy the minimum standard for selection as well as the eligibility conditions, will be deemed suitable for selection and will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 which is obtained for each of the three selection tools, providing an overall percentage score, rounded to the nearest two decimal places:
  - a. Structured Curriculum Vitae 20%
  - b. Referee Reports 20%
  - c. Interview 60%
- 4.12. In the event that two or more Applicants receive equal total scores, the score received in the Interview will be the differentiating factor.
- 4.13. Successful Applicants will be offered a training position on the SET Program, according to their ranking, in a region in which they must undertake SET 1. Successful Applicants will be notified in writing as outlined in Regulation 10.
- 4.14. All Unsuccessful Applicants (as defined in Regulation 4.7 (b)) will be notified in writing as outlined in Regulation 11.

## **5. ABORIGINAL AND TORRES STRAIT ISLANDER SELECTION INITIATIVE.**

- 5.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Board will implement this initiative in the selection process.
- 5.2. For the 2023 intake, the Board will allocate one (1) position on the SET Program as an initiative post.
- 5.3. An Applicant will be considered for the initiative post if the following conditions apply:
  - a. They have identified as Aboriginal or Torres Strait Islander in the selection registration process; and
  - b. They have met the eligibility requirements for membership of the Australian Indigenous Doctors' Association; and

- c. They have met the eligibility requirements of Regulation 3; and
  - d. They have met the minimum standard for selection of Regulation 4.
- 5.4. In the circumstance of more than one Applicant meeting the above criteria, the initiative post will be allocated to the highest-ranking Applicant.
- 5.5. An Applicant's status as Aboriginal and Torres Strait Islander will only be known to RACS Staff and Board members directly involved in the selection process, for the purposes of implementing the selection initiative.

## 6. STRUCTURED CURRICULUM VITAE

- 6.1. The Structured Curriculum Vitae (included in the online application form) captures information and evidence on an Applicant's surgical experience, other qualifications, publications, presentations, skills courses and medical achievements.
- 6.2. Each Structured Curriculum Vitae will be scored by a panel comprising of three (3) Board Members, using the structured scoring system. Where any discrepancy occurs in any part of the Structured Curriculum Vitae between the scorers, the Board Chair will review the discrepancy and provide a final score for that part.
- 6.3. Any entry without documentation that clearly supports and verifies it, will not be scored or considered. No further documentation can be provided after submission of the application.
- 6.4. The Structured Curriculum Vitae has a maximum score of 40 points. The components scored are:
- a. Qualifications (6 points)
  - b. Surgical and Medical Experience (12 points)
  - c. Publications (8 points)
  - d. Presentations (8 points)
  - e. Skills Courses (4 Points)
  - f. Medical Awards/Achievements (2 points)

## 7. SCORING

- 7.1. Points will not be awarded in more than one component for any single entry.
- 7.2. **Qualification (maximum 6 points)**
- 7.2.1. Documentary evidence must be supplied for qualifications other than the Applicant's primary medical qualification (MBBS, MD or BMBS in the Applicant's respective jurisdiction). This must be either an academic transcript or certificate of completion from the institution. A qualification must not be listed, if it has not been completed.
- a. Scoring only includes higher degrees successfully completed prior to the Application Closing Date.
  - b. Scoring does not include primary medical qualifications (MBBS, BMedSci/MD or BMBS in the Applicant's respective jurisdiction).
  - c. A post Graduate Diploma in Anatomy is scored one (1) point (not as undergraduate for a graduate medical course).
  - d. A Bachelor of Medical Science degree is scored one (1) point.
  - e. A Master's degree for a surgical qualification completed prior to the Application Closing Date is scored two (2) points.
  - f. A PhD, MD or MD by Research for a medical qualification completed prior to the Application Closing Date is scored three (3) points.
  - g. A Graduate Diploma in a surgical or medical field are each scored one (1) point.

- h. FRACS or recognised surgical / specialist registration within Australia / Aotearoa New Zealand is scored five (5) points.
- i. A Fellowship of a non-surgical medical specialty training program in Australia or Aotearoa New Zealand is scored three (3) points.

