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Australian Board in General Surgery  
Royal Australasian College of Surgeons & General Surgeons Australia

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## Selection Regulations:

# 2022 Australian Selection to Surgical Education and Training in General Surgery for 2023 Intake

Approved: 21 November 2021

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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:

- 1.1.1. **Applicant** means a person who has submitted an application for the Surgical Education and Training Program in General Surgery through the Australian Board in General Surgery application process administered by General Surgeons Australia.
- 1.1.2. **Board** means the Royal Australasian College of Surgeons Australian Board in General Surgery.
- 1.1.3. **Business Days** means Monday to Friday excluding Public Holidays.
- 1.1.4. **RACS** means the Royal Australasian College of Surgeons.
- 1.1.5. **GSA** means General Surgeons Australia.
- 1.1.6. **Interview** means the Australian Board in General Surgery panel interview conducted as part of the selection process.
- 1.1.7. **Referee** means a person identified in accordance with these Regulations to evaluate professionally the applicant's performance.
- 1.1.8. **SET Program** means the Surgical Education and Training Program in General Surgery as approved by the Australian Board in General Surgery.

## 1.2 Purpose of Regulations

- 1.2.1. The purpose of these Regulations is to set forth and establish the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons Surgical Education and Training (GSET) Program in General Surgery for the 2023 intake in Australia. This is a public document.

## 1.3 Administration and Ownership

- 1.3.1. RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.
- 1.3.2. The Australian Board in General Surgery is responsible for the delivery of the Surgical Education and Training Program in General Surgery, the accreditation of hospital posts, and the assessment and supervision of General Surgical Trainees in Australia.
- 1.3.3. The Australian Board in General Surgery delivers the GSET Program in General Surgery in Australia. These regulations apply to Australia only.
- 1.3.4. For further information, refer to the **Australian Board in General Surgery Terms of Reference** located on the [RACS Website](#).

## 2. REGISTRATION AND APPLICATION

### 2.1 Registration

- 2.1.1. Doctors wishing to apply to the SET Program in General Surgery in Australia must first submit a completed Registration Form to the RACS via the RACS website by the published closing date. Registrations will not be accepted under any circumstances after the closing date.
- 2.1.2. Doctors are required to confirm for themselves that they meet the minimum eligibility criteria required by the Board before submitting their completed Registration Form. Only doctors who satisfy the eligibility and application requirements in accordance with RACS policy will be considered in open competition for selection to the SET Program in General Surgery in Australia.
- 2.1.3. For further information regarding Registration, including fees, medical registration and citizenship, please refer to the **SET: Registration for Selection into the Surgical Education and Training (SET) Regulation** available on the [RACS Website](#).

### 2.2 Submitting an Application

- 2.2.1. Applications can only be submitted via the GSA Online Application by the due date. No other form of application will be accepted, and no extensions will be granted under any circumstances. It is the applicant's responsibility to ensure that they allow enough time to complete the application. No further documentation or entries will be permitted to be added after the application has been submitted.
- 2.2.2. Applicants can only apply to either General Surgery Australia or General Surgery New Zealand. Applicants cannot apply to both programs.
- 2.2.3. By submitting an application, the applicant agrees to the following:
- a. That the application cannot be updated or altered once it has been submitted.
  - b. Certifies that the information provided in this application is for the purpose of processing their application for the Surgical Education and Training Program in General Surgery in Australia.
  - c. Certifies that the information provided is true and correct.
  - d. Understands that the information provided in the application may be disclosed to internal and external parties who provide administration and organisational support to the selection process.
  - e. Understands that the information provided will be supplied to the Royal Australasian College of Surgeons, who may be required by law to disclose information to external parties.
  - f. Consents to contact details being provided to Government Health Departments for the purpose of assisting in identifying and accrediting additional training positions and if successful in obtaining a position for the purpose of employment.
  - g. Understands that General Surgeons Australia and/or the Royal Australasian College of Surgeons may be required to verify the information provided in this application with external institutions, organisations or individuals and gather additional information in order to process the application and therefore consents to the information being collected, used and disclosed as stated.
  - h. Understands that if the applicant fails to provide further information, the application will be unable to proceed.
  - i. Understands that should any of the information submitted on the application be found to be false, the application will be excluded from the Selection Process and the applicant may be disqualified from further applications to the Surgical Education and Training Program.

- j. Understands that any offer to the Surgical Education and Training Program in General Surgery is conditional upon completion of any clinical rotations required for eligibility by 31 December 2022 as well as the conditions as stipulated in Section 7.3.3.
- k. Understands that the applicant, if successful, may be allocated to a training post outside of their current geographical location and accepts that if they decline this allocation they will be forfeiting the offer of a training position and will be required to reapply in the following year.

**2.2.4.** Applicants will be requested to confirm 2.2.3 at the time of application.

## **2.3 Regional Nominations**

**2.3.1.** Applicants to the SET Program in General Surgery in Australia have the option of indicating their preferences for the following regions:

- a. New South Wales/Australian Capital Territory
- b. Queensland
- c. South Australia
- d. Victoria/Tasmania
- e. Western Australia

**2.3.2.** The following regions have rotations through the Northern Territory – New South Wales, South Australia and Victoria.

**2.3.3.** Applicants should number each region in order of preference according to the following guidelines:

- a. Applicants to the SET Program in General Surgery in Australia may list up to **four (4)** preferences only for regions within Australia.
- b. Should an applicant not wish to be considered for a post in a particular region, they should select the “No Preference” option rather than numbering that region. This will ensure that applicants are not offered positions that they have no desire to accept.
- c. If an applicant wishes to be considered for a post in any region and is willing to accept a post in any region offered to them, they should number each region in order of preference (up to four preferences).
- d. Where applicants' scores are identical, or are deemed to be equivalent within a 2% banding, the offer for a place on the General Surgery Training Program will be made according to the following criteria:
  - i. The applicants' first region of preference.
  - ii. Where both applicants first region of preference is the same, the applicant with the higher interview score will receive the offer

**2.3.4.** Preferences cannot be added to or altered after submission of the application.

**2.3.5.** The Board will provide an approximate number of how many offers will be made in each region at the commencement of July prior to first round offers. The Board cannot guarantee offers will be made in each of the five regions.

## **2.4 Eligibility Requirements**

**2.4.1.** Applications to the Australian General Surgery Training Program must meet the minimum eligibility criteria as specified in Sections 2.5 to 2.7. The minimum eligibility criteria comprises the following:

- a. Clinical Rotations: General Surgery and Critical Care (Section 2.5)
- b. Procedural Skills and Professional Capabilities (Section 2.6)
- c. RACS Surgical Science Generic Examination (Section 2.7)

**2.4.2.** Applicants who fail to meet any one of the eligibility requirements during application will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

## 2.5 Eligibility Requirement – Clinical Rotations

2.5.1. Applicants must note the following Australian General Surgery specific eligibility requirement:

Rotation Type	Minimum Duration	Validity Period	Completed By
General Surgery Rotation (Refer to Section 2.5.7)	26 weeks Refer to 2.5.2	Refer to 2.5.4	31 December 2022
Critical care rotation (refer to 2.5.8)	1 X 8 weeks	N/A	31 December 2022

2.5.2. Rotations must be a minimum of eight (8) continuous weeks in duration on the one unit (unless undertaking nights or relieving positions in which applicants must meet 2.5.7m or n) in a full-time capacity. The 26 weeks may include up to a maximum of three (3) weeks leave. The leave must have been taken during the General Surgery rotations utilised for minimum eligibility.

