

# Introduction

This Guide provides a general overview of the Surgical Education and Training (SET) Program in the nine specialties of the Royal Australasian College of Surgeons (RACS).

SET Selection information for the next year is published annually in November. Information contained in this Guide to SET booklet refers to trainees selected to SET from 2013 onwards, with training program requirements varying for SET trainees who have commenced the SET Program prior to this time.

Requirements and timelines can change from year to year and potential applicants should refer to current information published via the RACS website – [www.surgeons.org](http://www.surgeons.org) and the relevant Specialist Society websites.

## About RACS

RACS was formed in 1927 and is a non-profit member organisation which is internationally recognised in surgical training and the maintenance of surgical standards in Australia and New Zealand. Approximately 90 per cent of all surgeons practising in Australia and 80 per cent practising in New Zealand are Fellows of the Royal Australasian College of Surgeons (FRACS).

RACS's purpose is to promote excellence in surgical training and practice. Training is offered in following nine surgical specialties via the SET program:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology, Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

RACS conducts a comprehensive selection, training, examination, accreditation and assessment program in order to maintain high standards of surgical services, which in turn ensures that trainees become safe and competent surgeons.

RACS is also responsible for maintaining surgical standards through its [Continuing Professional Development and Standards](#) Department.

## How do I become a Surgeon in Australia and New Zealand?

To become a surgeon, a doctor must first complete a medical degree and gain general medical registration in Australia or New Zealand. This usually involves one to two years working and training in a clinical setting, usually in a hospital. The earliest point at which they may apply to enter the RACS SET program is during second postgraduate year (PGY2) after university, when internship has been completed.

If a doctor's application to enter SET is successful, they will train in one of the nine surgical specialties under the auspices of RACS. This training occurs primarily in public hospitals and usually takes between four and seven years, depending on the specialty.

Upon successful completion of SET, they then can become a Fellow of the Royal Australasian College of Surgeons (FRACS) and will be accredited to practise independently as a consultant surgeon.

### Indigenous Health Committee

RACS believes indigenous people are under-represented in the health workforce of Australia and New Zealand, and particularly in surgery. The Indigenous Health Committee is working with the [Australian Indigenous Doctors' Association](#) (AIDA) and the [Māori Medical Practitioners Association of Aotearoa \(Te ORA\)](#) to promote surgery as a career to Indigenous doctors. For more information about RACS Closing the Gap initiatives refer to the activities of the [Indigenous Health Committee](#) available on the RACS website.

### Essential Surgical Skills

RACS has produced a [Guide to Essential Surgical Skills](#) recommending surgical skills to achieve by the end of PGY2. This guide will be useful for:

- Medical students and pre-vocational doctors – to build a portfolio in preparation for application to surgical training
- Hospital supervisors – to assist in providing relevant clinical experiences for residents intending to apply for SET
- Educators – to assist in developing learning resources relevant to SET

### Our Values

The values at RACS are the strong beliefs of our organisation. They describe the way in which our Fellows, Trainees and staff behave, interact and work together and determine the culture of the College. Our values are held in high regard by everyone within the organisation.

<b>Service</b>	–	performing to and upholding high standards
<b>Integrity</b>	–	upholding professional values
<b>Respect</b>	–	being sympathetic and empathetic
<b>Commitment</b>	–	being dedicated, doing one's best to deliver
<b>Collaboration</b>	–	working together to achieve the best outcome

## Competencies and Training Standards

RACS mission is to provide safe, comprehensive surgical care of the highest standard to the communities we serve. In order to meet these training standards, the aim of RACS training and development programs is to certify specialist surgeons with the following nine competencies.

Further details on the [nine competencies and training standards](#) are available on the RACS website.

### Collaboration and Teamwork

- > Work in collaboration with members of interdisciplinary teams where appropriate

### Communication

- > Develop rapport, trust and ethical therapeutic relationships with patients and families
- > Accurately elicit and synthesise relevant information from patients, families, colleagues and other professionals
- > Accurately convey relevant information and explanations to patients and families, colleagues and other professionals
- > Develop a common understanding (with patients, families, colleagues and other professionals) on issues, problems and plans

### Health advocacy

- > Respond to individual patient health needs
- > Promote health maintenance of patients
- > Respond to the health needs of the community
- > Promote health maintenance of colleagues
- > Look after one's health
- > Advocate for improvements in health care

### Judgement – Clinical Decision Making

- > Provide compassionate patient-centred care
- > Perform a complete and appropriate assessment of a patient
- > Organise diagnostic testing, imaging and consultation as appropriate

### Management and leadership

- > Allocate finite healthcare resources appropriately
- > Manage and lead clinical teams
- > Manage their practice and career effectively
- > Serve in administration and leadership roles, as appropriate

### Medical expertise

- > Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice
- > Basic Sciences
- > Pre-operative, intra-operative, and post-operative care and assessment in particular
- > Apply clinical knowledge in practice to recognise and solve real-life problems in particular, the treatment of pain

### **Professionalism and Ethics**

- > Demonstrate a commitment to their patients, profession, and community through ethical practice
- > Recognise medico-legal issues
- > Demonstrate a commitment to their patients, profession, and community through participation in profession-led regulation
- > Manage medical indemnity and risk

### **Scholarship and Teacher**

- > Assume responsibility for their own ongoing learning
- > Critically evaluate medical information and its sources, and apply appropriately to practice decisions
- > Facilitate the learning of patients, families, trainees, other health professionals, and the community
- > Contribute to the development, dissemination, application, and translation of new medical knowledge and practices

### **Technical expertise**

- > Safely and effectively perform appropriate surgical procedures

## **Domains**

These competencies will be demonstrated through clinical skills, patient care and professional judgement across five domains

<b>Cognitive</b>	Acquisition and use of knowledge to recognise and solve real-life problems
<b>Integrative</b>	Appraisal of investigative data against patient needs in clinical reasoning, manage complexity and uncertainty, application of scientific knowledge in practice
<b>Psychomotor</b>	Procedural knowledge, technical skill, manual dexterity, and adaptability
<b>Relational</b>	The ability to communicate effectively, accountability, works with others, consultative, resolving
<b>Affective/moral</b>	Self-awareness, ethical, critically reflective, responsible, healthy, safe

# Overview

RACS aims to ensure that trainees progress through an integrated program which provides them with increasing professional responsibility under appropriate supervision. RACS accredits hospital based training posts that enable trainees to acquire the competencies needed to become consultant surgeons who are able to practice independently and as part of a multidisciplinary team.