### 7.3. **Surgical and Medical Experience (maximum 12 points)**

- 7.3.1. Documentary evidence must be supplied for those Rotations, Surgical Rotations and Cardiothoracic Surgical Rotations considered eligible to be awarded marks. Additionally, the documents must include commencement and end dates, position held and hospital. All Rotations Surgical Rotations and Cardiothoracic Surgical Rotations considered in Regulation 7.3 are subject to the following conditions:
  - a. Rotations, Surgical Rotations and Cardiothoracic Surgical Rotations which are not undertaken on a full-time basis will be adjusted pro rata.
  - b. Rotations, Surgical Rotations and Cardiothoracic Surgical Rotations planned to take effect after the Application Closing Date, will not be scored.
  - c. Scoring only applies to Rotations, Surgical Rotations and Cardiothoracic Surgical Rotations within the seven (7) years preceding the date of application, 1 December 2014 and after for Aotearoa New Zealand rotations, 1 January 2015 and after for Australian rotations
- 7.3.2. Cardiothoracic Surgical Rotations shall be scored up to a maximum of six (6) points subject to the conditions in Regulation 7.3.3.
- 7.3.3. The following conditions apply in relation to the Cardiothoracic Surgical Rotations described in Regulation 7.3.2:
  - a. Only Cardiothoracic Surgical Rotations which are in addition to the eligibility requirements, described in Regulation 3.2, are eligible to be scored in this section.
  - b. For the purposes of this Regulation 7.3.3 only, Cardiothoracic Surgical Rotations includes Cardiac and/or Thoracic Surgical Rotations.
  - c. Scoring only applies to PGY 3 level and above Cardiothoracic Surgical Rotations.
  - d. First Cardiothoracic Surgery Rotation of 6 months duration is scored two (2) points.
  - e. Subsequent Cardiothoracic Surgery Rotations of 6 months duration in the same unit will be scored one (1) point each to a maximum of 3 points.
  - f. Any further Cardiothoracic Surgery Rotations of 6 months or more in a different hospital unit will be scored one (1) point to a maximum of two (2) points.
- 7.3.4. Surgical Rotations other than Cardiothoracic Surgical Rotations shall be scored up to a maximum of four (4) points, subject to the conditions in Regulation 7.3.5.
- 7.3.5. The following conditions apply in relation to Surgical Rotations as described in Regulation 7.3.4:
  - a. Only Surgical Rotations which are in addition to the eligibility requirements, described in Regulation 3.2 are eligible to be scored in this section.
  - b. A Surgical Rotation of a minimum of 10 weeks in any of the other Surgical Specialties is scored one (1) point.
  - c. Scoring only applies to PGY 2 level and above Surgical Rotations.
  - d. Relieving / Night Cover Surgical Rotations are not scored.
- 7.3.6. Other Rotations will be scored up to a maximum of two (2) points subject to the conditions in Regulation 7.3.7.
- 7.3.7. The following conditions apply in relation to other Rotations:
  - a. A Rotation of a minimum of 10 weeks in any of the specialties described in Regulation 7.3.7c. is scored one (1) point
  - b. Relieving / Night Cover Rotations are not scored.
  - c. Scoring only applies to PGY 2 level and above Rotations, undertaken within the below specialties:
    - ICU



- Respiratory Medicine
- Cardiology
- Anaesthesiology
- Emergency Medicine

#### 7.4. Publications (maximum 8 points)

7.4.1. Applicants will be scored in relation to the following publications up to a maximum of eight (8) points:

- a. A first author Indexed article is scored two (2) points each.
- b. A first author Indexed case report is scored one (1) point to a maximum of two (2) points.
- c. A co-author Indexed article is scored one (1) point each to a maximum of one (1) point.

7.4.2. The following conditions will apply to scoring of the publications:

- a. Applicants must provide documentary evidence by way of a letter of acceptance from the publishing body (not the Supervisor) or the first page of the publication which clearly shows the publication reference.
- b. Applicants must not provide a copy of the entire publication.
- c. Scoring only includes medical publications in the seven (7) years (from 1 January 2015) immediately prior to the Application Closing Date.
- d. Scoring includes publications accepted for publication prior to the Application Closing Date in a peer reviewed journal listed in the NCBI and excludes published abstracts.
- e. Each publication can only be scored once. Bodies of work which have sufficiently similar topics that have been published in more than one publication, will only be scored once.
- f. Publications and presentations of sufficiently similar topics will only be scored once. The Applicant should ensure that the higher scoring entry is listed.
- g. Scoring includes articles and book chapters with extra weighting on articles and book chapters where the Applicant is the first author.