2.5.3. Night and relieving rotations will be accepted for the purposes of minimum eligibility and must adhere to 2.5.2, 2.5.7m for nights and 2.5.7n for relieving.

2.5.4. The validity period for General Surgery rotations is between 1 December 2019 and 31 December 2022 except where 2.5.5 or 2.5.6 applies.

2.5.5. Where the applicant has been undertaking active full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2020 and 2021, minimum eligibility will consider the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for one year or less during 2020 or 2021.

2.5.6. Where the applicant has been on parental leave for a minimum of three months between 1 December 2019 and the closing date of applications, the validity period will be extended backwards by the number of months of parental leave taken.

2.5.7. A General Surgery rotation is defined as one of the following:

- a. Acute Surgical Unit
- b. Breast and Endocrine
- c. Colorectal
- d. General Surgery

General Surgery rotations that are combined with another specialty listed in 4.3.5b, c, f, h and i will only be considered General Surgery where the documentation states that 80% of the rotation was in General Surgery, working for a General Surgeon and on the General Surgery on call roster.

- e. Head and Neck (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)
- f. Thoracic (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)
- g. Surgical Oncology
- h. Transplant
- i. Trauma
- j. UGI/HPB
- k. Vascular (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**)

- l. Paediatric General Surgery (if working for General Surgeon and on the General Surgery on call roster. **This must be specified on the documentation.**) Paediatric Surgery rotations with a consultant who holds dual General/Paediatric FRACS do not need to provide this documentation.
- m. Nights where 80% of the night term is undertaken for covering General Surgery units as specified in 2.5.7a – 2.5.7l. **This must be specified in the documentation.**
- n. Relieving term where 80% of the relieving term is undertaken in a General Surgery unit as specified in 2.5.7a – 2.5.7l. Nights cannot be included in a relieving term. **This must be specified in the documentation.**

**2.5.8.** A Critical Care rotation is defined as one of the following:

- a. Trauma Unit
- b. ICU
- c. HDU
- d. ED
- e. Cardiothoracic Unit
- f. Vascular Unit
- g. Burns Unit
- h. Anaesthetic Unit
- i. Transplant/HPB
- j. Critical Care Unit

**2.5.9.** A Critical Care rotation cannot also be considered for a General Surgery rotation or Surgical Rotation. Applicants will need to stipulate if the rotation is to be considered a General Surgery rotation, Surgical Rotation or Critical Care rotation.

**2.5.10.** Applicants must provide proof of completed Surgical or Critical Care rotations and future rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates and any leave taken. A contract, letter of appointment or roster will not suffice as documentation.

**2.5.11.** Additional Critical Care rotations entered but not required for minimum eligibility will be scored as per Section 4.3.1. This only applies to additional critical care rotations 2.5.8 e, f, g and i.

**2.5.12.** Rotations for which documentation does not meet Section 2.5.10 will not be taken into consideration and may deem the application ineligible.

**2.5.13.** Applicants who do not meet the minimum eligibility requirement will be deemed unsuitable as per Section 3.1.2 and will not proceed in the selection process.

**2.6** **Eligibility Requirement – Procedural Skills and Professional Capabilities**

**2.6.1.** Applicants must demonstrate proficiency in a range of procedural skills and professional capabilities.

**2.6.2.** Applicants must submit the completed Australian Board in General Surgery Procedural Skills and Professional Capabilities Form available on the [GSA website](#).

**2.6.3.** Each Procedural Skill and Professional Capability listed must be verified by the consultant surgeon supervising the rotation(s).

**2.6.4.** A Consultant is defined as one of the following:



- a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or
- b. A vocationally trained surgeon employed as a specialist surgeon

**2.6.5.** Each procedure must be verified during rotations undertaken between 1 December 2019 and the closing date of applications except where Section 2.5.5 and 2.5.6 applies.

**2.6.6.** Applicants who do not have each Procedural Skill and Professional Capability verified in accordance with Section 2.6.3, 2.6.4 and 2.6.5 will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

**2.7** **Eligibility Requirement – RACS Generic Surgical Science Examination**

**2.7.1.** Applicants must successfully complete the RACS Generic Surgical Science Examination by the application closing date.

**2.7.2.** Applicants who have not passed the RACS Generic Surgical Science Examination by the application closing date will be deemed ineligible as per Section 3.1.2 and will not proceed in the selection process.

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### 3. SELECTION PROCESS

#### 3.1 Overview

3.1.1. Applicants who satisfy the eligibility and application requirements in accordance with RACS policy and these Regulations will be considered in open competition for selection to the SET Program in General Surgery in Australia.

3.1.2. On completion of the relevant components of the selection process, eligible applicants will be classified as one of the following:

- a. **Unsuitable** being an eligible applicant who failed to satisfy a minimum standard for selection.
- b. **Unsuccessful** being an eligible applicant who satisfied the minimum standards for selection who is therefore suitable for selection but who did not rank highly enough in comparison to the intake to be made an offer of selection.
- c. **Successful** being an eligible applicant who satisfied the minimum standards for selection who is therefore suitable for selection and who has ranked highly enough in comparison to the appropriate intake to be made an offer of selection.

#### 3.2 Ranking

3.2.1. Applicants who complete the three components of the selection process, that is CV, Referee and Interview, will be ranked. The ranking will be determined by applying the following weightings to the percentage adjusted score out of 100 obtained for each of the three (3) selection tools, providing an overall percentage score:

- a. Structured Curriculum Vitae 35%
- b. Structured Referee Reports 25%
- c. Semi-Structured General Surgery Panel Interview 40%

3.2.2. To satisfy the minimum standard for selection, applicants must rank above the fourth quartile (i.e. within the top 75% of ranked applicants). These applicants will be considered suitable for selection.

3.2.3. Applicants in the last quartile (i.e. within the bottom 25% of ranked applicants) will be deemed unsuccessful and will be notified accordingly.

#### 3.3 Aboriginal and Torres Strait Islander Selection Initiative

3.3.1. RACS has approved the Aboriginal and Torres Strait Islander Selection Initiative policy and the Australian Board in General Surgery will implement this initiative in the selection process.

3.3.2. 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 Section 2.4, 2.5, 2.6 & 2.7 of these regulations, and
- d. They have met the minimum standard for selection as per Section 3.2.2 of these regulations

3.3.3. 10% of the total offers identified for the first round of appointments will be quarantined for eligible Aboriginal and Torres Strait Islander applicants. Any offers made in rounds two, three, four and five will be made in accordance with ranking and these regulations.

3.3.4. Any applicant offered a position on the SET program in accordance with Section 3.4.3 will be offered their first regional preference wherever possible.

**3.3.5.** An applicant's status as Aboriginal and Torres Strait Islander will only be known to GSA Staff and Board members directly involved in the Selection process, for the purposes of implementing the Selection Initiative. The Board will report to RACS the outcome of the Aboriginal and Torres Strait Islander initiative to RACS.

### **3.4** **Offers**

**3.4.1.** Successful applicants will be offered positions based on their national ranking and regional preferences, in accordance with Section 2.3.3.

**3.4.2.** It is expected that due to attrition and requests for interruption, there will be several rounds of offers to the SET Program in General Surgery in Australia. The rounds will be published on the GSA website.

**3.4.3.** Applicants who have been deemed suitable, in accordance with Section 3.1.2 but who do not rank highly enough to receive a first round offer to the SET Program in General Surgery in Australia, will still be considered eligible for subsequent rounds of offers made by the Board.