The earliest point at which application can be made for entry to the training program is during Postgraduate Year 2 (PGY2), when the intern process has been completed and general medical registration has been achieved. Successful applicants would commence training in Postgraduate Year 3 (PGY3). In practice, the ability to apply is not based on PGY Year, but on having achieved the prerequisites set for the individual programs.

Included in the following pages are tables for each surgical specialty outlining the training program requirements for each SET level. With the exception of clinical rotation assessments, all other training program requirements (examinations and skills courses) must be successfully completed in one of the levels or years in which there is a tick in the corresponding column. Failure to complete a requirement within the specified year or level may lead to the trainee not progressing in the SET program.

The relevant Specialty Board allocates SET trainees to an accredited hospital training position, which aligns with their training needs. The duration of the SET program varies between specialties but is generally between four and seven years. Advancement is dependent on satisfactory progress. While every effort is made to match trainees to their preferred region, SET Trainees must be prepared to be assigned to a unit outside of their home region or country (as applicable).

The number of new trainees appointed each year for a particular specialty is dependent upon the number of available accredited hospital posts and the number of trainees who meet the minimum selection standard.

## Stages of Selection

Selection into SET is a competitive process that occurs annually in stages

Stage 1	<b>Selection Registration</b>
Stage 2	<b>Selection Application</b>
Stage 4	<b>Referee Reports Collected</b>
Stage 5	<b>Semi-Structured Interviews</b>
Stage 6	<b>Announcement of Offers</b>

# Selection Checklist

- Hold General Medical Registration without conditions from the Medical Board of Australia (MBA) or General Scope Registration or restricted General Scope Registration without conditions in the relevant specialty from the Medical Council of New Zealand (MCNZ)
- Be a citizen or permanent resident of Australia or New Zealand
- Have successfully completed the RACS specified Hand Hygiene Module
- Select surgical specialty (or specialties) for which to apply to SET
- Check the RACS website for current SET Program information and specialty-specific eligibility requirements
- Register for SET in January/February (fee payable)
- Complete the RACS Let's Operate with Respect eLearning module
- Prepare documentation for SET application (list of rotations, contact details of supervisors/referees, evidence of qualifications, publications and achievements)
- Ensure that specialty-specific eligibility requirements will be met within the published timeframe
- Apply to chosen SET Program/s in March/April (fee payable)

## Selection Registration

### Online Registration Form

Doctors must register online via the RACS website if they wish to apply for SET Selection. No registrations will be accepted after the closing date.

The Online Registration Form is designed to capture information and evidence of a doctor's generic eligibility requirements to apply for Selection.

### Eligibility Requirements

Any person wishing to register for selection into the SET training program of one (or more) of the surgical specialties must fulfil all of the generic eligibility criteria at the time of registration, whilst being prepared to meet the [eligibility criteria for the specific specialty](#) (or specialties) during the next stage of selection.

The [generic eligibility requirements](#) that apply across all nine specialties are:

- > To have permanent residency<sup>1</sup> or citizenship of Australia or New Zealand at the time of registration
- > To have general (unconditional) registration in Australia or general scope or restricted general scope registration in the relevant specialty<sup>2</sup> in New Zealand
- > To have successfully completed the RACS specified Hand Hygiene Learning Module from Hand Hygiene Australia since 1 January 2013<sup>3</sup>
- > To complete the RACS Let's Operate With Respect eModule<sup>4</sup>

1. Permanent (non-citizen) residents of New Zealand are not automatically entitled to residential approval in Australia. New Zealand (non-citizen) residents who apply for a program with Australian rotations will be responsible for securing a visa. In the event that a visa cannot be obtained no special arrangements can be made, and the offer of a place on the program may be withdrawn, or the trainee dismissed.
2. Doctors with restricted general scope registration can only apply for training in the specialty to which they are restricted.
3. Hand Hygiene module must have been completed since 1 January 2013. Your certificate must reflect this otherwise you will be asked to complete it again to ensure recency of skills. Your certificate must be the RACS specific Hand Hygiene Australia module.
4. Access to the online module will be provided to Registrants following payment of registration fee

Refer to the [Registration for Selection into SET](#) Policy available on the RACS website for more details.

### Criminal Checks

At the time of registration applicants must consent to a full criminal history check including submission of relevant documentation on request to enable this to be undertaken.

### Registration for Specialties with Australia and New Zealand

There is no limit to the number of specialties that a doctor may apply to in SET. Doctors who intend to apply to more than one specialty must indicate this on the registration form during the registration stage, ensuring they meet all relevant specialty-specific eligibility requirements.

Doctors may only apply for selection in one country for the Specialties that conduct separate selection application processes in Australia and New Zealand. Registrants must nominate which country they are applying to at the time of registration.

### **Former Trainees Seeking to Reapply to SET**

Doctors who have withdrawn or been dismissed from a SET program and seek to re-apply to SET must have appropriate permission to do so from the RACS Censor in Chief (CIC). Permission to re-apply is determined in accordance with the RACS Policy on [Former Trainees Seeking to Reapply to Surgical Training](#) available on the RACS website.

Application for permission to reapply must be received no later than the first working day of November every year. Applications submitted after this date will not be considered until the following year.