#### 7.5. Presentations (maximum 8 points)

7.5.1. Applicants will be scored in relation to the following presentations up to a maximum of eight (8) points:

- a. International, National or Australasian Society or Association Meeting presentations are scored two (2) points each.
- b. Presentations at State Meetings of professional societies are scored one (1) point each to a maximum of two (2) points.
- c. Poster presentations at International Society or Association Meetings are scored one (1) point each to a maximum of two (2) points.
- d. Poster presentations at National or Australasian Society or Association Meetings are scored one (1) point each to a maximum of one (1) point.

7.5.2. The following conditions will apply to scoring of the presentations:

- a. Applicants must provide documentary evidence which may be by way of a letter of acceptance of the abstract from the meeting of organisers, a copy of the published abstract or a copy of the applicable program page from the meeting.
- b. The documentary evidence must clearly identify the Applicant as the presenter.
- c. Applicants must not provide a copy of the actual presentation or a digital copy of the conference handbook (in full or in part).
- d. Scoring only includes presentations relevant to medicine presented in the seven (7) years (from 1 January 2015) prior to the Application Closing Date.
- e. Each presentation will only be scored once.
- f. Scoring only includes presentations personally given by the Applicant.
- g. Scoring only includes presentations subject to abstract selection.

- h. Publications and presentations of sufficiently similar topics will only be scored once. The Applicant should ensure that the higher scoring entry is listed.

#### 7.6. Skills Courses (maximum 4 points)

7.6.1. Applicants will be scored in relation to the following skills courses up to a maximum of four (4) points:

a. The following courses:

- RACS ASSET, CLEAR, CCrISP®, EMST and TIPS;
- RCS England and Ireland ASSET, CCrISP® and ATLS;
- American College of Surgeons ATLS.

are scored one (1) point each to a maximum of three (3) points.

b. Other Non-Technical Skills professional development courses offered by Specialist Medical Colleges, Sub-Specialty Societies and Universities will be scored one (1) point to a maximum of one (1) point.

7.6.2. Applicants must provide documentary evidence to show completion of the course from the awarding body. The evidence must clearly identify the date of the course and the Applicant.

#### 7.7. Awards (maximum 2 points)

7.7.1. Applicants will be scored in relation to the following Awards up to a maximum of two (2) points:

- a. University medal for highest rank in a Primary Medical Degree (MBBS, MD or BMBS in the Applicant's respective jurisdiction) is scored one (1) point. (Dean's List, Scholarships, Subject Medals are excluded).
- b. The RACS Medal (the Gordon Gordon-Taylor Prize) is scored two (2) points.

7.7.2. Applicants must provide documentary evidence in relation to the Award which clearly states the Applicant as the recipient of the Award.

### 8. STRUCTURED REFEREE REPORTS

8.1. Confidential Referee Reports are collected by an external agency on behalf of the Board using an online system to obtain information about the clinical aptitude, workplace behaviour and personal attributes of the Applicant.

8.2. The Applicant must provide contact details, including a valid email address, for twelve (12) Referees. The Applicant should list the Referees in the Applicant's preferred order from most preferred to least preferred.

8.3. The Referees nominated by the Applicant in 8.2 are subject to the following conditions:

8.3.1. Referees must have acted in a supervisory capacity for the Applicant within a Rotation, Surgical Rotation or Cardiothoracic Surgical Rotation which occurred within the last five (5) years prior to the Application Closing Date.

8.3.2. The Applicant must provide at least two (2) Referees from their most recent Cardiothoracic Surgical Rotation.

8.3.3. At least two (2) Referees must be from the current Rotation/Surgical Rotation/Cardiothoracic Surgical Rotation.

8.3.4. At least three (3) Referees must be from Rotations with whom clinical interaction over 10 weeks have occurred as part of a Rotation listed for scoring in the Structured Curriculum Vitae.

8.3.5. Referees holding a Fellowship or equivalent practising qualification from an Australian or Aotearoa New Zealand Specialist Medical College are eligible to act as a Referee.

8.3.6. Referees who have not been awarded a Fellowship or equivalent practising qualification from an Australian or Aotearoa New Zealand Specialist Medical College are eligible to act as a Referee only after completing two (2) years of continuous work within the area of their diploma at a recognised Australian or Aotearoa New Zealand institution.