**3.4.4.** From Round 2 onwards, applicants who are identified as being next on the ranking to be offered a place, but who have already been offered a place in another specialty, will be contacted via email to ascertain if they do not wish to receive an offer from General Surgery. Applicants will have five (5) working days to respond. Applicants who agree not to have an offer made by General Surgery will be removed from the ranking and no further offers will be made.

**3.4.5.** Applicants who do not wish to receive a later round offer to the SET Program in General Surgery must advise the Board by the stipulated deadline. Such applicants will be considered withdrawn from the selection process.

**3.4.6.** Applicants who receive an offer to a region other than their first preference and who wish to be considered eligible for subsequent rounds of offers must indicate this on the acceptance of offer form provided. If the applicant fails to do so, the acceptance of the original offer will stand, and the applicant will not be considered for subsequent rounds of offers.

**3.4.7.** Once an offer has been accepted, the relevant Training Committee will allocate the successful applicant to a Training Rotation according to the following guidelines:

- a. Allocation will be based on national rank, preference, and the number of available positions.
- b. While every effort will be made to match applicants to their preference, due to the number of posts available this will not always be possible and new trainees are required to accept the rotation allocated to them.

**3.4.8.** In the interest of fairness, allocations to posts may not be made until after several rounds of offers have been finalised.

**3.4.9.** Applicants who have been deemed suitable but who do not rank highly enough to receive an offer by the final round will be considered **unsuccessful**. Unsuccessful applicants will be notified in writing as outlined in Section 7.2 of these Regulations.

## **4. STRUCTURED CURRICULUM VITAE – ONLINE APPLICATION**

### **4.1 Overview and Purpose**

**4.1.1.** The online application form captures information relevant to the eligibility of the applicant, the administration of the selection process, and referees. In addition, it includes the Structured Curriculum Vitae which collects information on experience, education, publications, presentations, teaching and referees.

### **4.2 Scoring**

**4.2.1.** Each Structured Curriculum Vitae will be scored by two (2) people nominated by the Board without reference to the opinions of others using a structured scoring system. The CV will be scored first by a GSA staff member. The second scorer will be a member of the Board. Where any discrepancy occurs in the scores provided by the two (2) scorers, the Board Chair, or appointed representative, will score the Structured Curriculum Vitae to identify the anomaly and determine the correct score.

**4.2.2.** The Structured Curriculum Vitae has a maximum of 28 points. The components scored are:

- a. Surgical Experience (Maximum 8 points)
- b. Rural and Remote Surgical Experience (3 points)
- c. Qualifications (Maximum 4 points)
- d. Presentations (Maximum 3 points)
- e. Publications (Maximum 5 points)
- f. Prizes/Awards for Excellence (Maximum 2 points)
- g. Scholarship and Teaching (Maximum 3 points)

**4.2.3.** The score out of 28 will be adjusted to an overall percentage score rounded to two decimal places for the Structured Curriculum Vitae selection tool.

### **4.3 Surgical Experience**

**4.3.1.** Scoring will only consider rotations undertaken between 1 December 2019 and closing date of application except where Section 4.3.2 or 4.3.3 applies.

**4.3.2.** Where the applicant has been undertaking full-time research towards a higher degree in a medically related discipline in the two or more consecutive years immediately prior to the application year, that is the applicant was in full time research in both 2020 and 2021, scoring will consider the last two clinical years prior to entering research. The validity period is not extended if the applicant was in research for one year or less during 2020 or 2021.

**4.3.3.** Where the applicant has been on parental leave for a minimum of three months between 1 December 2019 and the closing date of applications, the validity period will be extended backwards by the number of months of parental leave taken.

**4.3.4.** General Surgery and Critical Care rotations used for the purposes of minimum eligibility will not be scored. Only additional surgical rotations will be scored.

**4.3.5.** A surgical rotation is classified as one of the following:

- a. General Surgery (as specified in 2.5.7)
- b. Urology
- c. Orthopaedics
- d. Paediatrics (where it does not meet the requirements in 2.5.7l)
- e. Vascular (where it does not meet the requirements in 2.5.7k)
- f. Neurosurgery
- g. Otolaryngology – Head and Neck (where it does not meet the requirements in 2.5.7e)
- h. Plastic and Reconstructive

i. Cardiothoracic

- 4.3.6. Surgical Rotations less than eight (8) consecutive weeks will not be scored. Rotations must be a minimum of eight weeks on a single unit (unless undertaking nights or relieving positions in which applicants must meet 2.5.7m or 2.5.7n). Rotations that include leave and therefore reduce the total number of weeks worked to less than eight (8) will not be scored.
- 4.3.7. Rotations that are undertaken on a part-time basis will be scored pro-rata.
- 4.3.8. Medical rotations not of a surgical nature will not be scored.
- 4.3.9. Rotations planned for after the closing date in the year of application will not be scored.
- 4.3.10. Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates and any leave taken. A contract, letter of appointment or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.
- 4.3.11. Documentation not provided on letterhead or signed will not be accepted and the rotation will not be scored.

#### 4.4 **Rural and Remote Surgical Experience**

- 4.4.1. Applicants who demonstrate a commitment to working in the rural or remote sector will be awarded points on their CV. Points will be awarded where an applicant has spent six (6) or twelve (12) continuous months working in a Surgical Position at PGY 3 plus in a rural or remote hospital. The Board relies on the Australian Statistical Geographical Classification - Remoteness Area (ASGC-RA) structure.
- 4.4.2. Experience must be within the validity period between 1 December 2019 and the closing date of applications.
- 4.4.3. Applicants must have spent a minimum of six (6) continuous months at any one individual hospital. Scoring will not include any experience less than six (6) continuous months at one individual hospital.
- 4.4.4. A list of Board specified rural and remote hospitals can be found in Appendix II. A hospital not listed indicates that the Board does not consider the hospital rural or remote.
- 4.4.5. Hospitals in Appendix II that are listed as 2-3 will be considered **rural**.
- 4.4.6. Hospitals in Appendix II that are listed as 4 and above will be considered **remote**.
- 4.4.7. Applicants must provide proof of rotations in the form of a letter of confirmation from the hospital or employing authority. The letter must specify the rotation specialty, rotation dates and any leave taken. A contract, letter of appointment or roster will not suffice as documentation. Entries where adequate documentation is not provided will not be scored.
- 4.4.8. Documentation not provided on letterhead or signed will not be accepted and the rotation will not be scored.

#### 4.5 **Qualifications**

- 4.5.1. Scoring only includes higher degrees and diplomas successfully completed at the time of application at a recognised institution as determined by the Board. Scoring only includes:
  - a. Diplomas/Graduate Diplomas in a medically related area
  - b. Masters degree/s in a medically related area by either coursework or thesis
  - c. PhD in a medically related area
- 4.5.2. Higher Degrees and Diplomas must be awarded by the time of application to be considered.