If a doctor is successful in their application, documentary evidence of this permission must be included in their registration or they will be deemed ineligible.

### **Registration Fees**

A doctor must register every year they intend to apply. There is a non-refundable fee payable at the time of registration. Further information is available on the RACS website - [Fees for selection](#).

## **Selection Application**

### **Structured Online Curriculum Vitae (CV)**

Doctors who have registered for selection and have been confirmed as satisfying the generic eligibility requirements may lodge an application for selection with the relevant specialty. All applications must be made using the appropriate online form. The online application includes contact details for referees, evidence of meeting minimum eligibility criteria and the Structured Curriculum Vitae (CV) which is designed to capture information and evidence on any or all of the following: surgical experience, other qualifications, publications, presentations, skills courses and medical achievements, and leadership exposure.

It is up to the applicant to ensure they meet the specialty specific minimum eligibility requirements and read the regulations prior to application.

The following specialties accept applications for selection through the RACS online web-based application system:

- > Cardiothoracic Surgery
- > Otolaryngology Head and Neck Surgery Australia
- > Otolaryngology Head and Neck Surgery New Zealand
- > Paediatric Surgery
- > Plastic and Reconstructive Surgery New Zealand

The following specialties accept applications for selection through their specialty societies:

- > General Surgery [Australia](#)
- > General Surgery [New Zealand](#)
- > [Neurosurgery](#)
- > Orthopaedic Surgery [Australia](#)
- > Orthopaedic Surgery [New Zealand](#)
- > Plastic and Reconstructive Surgery [Australia](#)
- > [Urology](#)
- > [Vascular Surgery](#)

Refer to the [Selection to Surgical Education and Training](#) policy available on the RACS website for more details.

### **Application Fees**

Each application for Selection will incur a fee. These fees are available on the RACS website - [Fees for selection](#). There is no refund on this fee.

## Referee Reporting

### Structured Online Referee Reports

Referees are selected and reports collected from them in accordance with the relevant specialty specific regulations.

## Interviews

### Semi-Structured Interviews

Once the Referee Reporting stage has closed, applicants CV and Referee Report scores are combined with those who achieve minimum standard (varies depending on the specialty) will be invited to interview.

Specialty Boards will contact the relevant applicant at least 10 days prior to interviews taking place.

## Announcement of Offers

Applicants who satisfy the eligibility and application requirements as per the Specialty regulations, on completion of the relevant stages of the Selection process applicants will be classified as either:

- |                     |  |
|---------------------|--|
| <b>Successful</b>   | being an eligible applicant who satisfied the minimum standards for selection deeming them suitable and who did rank high enough in comparison to the appropriate intake to be made an offer of a position |
| <b>Unsuccessful</b> | being an eligible applicant who satisfied the minimum standards for selection deeming them suitable but who did not rank high enough in comparison to the intake to be made an offer of a position         |
| <b>Unsuitable</b>   | being an applicant who failed to satisfy a minimum standard for selection  |

Applicants offered a position on a training program must accept within the nominated timeframe or it will be automatically rescinded.

Feedback to applicants is provided in writing by the Specialty Boards.

## Components of SET Training

Surgical trainees work and train in hospitals under the supervision of experienced surgeons. The training year begins in December in New Zealand and in January/February in Australia. The main components of SET training are:

- > placements (or rotations) in hospital posts
- > short courses – RACS run skills courses and specialty-specific courses
- > research – each specialty has research requirements
- > assessments – including work-based assessments and generic and specialty-specific examinations

## Assessment Tools

Surgical trainees are assessed during SET through a combination of work-based assessments and examinations. Work-based assessments include Mid Term and End of Term reports, Direct Observation of Procedural Skills (DOPS) reports, Mini Clinical Examination (Mini-CEX) reports and logbooks.

It should be noted that individual SET Programs may have additional assessment tools and requirements that are specialty-specific, which are listed on the RACS and/or Specialty Program website.

## In-training Evaluation

Supervision and assessment of Trainees by Surgical Supervisors is necessary to ensure quality of training, general progress, suitability to continue training, suitability to sit the Fellowship Examination and the completeness of training. During training, each Trainee will be the subject of regular in-training evaluation reports. The Surgical Supervisor and the Specialty Board are responsible for the in-training evaluation of SET Trainees.

The form will not be considered valid unless signed by both the Trainee and the supervisor responsible for its completion. Trainees are responsible for submission of forms and for maintaining a copy for their own records.

## Logbooks

Trainees are required to keep a record of work undertaken in an official logbook, which is designed for the purpose of recording experience and in permitting an audit of the performance of the Trainee and the unit in which they work.

The format of the operative logbook is specific to each specialty.

To assist in compiling the log, the Trainee is advised to keep a notebook to record the management of each patient in which the Trainee plays a role and entries are to be made concurrently with hospital management. The notebook information can then be used to compile the logbook at leisure.

Logbooks provide information on operation statistics (including endoscopic procedures) and outcome of surgery. For recording purposes, several categories are listed so that a Trainee may indicate their actual level of involvement.

The Surgical Supervisor and Specialty Board review logbooks at regular intervals.

## Surgical DOPS

Direct Observation of Procedural Skills in surgery (Surgical DOPS) is a method of assessing competence in performing diagnostic and interventional procedures during surgical practice. It also facilitates feedback in order to drive learning.

The assessment involves an assessor observing the trainee perform an operative procedure within the work place. The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide verbal developmental feedback to the trainee immediately after the procedure.

## Mini-CEX

The Mini Clinical Examination (Mini-CEX) is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning. The assessment involves an assessor observing the trainee interact with a patient in an unrehearsed clinical encounter in the work place.

The assessor's evaluation is recorded on a structured checklist which enables the assessor to provide verbal developmental feedback to the trainee immediately after the event. These assessments are formative and are aimed at guiding further development of clinical skills.