- 8.3.7. Specialist International Medical Graduates (SIMG) under assessment at the Application Closing Date cannot act as a Referee. Time spent working whilst under oversight/supervision due to a period of assessment does not count towards the two-year minimum outlined in Regulation 8.3.8.
- 8.3.8. A maximum of four (4) Referees can be nominated per Rotation/Surgical Rotation/Cardiothoracic Surgical Rotation.
- 8.3.9. A maximum of two (2) Research Supervisors who meet the requirements specified in Regulations 8.3.5, 8.3.6 and 8.3.7 can be used as Referees.
- 8.4. The external agency on behalf of the Board will endeavour to obtain references from Referees in accordance with the Applicant's preferred order.
- 8.5. The total score for the Referee Reports will be determined in accordance with Regulation 8.15.
- 8.6. If an Applicant elects not to provide the details for Referees in accordance with these Regulations, or the Board determines, or reasonably suspects, that the Applicant has provided incorrect or misleading information, either intentionally or by mistake, the Applicant may be withdrawn from the selection process and their application will not be considered further in the selection process. The Applicant may also be disqualified from further applications to the SET Program.
- 8.7. The Board will contact the nominated Referees requesting them to complete the online Referee Report.
- 8.8. The Referee must have a valid email address and be available to complete the Referee Report during the allocated period. The Referee Report is an online application and must be completed in the online portal. It is the Applicant's responsibility to ensure Referees are aware of this process.
- 8.9. A minimum of six (6) valid Referee Reports must be returned in order for the Applicant to progress through the selection process.
- 8.10. Applicants are advised to nominate Referees who are most likely to be able to give a complete Referee Report.
- 8.11. The names of the Referees selected to submit Referee Reports will not be released to Applicants.
- 8.12. Harassment of any individual involved in the completion or collection of the Referee Reports is a serious matter and may result in the Applicant's immediate removal from the selection process. Harassment includes, but is not limited to, repeated requests by the Applicant directed towards any Referee for a copy of the Referee Report submitted.
- 8.13. If a minimum of six (6) valid Referee Reports are not received by 20:00 AEST on 20 May 2022, the Applicant will be considered Unsuitable and their application will not be considered further. A Referee Report is considered valid where a minimum of 80% of the questions are answered.
- 8.14. The total score for the Referee Reports will be determined by averaging six (6) Referee Report scores based on the Applicant's preferred order as specified in their application.
- 8.15. The total Referee Report score (of up to a maximum 600 points) cannot be revised. As specified in 4.10.b, the Referee Report will contribute 20% to the overall percentage score.

## **9. SEMI STRUCTURED INTERVIEW**

- 9.1. Applicants will be ranked by the combined score of the Structured Curriculum Vitae and Referee Reports.
  - 9.1.1. If two (2) or more Applicants have equal combined scores, the Applicant with the higher Structured Curriculum Vitae score will be ranked higher
  - 9.1.2. If the Applicants have the same Structured Curriculum Vitae score, the Applicant's individual Structured Curriculum Vitae component scores will be reviewed to determine the ranking. Each component score will be reviewed in the below order until one Applicant ranks higher than the other within an individual component:

- a. Qualifications
  - b. Surgical Experience
  - c. Publications
  - d. Presentations
  - e. Skills Courses
  - f. Awards/Achievements
- 9.2. To be eligible for invitation to an Interview, Applicants must achieve a combined score of at least 25/40 (>60%) on the Structured Curriculum Vitae and Referee Reports. Applicants who do not satisfy this criterion will be considered Unsuitable and be advised accordingly.
- 9.3. The number of Applicants determined to be interviewed will depend on the number of positions on the SET Program available for the 2023 intake year. It is expected that the ratio of Applicants offered Interviews to the available training positions will be between 2.5 – 3 : 1.
- 9.4. Interviews will be offered in accordance with Regulations 9.1 and 9.2. Those Applicants who satisfy 8.2 but do not rank high enough to be offered an Interview will be considered Unsuccessful and advised accordingly. Those Applicants who score below 60% for the Structured Curriculum Vitae and Referee Reports will be considered Unsuitable and advised accordingly.
- 9.5. Interviews will be held in June/July 2022 at a location to be advised to relevant Applicants. It is the Applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Interview. The Board and RACS accept no responsibility for any costs incurred by Applicants throughout the selection process, including but not limited to, costs associated with presenting for or attending the Interview.
- 9.6. Applicants must make themselves available at the scheduled Interview time. Applicants who do not present for the Interview at the scheduled Interview time will not be considered further in the selection process and their application will be withdrawn.
- 9.7. The Interview will be conducted by three (3) interview panels, each comprising of 3 interviewers. An additional non scoring observer may be present to ensure the validity of the interview process. Each interview panel will be twenty (20) minutes in duration and the total Interview time will be approximately sixty (60) minutes.
- 9.8. The Interview format may contain scenario-based questions.
- 9.9. Applicants will be given the same scenarios / questions. The interview panel will explore the individual Applicant's breadth and depth of clinical experience, clinical judgement and insight.
- 9.10. The Interview scenarios may explore a combination of the following competencies/areas.
- a. Interest and experience in Cardiothoracic Surgery
  - b. Insight & Self-Motivation
  - c. Ethical Behaviour
  - d. Teams & Collaboration
  - e. Stress Response
  - f. Risk Management & Clinical Governance
  - g. Communication & Professional Conduct
  - h. Research & Knowledge acquisition
  - i. Cultural Competence & Cultural Safety

- 9.11. Each interview panel member will provide an independent score for each of the Interview segments they assess.
- 9.12. The final Interview score is the total score awarded by the 9 interviewers (3 panels of 3 interviewers and cannot be revised. As specified in 4.10.c, the Interview will contribute 60% to the overall selection score.

## **10. FEEDBACK TO SUCCESSFUL APPLICANTS**

- 10.1. Applicants who are considered Successful in the selection process will be notified in writing of the following:
  - a. That they have been Successful in the selection process and are offered a position on the SET Program including any conditions associated with the offer.
  - b. Post allocation details and contact information for the Hospital and Supervisor.
  - c. Post allocations are made with consideration given to an Applicant's ranking, regional preferences and post availability.
  - d. Information on any applicable recognition of prior learning or additional training conditions which form part of the offer.
  - e. Details of the Cardiothoracic site on the RACS website and location of relevant policies and regulations available for review prior to acceptance of the offer to the SET Program.
  - f. A list of the conditions identified in Regulation 10.2 of these Regulations.
- 10.2. To accept the offer to the SET Program, the Successful Applicant must:
  - a. Be prepared to be allocated to an accredited training post in Australia or Aotearoa New Zealand at any time throughout their SET training; and
  - b. Satisfy the employment requirements of the institution in which the allocated training post is located.
  - c. Agree to abide by RACS policies and the Cardiothoracic SET Program Regulations at all times; and
  - d. Submit the signed Training Agreement by the due date.
- 10.3. Applicants who do not satisfy any of the conditions outlined in Regulations 10.1 and 10.2 or who decline the offer, will automatically forfeit their offer.

## **11. FEEDBACK TO UNSUCCESSFUL APPLICANTS**

- 11.1. Applicants who are considered Unsuccessful in the selection process will be notified in writing of the following:
  - a. That they are Unsuccessful as defined in Regulation 4.7.a.
  - b. Information on the overall percentage adjusted scores for each of the three (3) selection tools completed.
  - c. Information on their ranking on the wait list and process of allocation should a position become available.

- 11.2. Overall marks for Structured Curriculum Vitae, Referee Report and Interview scores will be released to the Applicants. No breakdown of these scores will be released.
- 11.3. Verbal feedback will not be provided.

## **12. FEEDBACK TO UNSUITABLE APPLICANTS**

- 12.1. Applicants who are considered Unsuitable for selection will be notified in writing of the following:
  - a. That they are considered Unsuitable as defined in Regulation 4.7.c and will not be considered further in the selection process.
  - b. Information on the overall percentage adjusted scores for each of the three (3) selection tools completed.
  - c. Notification of the minimum standard or criterion not met.
- 12.2. Overall marks for Structured Curriculum Vitae and Referee Report scores will be released to the Applicants. No breakdown of these scores will be released.
- 12.3. Verbal feedback will not be provided.

## **13. SELECTION PROCESS REVIEW**

- 13.1. Applicants may be asked to complete evaluation forms during the selection process.
- 13.2. De-identified responses will be analysed for potential future improvements to the selection process.