- 4.5.3.** Scoring does not include primary medical qualifications including the MBBS/MBChB/MD or overseas equivalent, graduate certificates/certificates or other Bachelor degrees including Honours.
- 4.5.4.** A Graduate Diploma/Diploma is one that meets the Australian Qualifications Framework definition.
- 4.5.5.** Scoring does not include successful completion of the RACS Basic Surgical Examination (completed prior to February 2008), Surgical Science or Clinical Examination.
- 4.5.6.** Scoring does not include the MRCS qualification.
- 4.5.7.** Documentary evidence of completion must be provided at the time of application. Entries where adequate documentation is not provided will not be scored.
- 4.6**        **Presentations**
- 4.6.1.** Scoring will consider presentations undertaken in the past five (5) years.
- 4.6.2.** Presentations must be complete, that is presented, at the time of application closing date. Prospective presentations and publications will not be scored.
- 4.6.3.** Scoring only includes presentations relevant to General Surgery, Basic Surgical Science and Surgical Education. The applicant must demonstrate how the presentation is relevant to General Surgery, Basic Surgical Sciences or Surgical Education.
- 4.6.4.** Surgical Education refers to curriculum, assessment, teaching methods, or learning theories to support the education of surgeons.
- 4.6.5.** Presentations that relate to the following surgical specialties **will not** be scored:
- a. Cardiothoracic Surgery
  - b. Plastic and Reconstructive Surgery
  - c. Vascular Surgery
  - d. Otolaryngology Head and Neck Surgery
  - e. Orthopaedic Surgery
  - f. Neurosurgery
  - g. Urology
  - h. Paediatric Surgery
- 4.6.6.** Scoring only includes presentations personally given by the applicant.
- 4.6.7.** Scoring only includes presentations at scientific meetings or conferences subject to abstract selection. Hospital based presentations will not be scored. Presentation of a Masters/Phd dissertation will not be scored.
- 4.6.8.** Poster Presentations will only be scored where the applicant is the first author and the named presenter in the meeting program.
- 4.6.9.** Poster presentations that include a short oral presentation will be scored as a Poster presentation.
- 4.6.10.** Presentations that have sufficiently similar topics or that have been presented at more than one scientific meeting or conference will be scored only once.
- 4.6.11.** When the same body of research has been published in a peer reviewed journal and presented, both the publication and the presentation will each be scored individually in accordance with the Regulations.
- 4.6.12.** Presentations will be scored depending on local or national/international level.
- 4.6.13.** The following documentary evidence of a presentation is required:
- a. a letter from the organising committee stating the applicant undertook the presentation or a certificate of presentation clearly stating the presentation title and applicant's name

- b. a copy of the abstract
- 4.6.14.** Planned presentations that were cancelled due to the impact of COVID-19 will be scored, provided the following:
  - a. Evidence of acceptance is provided in the form of official notification from the conference organiser that the applicant's presentation was accepted and that the applicant was the named author and presenter
  - b. Evidence of conference cancellation is provided
  - c. There is no option for videoconference or virtual presentations
- 4.6.15.** For selection in 2022 for 2023 intake, this will apply to any conferences cancelled up until 30 March 2022 which is the closing date of applications.
- 4.6.16.** The presentation will not be scored without the required evidence. Acceptable evidence for items 4.6.13b and 4.6.13c includes a formal letter or notification from the conference organisers or a screen shot of the conference website.
- 4.6.17.** Not supplying both 4.6.12a and 4.6.12b, and/or 4.6.13a and 4.6.13b will deem the entry invalid and will not be scored. Letters of acceptance will deem the entry invalid and will not be scored.
- 4.6.18.** Acceptable evidence does not include a letter from the supervisor or acceptance of presentation for a meeting.
- 4.6.19.** Scoring does not include World Academy of Science, Engineering and Technology (WASET) presentations.

## **4.7** **Publications**

- 4.7.1.** Scoring will consider publications undertaken in the past five (5) years.
- 4.7.2.** Publications must be complete, that is published, at the time of application closing date. Prospective publications will not be scored.
- 4.7.3.** General Surgery, Basic Surgical Science or Surgical Education publications will be scored where eligible. The applicant must demonstrate how the publication is relevant to General Surgery, Basic Surgical Sciences or Surgical Education.
- 4.7.4.** Surgical Education refers to curriculum, assessment, teaching methods, or learning theories to support the education of surgeons.
- 4.7.5.** A maximum of one (1) publication that falls within the following surgical areas will be scored (the publication that attracts the higher number of points will be scored):
  - a. Cardiothoracic Surgery
  - b. Plastic and Reconstructive Surgery
  - c. Vascular Surgery
  - d. Otolaryngology Head and Neck Surgery
  - e. Orthopaedic Surgery
  - f. Neurosurgery
  - g. Urology
  - h. Paediatric Surgery
- 4.7.6.** Only publications in a peer reviewed journal (including open access online journals) will be scored.
- 4.7.7.** Published abstracts will not be scored.
- 4.7.8.** Scoring excludes letters to editors and media releases.
- 4.7.9.** Each publication can only be scored once.
- 4.7.10.** Articles published but awaiting peer review are not scored (this includes F1000 articles).
- 4.7.11.** Scoring includes articles and book chapters with extra weighting where the applicant is the first author.

- 4.7.12.** Articles where the applicant has been a part of a collaborative research will be scored as a case report on the proviso that their name appears as a contributor.
- 4.7.13.** A maximum of one (1) Collaborative research article will be scored.
- 4.7.14.** Case reports will only be scored where the applicant is the first author. "How I Do it" and "Perspective" articles in peer reviewed journals will be scored as a case report.
- 4.7.15.** A maximum of three (3) Case Reports will be scored. This will be inclusive of any Collaborative research publications.
- 4.7.16.** The only documentary evidence of a publication that will be accepted is a copy of the published journal article, book chapter or published case report. Entries where adequate documentation is not provided will not be scored.
- 4.7.17.** Scoring does not include World Academy of Science, Engineering and Technology (WASET) publications.

#### **4.8 Prizes and Awards**

- 4.8.1.** Scoring only includes prizes or awards for excellence in a surgically related field, including prizes for presentations.
- 4.8.2.** Scoring only includes prizes or awards achieved during postgraduate years.
- 4.8.3.** Scoring only includes prizes or awards achieved at state/territory, national or international peer reviewed meetings.
- 4.8.4.** Scoring does not include Certificate of Merit, Certificate of Excellence, Honours, Deans Honour Roll, Distinctions, CME points, honorary mentions, Letters of Appreciation, Golden Key awards, commendation, travel grants, hospital or network based awards and prizes and special mentions. Scoring does not include receiving a second or third prize.
- 4.8.5.** Scholarships and grants will not be scored.
- 4.8.6.** Documentary evidence of award or prize must be provided at the time of application. Documentation must include both the evidence of the prize and the paper or abstract associated with the prize. Entries where adequate documentation is not provided will not be scored.

#### **4.9 Scholarship and Teaching**

- 4.9.1.** Applicants may score for involvement in continued teaching.
- 4.9.2.** Applicants must use the template provided for teaching experience. This will be the only evidence accepted for scoring.
- 4.9.3.** Scoring only includes teaching relevant to the medical field.
- 4.9.4.** Scoring only includes teaching that occurred for a period of six (6) continuous months or more by the closing time of application and for a minimum of two hours per week. The Board recognises that university teaching occurs over semesters that do not run for a continuous period. As such, the Board will recognise teaching during two consecutive university semesters as equivalent to six months. Teaching for one university semester will not be eligible.
- 4.9.5.** Scoring does not include undertaking periodic presentations at seminars, invigilating at examinations, workshops or hospital meetings including ward rounds, bed side teaching and Mortality and Morbidity meetings. Scoring does not include involvement as a mentor.
- 4.9.6.** Scoring does not include teaching of medical students or interns as part of a normal medical employment.
- 4.9.7.** Weekly, rostered teaching sessions of clinical skills involving patients in the clinical environment will be scored. This must be aligned to a university curriculum. Bed-side teaching that occurs as part of daily ward rounds is not scored. The template must indicate that the teaching sessions were not part of ward rounds or routine bed side teaching and were weekly, rostered, formal sessions and were in line with the university curriculum.