## SET Trainee Registration and Variation

It is recognised that some Trainees may have a need to defer, interrupt or undertake a period of part time training at some point during their SET Program. The following is an overview of the mechanisms by which trainees may apply for variations to their registration status to undertake periods of deferment, interruption or part time training.

Further details can be found in the RACS Trainee Registration and Variation Policies available on the RACS website in the [Surgical Education and Training Policies](#) section.

### Deferral, Interruption & Part Time Training

Decisions to grant applications for deferral, interruption or part-time training are made by the relevant Specialty Board in accordance with specialty regulations, taking into consideration the reasons for the request, the Trainee's progress to date and logistical considerations.

### Research

All surgical trainees undertake one or more research projects during SET. Research is strongly encouraged by RACS and some Specialty Boards specify that a research requirement is completed as part of the SET program.

Each surgical specialty can provide information about their SET research requirements.

The research requirement may include (but is not limited to):

- > Presentation of a paper/poster display to a meeting for which abstracts are subject to review and selection
- > A publication in a journal which referees all manuscripts
- > A dissertation with a written review of a clinical problem, together with a critical literature review
- > A period of full-time research
- > A research higher degree at Masters level or above

### Recognition of Prior Learning (RPL)

It is recognised that trainees entering SET may have gained prior medical training or experience which is comparable to components of the RACS SET program in terms of learning outcomes, competency outcomes and standards.

The RACS Recognition of Prior Learning Policies is available from the RACS Website in the [Surgical Education and Training Policies](#) section. Some specialty boards may recognise prior learning and details for individual programs can be found in specialty regulations.

It is important to note that recognition of prior learning is available only for the specific components identified within the policy.

## Skills Courses

All surgical trainees must complete a number of short courses generic to all specialties, often called '*skills courses*'. Many surgical specialties also deliver specialty-specific courses. Information about these is available in each specialty's Regulations.

Trainees are required to complete a number of skills courses during the SET program. These intensive short courses provide trainees with the opportunity to undertake hands-on practice by offering a high tutor to participant ratio. Prior to each course Trainees are provided with comprehensive course material outlining the theoretical basis and practical applications used throughout the courses.

An overview of the most commonly required skills courses is provided below. Some specialties may specify additional courses that must be completed during various stages of the SET Program. Further information is contained in each specialty's Regulations.

### **ASSET Course: Australian and New Zealand Surgical Skills Education and Training**

ASSET provides an educational package of generic surgical skills required by surgical trainees in the Australian and New Zealand context.

The course is delivered in two sections. The first section includes ten eLearning modules that are required to be completed prior to the course followed by the classroom component which includes four modules undertaken over two days.

The emphasis of this course is on small group teaching, intensive hands-on practice of basic skills, individual tuition, personal feedback to participants and the performance of practical procedures.

Experienced surgeons teach at the ASSET course and enable successful transfer of valuable knowledge and skills. Visits by industry representatives also provide for a valuable networking environment.

The ASSET course is not assessed; trainees are given direct observational feedback throughout the course.

### **CCrISP® Course: Care of the Critically Ill Surgical Patient**

The CCrISP® course assists trainees in developing simple, useful skills for managing critically ill patients, and promotes the coordination of multidisciplinary care where appropriate. The course is as much about putting clinical knowledge, acumen, and procedural skills to use as it about communication, responsibility and leadership. The CCrISP® course encourages trainees to adopt a system of assessment to avoid errors and omissions, and uses relevant clinical scenarios to reinforce the objectives.

The following principles are reinforced throughout the course:

- > Accept responsibility for patient management
- > Adopt a systematic approach to patient assessment
- > Appreciate that complications tend to cascade rapidly
- > Anticipate and prevent complications with simple, timely actions
- > Apply effective communication skills to facilitate patient care
- > Ask for appropriate assistance in a timely manner

The course program includes lectures, practical skill stations, case scenarios and discussions and course participants are assessed on their performance.

### **EMST Course: Early Management of Severe Trauma**

EMST is a two and half day intensive course in the management of injury victims in the first 1–2 hours following injury. Adapted from the Advanced Trauma Life Support (ATLS®) course of the American College of Surgeons in 1988 the course emphasis is on life saving skills and systematic clinical approach.

After completing the EMST course, a participant will be able to:

- > demonstrate concepts and principles of primary and secondary patient assessment,
- > establish management priorities in a trauma situation,
- > initiate primary and secondary management of unstable patients; and
- > demonstrate skills used in initial assessment and management.

The course program includes lectures, practical skill stations, case scenarios and discussions and course participants are assessed on their performance.

### **CLEAR Course: Critical Literature Evaluation and Research**

The CLEAR Course is only mandatory for General Surgery in Australia and New Zealand, Neurosurgery, Orthopaedic Surgery New Zealand, Paediatric Surgery and Urology SET Trainees.

CLEAR is designed to provide tools to undertake critical appraisal of surgical literature and to assist surgeons in the conduct of clinical trials. These "hands on" workshops aim to make the language and methodology relevant to surgeons and the day to day activities in their practice.

This course runs for two days and is a combination of lectures and small group teaching. Topics covered include:

- > Guide to clinical epidemiology
- > Framing clinical questions
- > Randomised controlled trial
- > Non-randomised and uncontrolled studies
- > Evidence based surgery
- > Diagnostic and screening tests
- > Statistical significance
- > Searching the medical literature
- > Decision analysis and cost effectiveness studies

### **TIPS Course: Training in Professional Skills**

From 2017 the TIPS Course is only mandatory for Orthopaedic Surgery Australia SET Trainees.

Although not a mandatory requirement for most SET specialties, the TIPS course is specifically designed for Surgical Trainees with an aim to provide training in patient-centred communication and team-oriented non-technical skills in a clinical context.

Through simulation, participants address issues and events that occur in the clinical and operating theatre environment that require skills in communication, teamwork, crisis resource management and leadership.