- 4.9.8.** Evidence of involvement from the relevant institution must be supplied on the template provided.
- 4.9.9.** Entries for which documentation cannot verify the activities and time commitment, including dates and hours per week, will not be scored. Documentation must also specify that the teaching was outside of normal medical appointment. The only evidence accepted is on the prescribed template. Where the template is not completed correctly, the entry will not be scored.
- 4.9.10.** Scoring only includes teaching undertaken in the last three years.

FINAL

## 5. STRUCTURED REFEREE REPORTS

### 5.1 Overview and Purpose

- 5.1.1. References are collected to obtain information, in confidence, about the history of the applicant as well as assessments regarding a number of areas such as personal attributes, quality of work and suitability for the SET Program in General Surgery.

### 5.2 Process

- 5.2.1. The applicant must provide the names of at least one (1) to a maximum of three (3) supervising consultants who had the greatest period of supervision over the applicant for each surgical rotation specified in Section 2.5 and 4.3. Where an applicant has been in a rotation for a continuous period of 26 weeks or more, the applicant may nominate up to six (6) consultants from the rotation.
- 5.2.2. A consultant is defined as;
- a. Fellow of the Royal Australasian College of Surgeons employed as a specialist surgeon; or
  - b. A vocationally trained surgeon employed as a specialist surgeon
- 5.2.3. Only referees from surgeons will be accepted. Non-surgical referees will not be permitted.
- 5.2.4. Applicants must nominate a minimum of six (6) and maximum of ten (10) referee names from the supervising consultants supplied.
- 5.2.5. Applicants must nominate at least two (2) general surgeons from at least one (1) eligible General Surgery rotation in accordance with Section 5.2.4. **Failure to nominate two (2) General Surgeons as referees will deem the application ineligible.**
- 5.2.6. Applicants must confirm that the nominated consultants have agreed to act as a referee.
- 5.2.7. If an applicant elects not to provide the details for supervising consultants as stipulated by these Regulations, or it is subsequently discovered that the applicant has provided incorrect or misleading information either intentionally or unintentionally, including listing supervising consultants who do not strictly comply with these Regulations, or omitting supervising consultants in preference for others who have had a lesser supervisory role, the applicant may be withdrawn from the selection process and their application will not be considered further.
- 5.2.8. The units in which the applicant has worked may be contacted as part of the selection process to verify that the supervising consultants listed on the application form comply with these Regulations. The supervising consultants will also be asked to verify compliance with these Regulations.
- 5.2.9. The Board will select at its discretion five (5) primary supervising consultants to be contacted as part of the selection process. In selecting supervising consultants the Board will select at least two (2) General surgery referees and the remaining from other terms with consideration given to the duration and type of term.
- 5.2.10. The remaining nominated consultants will be considered alternative referees. Reports completed by alternate supervising consultants will only be used as part of the selection process if one (1) or more of the supervising consultant reports identified in Section 5.2.9 are not received by the final submission date or if a report is deemed invalid (as in Section 5.4.3). The alternate supervising consultant reports, where required, will be used in order of their submission date.
- 5.2.11. The selected referee names **will not** be released to the applicants.

### **5.3**      **Assessment Areas**

**5.3.1.**      On the report the supervising consultant will be asked to select one (1) of four (4) options for each of the twenty (20) assessment areas that they believe best describes the applicant. The selection criteria that will be scored within the reports can be generally categorised as follows:

- a.      Medical and Technical Expertise
- b.      Judgement/Clinical Decision Making
- c.      Communication
- d.      Collaboration
- e.      Scholarship and Teaching
- f.      Professionalism
- g.      Cultural Competence and Cultural Safety

### **5.4**      **Scoring**

**5.4.1.**      The options chosen by the referee will be converted to the associated numeric score by the Board using a predetermined scoring system as follows:

- a.      The first option is categorised as “unsatisfactory” and scores 0 points.
- b.      The second option is categorised as “basic” and scores 2 points.
- c.      The third option is categorised as “intermediate” and scores 4 points.
- d.      The fourth option is categorised as “advanced” and scores 6 points.

**5.4.2.**      The individual report scores will be converted to a percentage score rounded to two decimal places, calculated by dividing the total score for the report by the total number of questions for which the referee has provided a response.

**5.4.3.**      If the referee has provided a response for less than 80% of the report, the report will be deemed invalid and will not be used as part of the selection process. In these circumstances an alternate report will be sought (as in Section 5.2.10).

**5.4.4.**      The percentage scores for the five (5) individual reports will be averaged to provide an overall percentage score, rounded to two decimal places, for the Structured Referee Report selection tool.

### **5.5**      **Eligibility to Proceed to Interview**

**5.5.1.**      If, having applied Section 5.2, the Board has not obtained five (5) valid reports prior to the final submission date determined by the Board, the applicant will be **formally withdrawn from the selection process and their application will not be considered further.**

**5.5.2.**      The Board is responsible for the collection of the reports. Applicants will not be provided with updates on the reports collected; nor will they be involved in the collection process in any way. All supervising consultants contacted as part of the selection process will be advised of the confidential nature of the reports. Harassment of any kind of any individual involved in the completion or collection of the reports is a serious matter and may result in the applicant being deemed **unsuitable** for selection and removed from the selection process. Harassment includes repeated requests by the applicant to any supervising consultant for a copy of the report submitted.

**5.5.3.**      Applicants combined CV and referee score **must** be in the first two quartiles, that is the first 50% of applicants, in order to proceed to interview. Applicants who do not meet this criterion will be deemed unsuitable and not be eligible for an interview. Applicants will be notified accordingly as per Section 7.1.

## **6. INTERVIEWS**

### **6.1 Overview and Purpose**

**6.1.1.** The interview has been designed to:

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

**6.1.2.** The interview seeks information on a variety of attributes including:

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

### **6.2 Notification of Interview**

**6.2.1.** Applicants will be notified of the date, time and location of the interview at least five (5) business days prior.

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

**6.2.3.** Interviews will generally be held in Victoria, Queensland, New South Wales, South Australia and Western Australia.

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

**6.2.5.** Interview dates will be published on the GSA website.

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

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

### **6.3 Conduct**

**6.3.1.** The interviews will be conducted by a series of five (5) interview panels comprised of two (2) members as per Section 6.4. Each panel will conduct a designated section of the interview for all applicants, with applicants rotating between panels.

**6.3.2.** Applicants will spend up to 10 minutes with each panel with approximately two (2) minutes between panels.

**6.3.3.** Each interview will be approximately 60 minutes in total duration.

## **6.4**      **Composition of Interview Panels**

- 6.4.1.** Each Panel will comprise two (2) members from any of the following areas:
- a. Members of the Australian Board in General Surgery.
  - b. Members of the Training Committees of the Australian Board in General Surgery.
  - c. Fellows of the RACS who have attended the RACS Interviewer Training Course and/or who are General Surgeons.
  - d. Fellows of the RACS who are General Surgeons
  - e. Hospital Administrators
- 6.4.2.** Each panel will be permitted one (1) observer who will not participate in scoring.
- 6.4.3.** The interview panels will be designated one of the following areas:
- a. Three (3) clinical scenario based stations
  - b. Two (2) structured non-technical based stations
- 6.4.4.** Each panel will ask two (2) structured questions. Clarifying questions may be asked to probe an applicant's response.

## **6.5**      **Scoring**

- 6.5.1.** Applicants will be scored using a structured scoring system and criterion statements relating to topics outlined in Section 6.4.
- 6.5.2.** Each question will be accompanied by a criterion answer.
- 6.5.3.** Each panel member will score each applicant individually on a specific form with a consensus score for the interview panel to be arrived at following the interview. The score for each panel will be out of five (5). The consensus score sheet will be used in the final ranking of suitable applicants.
- 6.5.4.** Each panel will also score, out of five (5), the applicant on Communication and Presentation. An average from all panels is included in the final score as per Section 6.5.5.
- 6.5.5.** The interview scores from the five (5) panels will then be collated and added to the average for communication score.
- 6.5.6.** Applicants' answers will be scored using the following structured scoring system and criteria:
- a. Unsatisfactory (1 point): The applicant failed to articulate appropriate responses and did not cover any of the key points related to the scoring criteria and did not demonstrate the potential for appropriate knowledge, skills or abilities **and/or did not** demonstrate some of the personal qualities and behaviours sought.
  - b. Basic (2 points): The applicant articulated appropriate responses covering 1 - 2 of the key points related to the scoring criteria and demonstrated the potential for suitable knowledge, skills and abilities with further experience **and** demonstrated the personal qualities and behaviours sought.
  - c. Intermediate (3 points): The applicant articulated appropriate responses covering 3 points related to the scoring criteria and demonstrated appropriate knowledge, skills and abilities **and** the personal qualities and behaviours sought.
  - d. Advanced (4 points): The applicant articulated good responses covering 4 - 5 of the key points related to the scoring criteria and demonstrated good knowledge, skills and abilities **and** the personal qualities and behaviours sought.
  - e. Expert (5 points): The applicant articulated excellent responses covering 6 or more of the key points related to the scoring criteria and

demonstrated exceptional knowledge, skills and abilities **and** the personal qualities and behaviours sought.

**6.5.7.** Interviewers are to score in whole numbers only.

**6.5.8.** Interviewers are to allocate a score for Communication and Presentation based on the following guidelines:

- a. Unsatisfactory (1 point): The applicant demonstrated no clear organisation in responses provided, core concepts were not integrated into responses, answers did not end in a smooth manner, and speech was unclear and difficult to understand.
- b. Basic (2 points): The applicant's answer was somewhat organised and well thought out, however lost focus regularly, incorporated concepts that were not relevant to the question, conclusion did not flow smoothly within the response, and problems existed with clarity of speech for at least 50% of the presentation.
- c. Intermediate (3 points): The applicant presented fairly clearly, however lost focus three to four times, incorporated one or two concepts however these were not relevant to the question, conclusion was well constructed but disjointed from the remainder of the answer, clarity of speech was average but was not confident in answers.
- d. Proficient (4 points): The applicant presented answers that were mostly clear and generally well thought out, however lost focus once or twice, incorporated concepts but missed vital key areas, conclusion was well defined, spoke clearly but demonstrated a lack of confidence once or twice.
- e. Strong (5 points): The applicant presented exceptionally clearly and well thought out responses, remained extremely focussed, incorporated the key concepts, concluded effectively, and spoke clearly and with confidence.

## **7. FEEDBACK**

### **7.1 Unsuitable Applicants**

**7.1.1.** Applicants who have been deemed unsuitable for selection will not be considered further in the selection process. These applicants will be notified in writing of the following:

- a. That they have been deemed unsuitable for selection and will not be considered further in the selection process.
- b. Information on the overall scores they received for each of the selection tools completed following completion of Selection offers.
- c. Notification of the minimum standard or Regulation that they failed to satisfy.

**7.1.2.** Applicants will not be notified of their overall ranking.

### **7.2 Unsuccessful Applicants**

**7.2.1.** Applicants who have been deemed unsuccessful will be notified in writing via email of the following:

- a. That they have been deemed suitable for selection but have not ranked highly enough to be made an offer in accordance with the intake and have therefore been unsuccessful.
- b. Information on the overall scores received for each of the selection tools completed following completion of Selection offers.

**7.2.2.** Applicants will not be notified of their overall ranking but will be informed of the quartile ranking.

### **7.3 Successful Applicants**

**7.3.1.** Applicants who have been deemed successful in the selection process will be notified in writing via email of the following:

- a. That they have been successful in the selection process and are being offered a position on the SET Program in General Surgery in Australia subject to the conditions outlined in Section 7.3.3.
- b. Information on applicable entry level eligibility, the Regional allocation and on the process for allocation to a training post.

**7.3.2.** Applicants will not be notified of their overall ranking.

**7.3.3.** Acceptance of the offer to the SET Program in General Surgery in Australia will be conditional on the following:

- a. The applicant being registered with the Australian Health Practitioner Regulation Agency (AHPRA) with no conditions or undertakings.
- b. The applicant being employed by the relevant health areas and/or the allocated hospital.
- c. The information submitted in the application form being true, verifiable and correct.
- d. Satisfactory completion of all minimum eligibility criteria by 31 December in the year of application.
- e. Provision of any outstanding documentation required by the Board.
- f. Payment of all monies owed to RACS.
- g. Acceptance and return of the signed Training Agreement
- h. Formal acceptance of the offer by the due date

**7.3.4.** Applicants who fail to satisfy any of the conditions outlined in Section 7.3.3 of these Regulations will automatically forfeit the offer.

**7.3.5.** Applicants who fail to return the acceptance of offer form by the stipulated deadline, or who decline the offer, will automatically forfeit the offer.

**7.3.6.** Applicants who return the acceptance of offer form by the stipulated deadline, and who satisfy the conditions outlined in Section 7.3.3 will be contacted by the relevant Regional Office in accordance with Section 3.3.7 of these Regulations.

**7.3.7.** Applicants' contact details will be provided to the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy to allow for automatic registration as required by the General Surgery Training Regulations.

## **7.4** **Deferral**

**7.4.1.** Applicants who wish to defer the commencement of their General Surgical Education and Training must lodge a request to the Australian Board in General Surgery at the time of acceptance using the following procedure:

- a. Complete the required section on the acceptance offer.
- b. Provide documentary evidence of the reason surrounding the request for deferral.
- c. The request will be considered and approval determined by the Board. The Board may consult the Regional Subcommittee prior to determination.

**7.4.2.** All applications for deferral or interruption are governed by the **SET: Trainee Registration and Variation Regulation** available on the [RACS website](#), and the [Australian Board in General Surgery GSET Regulations](#).

**7.4.3.** Applications for deferral will only be considered for the following reasons:

- a. Research towards a higher degree
- b. Parental or Carers leave

**7.4.4.** The Australian Board in General Surgery does not have the authority to alter RACS Regulation, or to approve non-compliant requests.

**7.4.5.** Deferrals will not be granted in Round 4 and onwards due to logistical considerations.

## **7.5** **Flexible Training**

**7.5.1.** Applicants who wish to be considered for Flexible Training in their first year must lodge a request to the Australian Board in General Surgery at the time of acceptance using the following procedure:

- a. Complete the required section on the acceptance offer.
- b. Provide documentary evidence of their request for a Flexible Training post
- c. The request will be considered and approval determined by the relevant Training Committee.

**7.5.2.** Whilst every effort will be made to accommodate flexible training requests, due to the limited posts available no guarantees can be provided. Where a flexible training request cannot be accommodated, the applicant will be made the offer to either accept full time training, decline the SET Offer or defer for one year. Applicants who receive an offer in Round 4 and later are not eligible to defer.

**7.5.3.** All applications for flexible training are governed by the **SET: Trainee Registration and Variation Regulation** available on the [RACS website](#), and the [Australian Board in General Surgery GSET Regulations](#).

**7.5.4.** The Australian Board in General Surgery does not have the authority to alter RACS Regulation, or to approve non-compliant requests.