At the end of this course, participants should be able to:

- > describe the benefits and challenges associated with effective patient-doctor communication in surgical practice
- > describe the benefits and challenges associated with effective teamwork and collegial communication in surgical practice
- > identify personal strengths and areas for improvement with respect to skills relevant to the above domains
- > identify methods for practising and integrating these skills in the workplace
- > reflect on achieving appropriate professional behaviours

The TIPS course is not assessed.

## Examinations

Examinations comprise both written format and practical 'clinical' format exams, and the topics being examined are either generic to all surgical trainees or specialty-specific. SET trainees' knowledge and skills are formally assessed by a number of examinations.

During the course of their training, all SET trainees, unless otherwise indicated, will undertake:

- > Clinical Examination (CE)
- > Generic Surgical Science Examination (GSSE)<sup>1</sup>
- > Specialty Specific Surgical Science Examination<sup>2</sup> (SSE)
- > Fellowship Examination

<sup>1</sup> The GSSE is a prerequisite for selection into most SET programs as of 2017, refer to individual Selection Regulations

<sup>2</sup> The General Surgery SET program has specialty specific online modules in place of an examination

Other assessments are conducted in the workplace. Each specialty has established time limits and eligibility requirements for the successful completion of the different components of the examination (refer to individual specialty training regulations).

### Clinical Examination

The Clinical Examination (CE) is a practical examination designed to assess early SET (preferably SET 1) trainees in the clinical application of the basic sciences. The emphasis of the Clinical Examination is on the application of basic science knowledge and understanding and clinical practise relevant to all forms of surgery. Trainees spend five minutes at each of 16 assessed stations. Examples of tasks include patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills.

This examination must be passed within the first two years of active training and trainees are permitted a maximum of four attempts. All SET Trainees, must successfully complete the Clinical Examination.

Refer to the [Conduct of SET Clinical Examination Policy](#) available on the RACS website.

### Generic Surgical Science Examination

The Generic Surgical Science Examination (GSSE) is a summative evaluation of the candidates' knowledge, understanding and application of anatomy, physiology and pathology in health and disease. The GSSE tests a candidate's knowledge, understanding and application of the sciences basic to surgical practice. The level of required knowledge, understanding and application is set to provide a sound basis for training in any surgical specialty.

All SET trainees, regardless of their specialty, are required to undertake the GSSE. An active trainee and trainee who has either interrupted or deferred commencement of his or her training on the SET program is eligible to apply and present for this examination held in February and June. A SET trainee is not permitted to apply and present for the GSSE held in October.

A trainee who has successfully completed the GSSE prior to being selected onto the training program does not have to re-sit the examination.

Refer to the [Conduct of the SET Generic Surgical Science Examination](#) available on the RACS website.

### Specialty Specific Surgical Science Examination

The Specialty Training Board will determine which Specialty Specific examination a trainee must undertake and timelines.

The SSE must be completed in accordance with each Specialty's requirements:

- > Orthopaedic Surgery - Orthopaedic Principles and Basic Science Examination ([OPBS](#))
- > Plastic & Reconstructive Surgery - Plastic and Reconstructive Surgical Sciences and Principles Examination ([PRSSP](#))
- > Paediatric Surgery – Paediatric Anatomy & Embryology ([PAE](#)) Examination and the Paediatric Pathophysiology ([PPP](#)) Examination.
- > Neurosurgery, OHN Surgery, Urology and Vascular Surgery – Surgical Science Specialty Specific ([SSE](#)) Examination

Refer to the [Conduct of relevant Examination Policy](#) available on the RACS website.

### **Fellowship Examination**

The Fellowship Examination comprises a written component and a clinical/viva component. These are made up of seven segments in total, which for most specialties is divided into two written papers and five clinical/viva segments.

The Fellowship Examination assesses the knowledge, clinical skills, judgment and decision-making and professional competencies of candidates, in order to ensure that they are safe and competent to practice as surgeons. The examination is blueprinted to the specialty curriculum, and examiners use agreed marking guidelines to assess against the required standard.

The Specialty Court of Examiners determines the content of their examination and candidates are advised as to the components of the examination unique to their Specialty. Any changes to the format of the Fellowship Examination are forwarded to trainees no less than six months prior to an examination.

To sit the Fellowship Examination, a trainee must:

1. be registered as an accredited Trainee of the College
2. have satisfied the specialty specific requirements of training by the [Specialty Board](#).

The Specialty Training Boards determine the surgical training program that must be completed by a trainee. Each Specialty Training Board determines the elements of the training program that must be completed before a trainee is eligible to apply and present for the Fellowship Examination.

A trainee who is assessed by their Specialty Training Board as having satisfactorily completed all requirements and is adequately prepared will be approved to present for the examination.

A letter of support from the applicant's current supervisor of training and/or Director of Training and Regional Training Committee Chair (for AOA only) must be submitted directly to the trainee's relevant specialty training board if required.

An application outside the published timeframes will not be accepted.

Refer to the [Conduct of Fellowship Examination Policy](#) available on the RACS website.

## Cardiothoracic Surgery

Cardiothoracic Surgery is the medical specialty devoted to the surgical management of intrathoracic diseases and abnormalities. The Cardiothoracic surgeon may perform surgical procedures that involve the lung, heart, and/or the great vessels. The SET Program in Cardiothoracic Surgery is designed to provide trainees with clinical and operative experience, to enable them to manage both cardiac and thoracic conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline.