## **8. APPENDIX 1 – SCORING GUIDE FOR STRUCTURED CURRICULUM VITAE – ONLINE APPLICATION**

### **8.1 Overview**

**8.1.1.** The following provides the scoring guide for the CV component of the General Surgery Selection Process for eligible entries that meet the criteria as per Section 4.

**8.1.2.** Applicants must reference Section 4 to determine eligible entries. Entries that do not meet the criteria in Section 4 or where the documentation is insufficient will not be awarded points.

### **8.2 Surgical Experience**

**8.2.1.** Each eligible eight (8) week rotation of surgery (excluding General Surgery rotations used for Minimum Eligibility) as per Section 4.3 will score 2 points.

**8.2.2.** Rotations undertaken on a part-time basis will be scored pro-rata.

### **8.3 Rural and Remote Surgical Experience**

**8.3.1.** Hospitals listed in Appendix II classified **2-3** are considered **rural**.

**8.3.2.** Rural Surgical Experience will be scored at one (1) point per continuous six (6) months experience or three (3) points per continuous twelve month rotation to a maximum of three (3) points as per Section 4.4.

**8.3.3.** Hospitals listed in Appendix II classified **4 and higher** are considered **remote**.

**8.3.4.** Remote Surgical Experience will be scored at two (2) points per continuous six (6) months experience or three (3) points per continuous twelve month rotation to a maximum of three (3) points as per Section 4.4.

### **8.4 Qualifications**

**8.4.1.** Eligible Qualifications that meet the criteria in Section 4.5 will be scored as follows:

- a. 1 point – Graduate Diploma or Diploma in a medically related area
- b. 2 points - Masters by coursework or thesis in a medically related area
- c. 3 points – PhD in a medically related area

### **8.5 Presentations**

**8.5.1.** Eligible Presentations that meet the criteria in Section 4.6 will be scored as follows:

- a. 1 point - Oral or Poster presentation at regional/state level (where the applicant is the first author and named presenter in the meeting program)
- b. 1 point - Poster presentation at national or international level (where the applicant is the first author and named presenter in the meeting program)
- c. 2 points - Oral presentation at national or international level (where the applicant is the first author and named presenter in the meeting program)

### **8.6 Publications**

**8.6.1.** Eligible Publications that meet the criteria in Section 4.7 will be scored as follows:

- a. 1 point - Case Report including “How I Do It” or “Perspective” peer reviewed article where the applicant is the first author.
- b. 1 point – Collaborative Research articles where the applicant is a named contributor
- c. 1 point - A peer reviewed journal article or book chapter where the applicant is not the first author.

- d. 2 points - A peer reviewed journal article or book chapter where the applicant is the first author

## **8.7 Prizes and Awards**

**8.7.1.** Eligible Prizes and Awards that meet the criteria in Section 4.7 will be scored as follows:

- a. 1 point - Prize awarded for a presentation relevant to surgery post-graduate level
- b. 1 point - Prize received for academic achievement in surgery at post-graduate level

## **8.8 Education and Teaching**

**8.8.1.** Eligible Education and Teaching entries that meet the criteria in Section 4.8 will be scored as follows:

- a. 1 point – six (6) months continuous teaching with a minimum time commitment of two (2) hours per week
- b. 2 points – twelve (12) months continuous teaching with a minimum time commitment of two (2) hours per week
- c. 3 points – eighteen (18) months or more continuous teaching with a minimum time commitment of two (2) hours per week

PREVIEW

## 9. APPENDIX 2 – RURAL AND REMOTE HOSPITALS

Name	State	ASGS-RA Classification
Northern Territory		
Alice Springs Hospital	NT	4
Royal Darwin Hospital	NT	3
South Australia		
Berri Hospital	SA	3
Mt Gambier and Districts Health Service	SA	2
Port Augusta Hospital and Regional Health Service	SA	3
Port Lincoln Health Service	SA	4
Port Pirie Hospital	SA	3
Whyalla Hospital and Health Service	SA	3
Western Australia		
Albany Health Campus	WA	3
Broome Hospital	WA	4
Bunbury Hospital	WA	2
Geraldton Hospital	WA	3
Hedland Health Campus	WA	4
Kalgoorlie Hospital	WA	3
Queensland		
Alpha Hospital	QLD	5
Aramac Hospital	QLD	5
Atherton Hospital	QLD	3
Augathella Hospital	QLD	5
Ayr Hospital	QLD	3
Babinda Hospital	QLD	3
Bamaga Hospital	QLD	5
Barcaldine Hospital	QLD	5
Beaudesert Hospital	QLD	2
Biggenden Health Service	QLD	3
Biloela Hospital	QLD	3
Blackall Hospital	QLD	5
Bowen Hospital	QLD	3
Bundaberg Hospital	QLD	2
Cairns Hospital	QLD	3

Capricorn Coast Hospital and Health Service	QLD	2
Charleville Hospital	QLD	5
Childers Hospital	QLD	2
Chillagoe Hospital	QLD	5
Chinchilla Hospital	QLD	3
Cloncurry Hospital	QLD	4
Croydon Primary Health Care Clinic	QLD	5
Cunnamulla Hospital	QLD	5
Dirranbandi Hospital	QLD	5
Dimbulah Hospital	QLD	3
Doomadgee Hospital	QLD	5
Dysart Hospital	QLD	3
Eidsvold Health Service	QLD	3
Emerald Hospital	QLD	3
Forsayth Hospital	QLD	5
Gayndah Hospital	QLD	3
Georgetown Hospital	QLD	5
Gin Gin Hospital	QLD	3
Gladstone Hospital	QLD	2
Glenmorgan Outpatients Clinic	QLD	4
Gordonvale Memorial Hospital	QLD	3
Gurriny Yealamucka Health Service (Yarrabah)	QLD	3
Gympie Hospital	QLD	2
Herberton Hospital	QLD	3
Hervey Bay Hospital	QLD	2
Home Hill Hospital	QLD	3
Ingham Health Services	QLD	3
Injune Hospital	QLD	4
Innisfail Hospital	QLD	3
Julia Creek Hospital	QLD	5
Kilcoy Hospital	QLD	2
Longreach Hospital	QLD	5
Mackay Hospital and Health Service	QLD	2
Maleny Hospital	QLD	2
Mareeba Hospital	QLD	3

Maryborough Hospital	QLD	2
Miles Hospital	QLD	3
Mitchell Hospital	QLD	5
Moranbah Hospital	QLD	3
Mossman Multi-Purpose Health Service	QLD	3
Mount Isa Hospital	QLD	4
Moura Hospital	QLD	3
Mungindi Hospital	QLD	4
Normanton Hospital	QLD	5
Oakey Hospital	QLD	2
Proserpine Hospital	QLD	3
Quilpie Hospital	QLD	5
Rockhampton Hospital	QLD	2
Roma Hospital	QLD	3
St George Hospital	QLD	4
Surat Hospital	QLD	4
Tara Hospital	QLD	3
Taroom Hospital	QLD	4
Texas Health Service	QLD	3
Thargomindah Hospital	QLD	5
The Townsville Hospital	QLD	3
Thursday Island Hospital	QLD	5
Tully Hospital	QLD	3
Toowoomba Hospital	QLD	2
Warwick Hospital	QLD	2
Weipa Hospital	QLD	5
Winton Hospital	QLD	5
New South Wales		
Albury Wodonga Health – Wodonga Campus	NSW	2
Armidale Hospital	NSW	2
Bathurst Base Hospital	NSW	2
South East Regional Hospital - Bega	NSW	3
Broken Hill Hospital	NSW	4
Coffs Harbour Health Campus	NSW	2
Dubbo Base Hospital	NSW	2