### Duration

The SET Program in Cardiothoracic Surgery is structured over a six year sequential curriculum as follows:

**SET 1** Satisfactory completion of 4x three month terms

**SET 2-6** Five years of satisfactory operative experience in Cardiothoracic Surgery training

### Training Requirements

	SET1	SET2	SET3	SET4	SET5	SET6
<b>Surgical Rotations</b>						
Cardiothoracic Surgery Training	✓	✓	✓	✓	✓	✓
<b>Assessment</b>						
Supervisor's Report	✓	✓	✓	✓	✓	✓
MALT Electronic Logbook	✓	✓	✓	✓	✓	✓
DOPS	✓	✓	✓	✓	✓	✓
Self-Evaluation	✓					
Rotation Evaluation	✓					
Thesis Requirement	✓	✓	✓	✓		
2 Publications	✓	✓	✓	✓	✓	✓
<b>Examinations</b>						
Surgical Science Examination			✓	✓		
Clinical Examination	✓	✓				
Fellowship Examination					✓	✓
<b>Courses</b>						
ASSET Course	✓					
CCrISP® Course	✓					
EMST Course	✓	✓				
Cardiothoracic Course			✓	✓	✓	✓
<b>Meetings</b>						
ANZSCTS Meeting	✓	✓	✓	✓	✓	✓
ANZSCTS ASM Trainee wetlab			✓	✓	✓	✓

## General Surgery

General Surgery is the basic core specialty within the discipline of surgery and is the broadest of the surgical specialties. The General Surgeon is a surgical specialist engaged in the comprehensive care of surgical patients and in some situations the General Surgeon may require knowledge of the whole field of surgery. The General Surgeon is frequently the one first confronted with the acutely ill or injured person and is responsible for the early investigation of the obscure surgical illness.

The General Surgery SET Program is administered in Australia by [General Surgeons Australia](#) (GSA) and in [New Zealand by the New Zealand Association of General Surgeons](#) (NZAGS).

### Duration

The SET Program in General Surgery is structured over a four year curriculum as follows:

**SET 2-5** satisfactory completion of 8x six month terms in posts accredited by the Board in General Surgery (BiGS) beyond SET 1

### Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>Surgical Rotations</b>					
General Surgery Training		✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms		✓	✓	✓	✓
Logbook		✓	✓	✓	✓
Research Requirement <sup>1</sup>			✓		
<b>SEAM (Surgical Education and Assessment Modules)</b>					
Content and Assessment Modules		✓	✓		
<b>Examinations</b>					
Surgical Science Examination		✓	✓		
Clinical Examination		✓	✓		
Fellowship Examination					✓
<b>Courses<sup>2</sup></b>					
ASSET Course		✓			
CCrISP® Course		✓			
CLEAR Course					✓
EMST Course					✓
<b>Educational Sessions<sup>3</sup></b>					
GSA Trainees' Days (AU)		✓	✓	✓	✓
NZAGS Trainees' Days (NZ)		✓	✓	✓	✓

1. The Research Requirement must be completed prior to sitting the Fellowship Examination (recommended by the end of SET3)
2. Courses are listed at the latest SET level they must be completed in order to progress through SET. Courses may be undertaken prior to the SET level indicated
3. Australian trainees commencing from 2011 onwards must attend at least four GSA Trainees' Days over the course of their training. New Zealand Trainees in SET 2-5 must attend NZAGS Trainees' Days in March and September each year

## Neurosurgery

Neurosurgery provides for the operative and non-operative management of disorders that affect the central, peripheral and autonomic nervous system, including their supportive structures and vascular supply. This includes prevention, diagnosis, evaluation, treatment, critical care and rehabilitation as well as the operative and non-operative management of pain.

Neurosurgery encompasses disorders of the brain, meninges, skull and their blood supply including the extracranial carotid and vertebral arteries, disorders of the pituitary gland, disorders of the spinal cord, meninges and spine, including cranial and peripheral nerves.

The SET Program in Neurosurgery operates in Australia, New Zealand and Singapore, and is administered by the Neurosurgical Society of Australasia.

### SET Neurosurgery program in Singapore

Applicants wishing to apply to the SET Neurosurgery program in Singapore must at the time of registration satisfy the following criteria:

- > be a permanent resident or citizen of Singapore
- > have medical registration in Singapore which enables full participation without restriction in the SET
- > consent to a full criminal history check and provide the relevant documentation as requested
- > have a letter of endorsement from the SET Program supervisor in Singapore that they are happy to accept the applicant if selected for 3 clinical years in Singapore

### Duration

The SET Program in Neurosurgery is structured on a three level sequential curriculum to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective. The SET Program in Neurosurgery can be completed in a minimum of five years and a maximum of nine years subject to satisfactory progression through the levels in the timeframes.

### Training Requirements

	BASIC	INTERMEDIATE	ADVANCED
<b>Surgical Rotations</b>			
Neurosurgery Training	✓	✓	✓
<b>Assessment</b>			
Professional Performance Assessment	✓	✓	✓
Neurosurgical Competency Assessment	✓	✓	✓
Logbook	✓	✓	✓
Research Requirement		✓	
<b>Examinations</b>			
Surgical Science Examination	✓		
Fellowship Examination			✓
<b>Courses</b>			
CCrISP® Course	✓		
CLEAR Course		✓	
EMST Course	✓	✓	
<b>Meetings</b>			
Neurosurgical Training Seminars	✓	✓	✓

## Orthopaedic Surgery Australia

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin. These elements make up the musculoskeletal system. The physicians who specialise in this area are called Orthopaedic surgeons or orthopaedists. Orthopaedists are involved in all aspects of health care pertaining to the musculoskeletal system. They use medical, physical and rehabilitative methods as well as surgery.

The SET Program in Orthopaedic Surgery is administered in Australia by the [Australian Orthopaedic Association](#) (AOA).

### Duration

The SET Program in Orthopaedic Surgery is structured over a five year period of training. In certain circumstances it may be completed in four years.

### Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>Surgical Rotations</b>					
Orthopaedic Surgery AU Training	✓	✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms (Quarterly Assessment Reports)	✓	✓	✓	✓	✓
Electronic Logbook (eLog)	✓	✓	✓	✓	✓
Research Requirement		✓	✓	✓	
DOPS	✓	✓	✓	✓	✓
Bone School		✓	✓	✓	✓
<b>Examinations – only one successful attempt is required</b>					
Orthopaedic Principles and Basic Science Surgery Examination	✓	✓	✓		
Clinical Examination	✓	✓			
Fellowship Examination					✓
<b>Courses – only one successful attempt is required</b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓	✓	✓	✓	
TIPS	✓				

## Orthopaedic Surgery New Zealand

Orthopaedic Surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin. These elements make up the musculoskeletal system. The physicians who specialise in this area are called Orthopaedic surgeons or orthopaedists. Orthopaedists are involved in all aspects of health care pertaining to the musculoskeletal system. They use medical, physical and rehabilitative methods as well as surgery.

The SET Program in Orthopaedic Surgery is administered in New Zealand by the [New Zealand Orthopaedic Association](#) (NZOA).

### Duration

The SET Program in Orthopaedic Surgery is structured over a five year period of training. In certain circumstances it may be completed in four years.

### Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>Surgical Rotations</b>					
Orthopaedic Surgery NZ Training	✓	✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms (Quarterly Assessment Reports)	✓				
In Training Assessment Forms (Six Monthly Assessment Reports)		✓	✓	✓	✓
Electronic Logbook (eLog)	✓	✓	✓	✓	✓
Research Requirement		✓	✓	✓	
Mini-CEX	✓	✓	✓	✓	
DOPS	✓	✓	✓	✓	
DOPS and PBA	✓				
<b>Examinations – only one successful attempt is required</b>					
Orthopaedic Principles and Basic Science Surgery Examination	✓	✓	✓		
Clinical Examination	✓	✓			
Fellowship Examination					✓
<b>Courses – only one successful attempt is required</b>					
ASSET Course	✓				
CCrISP® Course	✓				
CLEAR Course	✓	✓			
EMST Course	✓	✓	✓	✓	

## Otolaryngology Head and Neck Surgery

Otolaryngology Head and Neck surgeons investigate and treat conditions of the ear, nose, throat, and head and neck, such as nasal and sinus conditions, snoring and breathing problems, tonsillitis, cancers of the head & neck including thyroid surgery, voice problems, plastic surgery of the nose and face, hearing difficulties and deafness, and tumours of the head, neck and ears.

The SET Program in Otolaryngology Head and Neck Surgery is administered in Australia conjointly by RACS and the [Australian Society of Otolaryngology Head & Neck Surgery](#) (ASOHNS), in New Zealand conjointly by the [New Zealand Society of Otolaryngology, Head & Neck Surgery](#) (NZSOHNS) and the New Zealand office of the College.

### Duration

The SET Program in Otolaryngology Head and Neck Surgery is conducted over a minimum of five years and it includes compulsory six-month rotations in Paediatric and Head and Neck surgery.

### Training Requirements

	SET1	SET2	SET3	SET4	SET5
<b>Surgical Rotations</b>					
Otolaryngology Head and Neck Surgery Training	✓	✓	✓	✓	✓
Temporal Bone Procedures			✓		
<b>Assessment</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*					✓
DOPS	✓				
Mini-CEX	✓				
<b>Examinations</b>					
Surgical Science Examination	✓	✓			
Clinical Examination	✓	✓			
Fellowship Examination					✓
<b>Courses</b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course		✓			
Functional Endoscopic Sinus Surgery (FESS) x2*					✓
Head and Neck Course*					✓
Temporal Bone Course x2*					✓
<b>Meetings</b>					
Registrar Annual Training Seminar (AU)	✓	✓	✓	✓	✓**
Registrar Annual Training Seminar (NZ)	✓	✓	✓	✓	✓
ASOHNS / NZSOHNS ASM x3*	✓	✓	✓	✓	✓
Robert Guerin Memorial Trainees Meeting (AU)	✓	✓	✓	✓	✓**
Robert Guerin Memorial Trainees Meeting (NZ)				✓	✓**
Tympanoplasty Audit				✓	

\* Must be completed before submitting an application to sit Fellowship Examination

\*\* Unless sat and passed Fellowship Examination

## Paediatric Surgery

Paediatric Surgery is the specialty that includes surgeons who have specialist training in the management of children (usually up to the age of about 16 years) who have conditions that may require surgery. Specialist paediatric surgeons normally deal with non-cardiac thoracic surgery, general paediatric surgery and paediatric urology. Their responsibilities include involvement in the antenatal management of congenital structural abnormalities, neonatal surgery and oncological surgery for children.

### Duration

The SET Program in Paediatric Surgery is structured over a 7 year sequential curriculum as follows:

<b>SET 1</b>	First 12 months of training in SET 1 in Paediatric Surgery posts accredited by the Board of Paediatric Surgery of RACS
<b>Early SET</b>	2 years of training in early SET is considered to be complete when compulsory courses, assessments, examinations and competencies identified in the curriculum are achieved
<b>Mid / Senior SET</b>	Satisfactory completion of 8x six month terms in posts accredited by the Board in General Surgery (BiGS) – beyond SET1

### Training Requirements

	SET 1	EARLY SET	MID SET	SENIOR SET
<b>Surgical Rotations</b>				
Surgery in General		✓		
Paediatric Surgery Training	✓	✓	✓	✓
<b>Assessment</b>				
In Training Assessment Forms	✓	✓	✓	✓
College Research Requirement	✓	✓	✓	✓
Logbook	✓	✓	✓	✓
Trainee Progress Overview	✓	✓	✓	✓
DOPS		✓		
Mini-CEX	✓	✓		
360 Degree Evaluation Survey	✓	✓		
CATs			✓	✓
DOGS			✓	✓
MOUSE	✓		✓	✓
Mandatory Presentations	✓			
<b>Courses</b>				
ASSET Course	✓	✓		
CCrISP® Course	✓	✓		
EMST Course	✓	✓		
APLS Course	✓	✓		
EMSB Course	✓	✓	✓	
<b>Examinations</b>				
Generic Surgical Sciences Examination	✓	✓		
Paediatric Anatomy Examination		✓	✓	
Paediatric Pathophysiology and Embryology Examination			✓	
Clinical Examination	✓	✓		
Fellowship Examination				✓
<b>Meetings</b>				
Registrar Annual Training Seminar	✓	✓	✓	✓

## Plastic and Reconstructive Surgery

Plastic and Reconstructive surgery is a wide ranging specialty involving manipulation, repair and reconstruction of the skin, soft tissue and bone. Plastic surgery is a specialty not restricted to one organ or tissue type. The main emphasis is on maintaining or restoring form and function, often working in a team approach with other specialties.

The SET Plastic and Reconstructive Surgery Program is administered in Australia by the [Australian Society of Plastic Surgeons Inc.](#) (ASPS) and in New Zealand by the [New Zealand Association of Plastic Surgeons](#) (NZAPS).

### Duration

Trainees who begin training at SET1 are expected to complete five years of Surgical Education and Training in Plastic and Reconstructive Surgery.

### Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5
<b>Surgical Rotations</b>					
Plastic and Reconstructive Surgery Training	✓	✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*					✓
Trainee Progress Review	✓	✓	✓	✓	✓
<b>Examinations</b>					
Surgical Science Generic Examination**	✓	✓			
Plastic and Reconstructive Surgical Sciences and Principles Examination (PRSSPE)	✓	✓	✓	✓	
American Society of Plastic Surgeons (ASPS) In-Service Examination (mandatory when offered)			✓	✓	✓
Clinical Examination	✓	✓			
Fellowship Examination					✓
Practice Examination					✓
<b>Courses</b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓				
Emergency Management of Severe Burns (EMSB)					✓
<b>Meetings</b>					
Registrar Annual Training Seminar	✓	✓	✓	✓	✓

\* Research must be completed before the end of SET and can be undertaken at any time during SET

\*\* A pass grade in the SSE will be mandatory for selection into Surgical Education and Training in Plastic and Reconstructive Surgery for new trainees in Australia in 2018 and for New Zealand trainees starting in 2017

## Urology

### Specialty Information

Urology is the medical specialty dedicated to the treatment of men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems. Urologists prescribe and administer medications and perform surgical procedures in the treatment of disease or injury. Urology is a challenging, innovative and technologically advanced surgical subspecialty.

The nSET Urology program (which commenced in 2016) is administered by the [Urological Society of Australia and New Zealand](#) (USANZ).

### Duration

The nSET Program in Urology is structured over a five year sequential curriculum as follows:

- nSET 1** Core surgery in general skills
- nSET 2** First year of advanced clinical Urology training
- nSET 3** Second year of advanced clinical Urology training
- nSET 4** Third year of advanced clinical Urology training
- nSET 5** Senior Registrar level, progressing to independent clinical practice and awarding of the FRACS

### Training Requirements

	nSET 1	nSET 2	nSET 3	nSET 4	nSET 5
<b>Surgical Rotations</b>					
Surgery in General	✓				
Urology Training	✓	✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement*	✓	✓	✓	✓	
DOPS	✓	✓	✓		
Mini-CEX	✓	✓	✓		
<b>Examinations</b>					
Surgical Science Examination	✓	✓	✓		
Clinical Examination	✓				
Fellowship Examination				✓	✓
<b>Courses<sup>2</sup></b>					
ASSET Course	✓				
CCrISP® Course	✓				
EMST Course	✓	✓			
CLEAR Course	✓	✓			
Introductory Course	✓				
<b>Meetings</b>					
Trainee Week	✓	✓	✓	✓	
Sectional Education Programs		✓**	✓**	✓**	
USANZ ASM	✓***	✓**	✓**	✓**	
USANZ Sections Meetings	✓***	✓**	✓**	✓**	

\* Must be completed before sitting Fellowship Examination

\*\* Required

\*\*\* Expected

## Vascular Surgery

Vascular Surgery is a specialty of surgery in which diseases of the vascular system, or arteries and veins, are managed by medical therapy, minimally-invasive catheter procedures and surgical reconstruction.

The SET Vascular Surgery Program is administered by the [Australian and New Zealand Society for Vascular Surgery](#) (ANZSVS).

### Duration

The SET Program in Vascular Surgery is structured over a five year sequential curriculum of speciality Vascular Surgery training in posts accredited by the Board of Vascular Surgery of the Royal Australasian College of Surgeons.

### Training Requirements

	SET 1	SET 2	SET 3	SET 4	SET 5
<b>Surgical Rotations</b>					
Surgery in General	✓	✓	✓	✓	✓
<b>Assessment</b>					
In Training Assessment Forms	✓	✓	✓	✓	✓
Logbook	✓	✓	✓	✓	✓
Research Requirement	✓	✓	✓	✓	✓
DOPS	✓	✓	✓	✓	✓
Mini-CEX	✓	✓	✓	✓	✓
Online Modules	✓	✓	✓	✓	✓
360 Degree Evaluation Survey*					
<b>Examinations</b>					
Surgical Sciences Examination		✓	✓		
Clinical Examination	✓	✓			
Fellowship Examination					✓
<b>Courses<sup>2</sup></b>					
ASSET Course	✓				
CCrISP® Course	✓	✓			
EMST Course	✓	✓			
Trainee Skills Course	✓	✓	✓	✓	✓

- \* The Board of Vascular Surgery has introduced a 360 degree assessment which will only be required if a trainee has an unsatisfactory rotation; it will also be available to supervisors if they have a satisfactory trainee but want to do a 360 degree assessment to broaden the trainee's awareness beyond technical skills



# Contacts

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