Dunedoo Health Service	NSW	3
Goulburn Base Hospital	NSW	3
Griffith Base Hospital	NSW	3
Lismore Base Hospital	NSW	3
Manning Base Hospital	NSW	3
Moruya District Hospital	NSW	2
Orange Base Hospital	NSW	2
Port Macquarie Base Hospital	NSW	2
Shoalhaven District Memorial Hospital	NSW	2
Tamworth Base Hospital	NSW	2
Wagga Wagga Base Hospital	NSW	2
Victoria		
Albury Wodonga Health	VIC	2
Albury Wodonga Health - Albury Campus	VIC	2
Alexandra District Health	VIC	2
Bairnsdale Regional Health Service	VIC	3
Ballarat Health Services	VIC	2
Bass Coast Health	VIC	2
Beaufort and Skipton Health Service	VIC	2
Beechworth Health Service	VIC	2
Benalla Health	VIC	2
Bendigo Health Care Group	VIC	2
Boort District Health	VIC	3
Casterton Memorial Hospital	VIC	3
Castlemaine Health	VIC	2
Central Gippsland Health Service	VIC	3
Cobram District Health	VIC	2
Cohuna District Hospital	VIC	3
Colac Area Health	VIC	3
East Grampians Health Service	VIC	2
East Wimmera Health Service	VIC	3
Echuca Regional Health	VIC	2
Edenhope and District Hospital	VIC	3
Gippsland Southern Health Service	VIC	2
Goulburn Valley Health	VIC	2

Healesville and District Hospital	VIC	2
Heathcote Health	VIC	2
Hepburn Health Service	VIC	2
Hesse Rural Health Service	VIC	2
Heywood Rural Health	VIC	3
Inglewood and District Health Service	VIC	2
Kerang District Health	VIC	3
Kilmore and District Hospital	VIC	2
Kooweerup Regional Health Service	VIC	2
Kyabram and District Health Service	VIC	2
Kyneton District Health Service	VIC	2
Latrobe Regional Hospital	VIC	2
Lorne Community Hospital	VIC	2
Maldon Hospital	VIC	2
Mansfield District Hospital	VIC	3
Maryborough District Health Service	VIC	2
Maryvale Private Hospital	VIC	2
Mildura Base Hospital	VIC	3
Mildura Private Hospital	VIC	3
Moyne Health Services	VIC	2
Murray Valley Private Hospital	VIC	2
Nathalia District Hospital	VIC	2
Neerim District Soldiers Memorial Hospital	VIC	2
Northeast Health Wangaratta	VIC	2
Numurkah District Health Service	VIC	2
Omeo District Health	VIC	3
Orbost Regional Health	VIC	3
Portland District Health	VIC	3
Rochester and Elmore District Health Service	VIC	3
Rural Northwest Health	VIC	3
Seymour Health	VIC	2
Shepparton Private Hospital	VIC	2
South Gippsland Hospital	VIC	2
South West Healthcare, Camperdown Campus	VIC	2
South West Healthcare, Warrnambool Campus	VIC	2

St John of God Hospital, Ballarat	VIC	2
St John of God Hospital, Bendigo	VIC	2
St John of God Hospital, Warrnambool	VIC	2
Stawell Regional Health	VIC	2
Swan Hill District Health	VIC	3
Tallangatta Health Service	VIC	3
Terang and Mortlake Health Service	VIC	2
Timboon and District Healthcare Service	VIC	3
Wangaratta Private Hospital	VIC	2
West Gippsland Healthcare Group	VIC	2
West Wimmera Health Service	VIC	3
Western District Health Service	VIC	2
Western District Health Service, Coleraine Campus	VIC	2
Wimmera Health Care Group	VIC	3
Yarram and District Health Service	VIC	2
Yarrawonga Health	VIC	2
Yea and District Memorial Hospital	VIC	2
Tasmania		
Beaconsfield District Health Service	TAS	3
Calvary Health Care Tasmania - Lenah Valley Campus	TAS	2
Calvary Health Care Tasmania - St Luke's Campus	TAS	2
Calvary Health Care Tasmania - St Vincent's Campus	TAS	2
Calvary St John's Hospital	TAS	2
Campbell Town Multi-Purpose Service	TAS	3
Deloraine District Hospital	TAS	3
Esperance Multi-Purpose Centre	TAS	3
Flinders Island Multi-Purpose Centre	TAS	5
George Town Hospital and Community Health Centre	TAS	3
HealthWest (West Coast District Hospital at Queenstown)	TAS	4
Hobart Private Hospital	TAS	2
King Island Multi-Purpose Centre	TAS	5
Launceston General Hospital	TAS	2
May Shaw District Nursing Centre	TAS	4
Mersey Community Hospital	TAS	2
Midlands Multi-Purpose Centre	TAS	3



New Norfolk District Hospital	TAS	2
North East Soldiers' Memorial Hospital and Community Service Centre	TAS	3
North West Regional Hospital	TAS	3
Royal Hobart Hospital	TAS	2
Smithton District Hospital	TAS	3
St Helens District Hospital	TAS	3
St Helen's Private Hospital	TAS	2
St Marys Community Health Centre	TAS	3
Tasman Health and Community Service	TAS	3
The Eye Hospital	TAS	2
The Hobart Clinic	TAS	2
Toosey Memorial Hospital (Longford)	TAS	2

FUTURE

## **10. APPENDIX 3 - RECONSIDERATION**

- 10.1.1.** This section sets out the process undertaken by the Board in line with the RACS Reconsideration, Review and Appeal (RRA) Regulation.
- 10.1.2.** The process provides for Reconsideration of the original decision under these Regulations and the RRA Regulation.
- 10.1.3.** The original decision maker under these regulations is the Board.
- 10.1.4.** Applications for Reconsideration must be addressed to the Board Chair via email [board@generalsurgeons.com.au](mailto:board@generalsurgeons.com.au) and as per Section 4.2 of the RRA Regulation.
- 10.1.5.** Unless otherwise specified, references to any days are to be read as calendar days, not business days. If requests are submitted outside of business hours (Melbourne time), they will not be recorded until the next business day (Melbourne time). If due dates fall on a weekend or public holiday (Melbourne), the due date will be extended to the close of business of the next business day.
- 10.1.6.** Applications submitted to the Board must:
- a. Be in accordance with Section 4.1 of the RRA Regulation;
  - b. specify the decision to be reconsidered;
  - c. include the grounds for reconsideration as per Section 3.2 of the RRA Regulation;
  - d. not be in relation to a decision previously subject to Reconsideration, Review or Appeal under these Regulations and the RRA Regulation.
- 10.1.7.** As per Section 4.1.2 of the RRA Regulation, the Board will only consider material as initially submitted by the applicant, i.e. the information on which the original decision was based. No new information will be permitted or considered by the Board in the Reconsideration process.
- 10.1.8.** The Board or appointed representative will review the application and determine if it meets the criteria for reconsideration as per Section 3.2 of the RRA Regulation. The applicant will bear the onus of proof to establish the grounds of the Reconsideration. If the application is deemed not to meet the criteria or if the matter has previously been through the Reconsideration process, the trainee will be informed within 7 days of receipt of application.
- 10.1.9.** If the application meets the criteria, the application will be considered by the Board at the next appropriate Board meeting, noting that the Board does not meet monthly. The trainee will be informed of the date the Board is meeting to undertake the reconsideration.
- 10.1.10.** The Board will take into consideration the following documentation as outlined in Section 4.3 of the RRA Regulation.
- 10.1.11.** The Board will provide a written response of the outcome seven (7) days after the Board meeting. The written response will not include the reason for the decision.