



Regulations for the Surgical Education and Training Program in Neurosurgery

Neurosurgical Society of Australasia ABN 50 283 605 657 ACN 167 861 805



REGULATIONS

SURGICAL EDUCATION AND TRAINING IN NEUROSURGERY

The Regulations encompasses the rules, procedures, policies, administrative processes and principles for the control and conduct of the Surgical Education and Training Program in Neurosurgery. The information is as accurate as possible at the time of printing. As the Regulations can change during the year the latest version will always be available on the NSA website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.

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SECTION 1: INTRODUCTION TO THE SET PROGRAM

1.1 Overview of Governance

- 1.1.1 The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist neurosurgeon in the respective countries is the Fellowship of the Royal Australasian College of Surgeons (**FRACS**) in Neurosurgery.
- 1.1.2 The Royal Australasian College of Surgeons (the **RACS**) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and Training Program in Neurosurgery (**SET Program**) is the accredited training program to obtain the FRACS and operates in Australia, New Zealand and Singapore.
- 1.1.3 The administration and management of the SET Program is delegated to the Neurosurgical Society of Australasia (the **NSA**) as an agent of the RACS. The Board of Neurosurgery (the Board) has dual reporting roles and represents both the RACS and the NSA on all matters relating to the SET Program (see the Terms of Reference available on the website).
- 1.1.4 The official website for the SET Program is the NSA website at www.nsa.org.au. All trainees, surgical supervisors and key stakeholders receive access passwords to the restricted section of the website. This section contains forms and other essential information. The official website for the RACS is www.surgeons.org.
- 1.1.5 For assistance or information on the SET Program please contact:

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1.2 Overview of the Regulations

- 1.2.1 These Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program. These Regulations are in compliance with the RACS policies. At times, these Regulations may refer directly to a RACS policy or NSA Policy. In such instances, these additional policies can be found at www.surgeons.org or www.nsa.org.au.
- 1.2.2 All trainees, surgical supervisors, accredited training units and Board members are required to comply with these Regulations at all times.
- 1.2.3 The information in these Regulations is as accurate as possible at the time of printing. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the training website at www.nsa.org.au. All persons are advised to ensure they are consulting the most current version.
- 1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.
- 1.2.5 The date for commencement of these Regulations is 5 February 2018 (the **Commencement Date**).
- 1.2.6 For the avoidance of doubt, reconsiderations, reviews and performance, misconduct or dismissal processes which were initiated but were not decided by the Commencement Date for these



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Regulations will be finalised applying the Regulations applicable at the time the process was initiated unless otherwise agreed in writing by both parties.

1.3 Duration and Structure

- 1.3.1 The SET Program 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.
- 1.3.2 The SET Program 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 outlined in these Regulations.
- 1.3.3 The first level is Basic Training focused on the basic neurosurgical foundational skills. This must be completed in a minimum of one training year and a maximum of two training years.
- 1.3.4 The second level is Intermediate Training where the trainee involvement should be increasing in complexity. The trainee should be assuming more responsibility and building on the foundational experience, knowledge, skills and attributes towards the required level of competence. This must be completed in a minimum of three training years and a maximum of four training years.
- 1.3.5 The third level is Advanced Training where the trainee should be functioning with full emergency competence, operating as primary surgeon in core neurosurgical procedures and acquiring the foundation for subspecialist practice. This must be completed in a minimum of one training year and a maximum of three training years.

1.4 Registration, Employment and Training Fees

- 1.4.1 Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.
- 1.4.2 Surgical training fees are approved by the RACS and the NSA each year and are published on the websites. Invoices are issued prior to the commencement of the training year. The RACS is responsible for invoicing and collection of fees.
- 1.4.3 Trainees who fail to pay outstanding monies owed to the RACS or the NSA will be dismissed in accordance with the RACS Surgical Education and Training Fee and the Specialty Surgical Education and Training Fee policies.
- 1.4.4 Trainees are required to notify the Board of any illness, injury or impairment that may impact on their ability to undertake or complete the SET Program. This notification must be made in accordance with the RACS III, Injured and Impaired Trainees Policy.
- 1.4.5 Trainees are required to notify the Board in writing within 2 business days of any material change to their employment or medical registration status during their SET Program. For avoidance of doubt, this includes but is not limited to:
 - (a) details of the commencement and outcome of any disciplinary action taken by the employer;
 - (b) details of any restrictions, conditions, cautions or reprimands placed on the trainee by the employer;
 - (c) details of the suspension or termination of employment;
 - (d) the recording of any undertakings, conditions or cautions on a trainee's medical registration; and
 - (e) the expiry, suspension or cancellation of the trainee's medical registration.
- 1.4.6 The Board Chair or nominee may suspend a trainee from the SET Program in the following circumstances:
 - (a) Where misconduct procedures have commenced in accordance with Regulation 3.4.5 (**Misconduct Procedures**); or



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- (b) Where dismissal procedures have commenced in accordance with Regulation 3.5.3 (**Dismissal Procedures**); or
- (c) Where the trainee is subject to an investigation by the employing authority, regulatory authority and/or the RACS; or
- (d) Where there has been a material change to a trainee's employment or medical registration status which impacts on their ability to fully participate in the SET Program.

1.4.7 In the event of suspension, the trainee will be advised in writing as soon as practicable after the decision is made including the reason for the decision and any term or conditions attached to the suspension.

1.4.8 The suspension of the trainee will continue to operate until it is removed by the Board Chair or nominee. The Board Chair or nominee may remove a suspension if the reason for the suspension has been removed or reversed.

1.4.9 Fees paid by a trainee during a period of suspension are not refundable.

1.4.10 Any period of suspension exceeding four weeks will not be counted towards the minimum training time for the trainee's SET Program level.

1.5 Leave

1.5.1 Trainees undertaking full-time training are entitled to a maximum of four weeks leave per three-month rotation subject to approval by the employing authority. Trainees undertaking part time training are entitled to the pro-rata equivalent. Periods beyond this may result in the rotation being deemed unassessed and not be counted towards the minimum training time for the trainee's SET Program level.

1.5.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer's leave.

1.6 Deferment, Interruption and Part Time Training

1.6.1 New trainees wishing to defer commencement on the SET Program to complete a higher research degree relevant to neurosurgery must be undertaking the higher degree at the time of application for selection. The maximum period of deferment that will be granted for higher degree research is 12 months. Additional periods of interruption to continue the higher degree research will not be granted.

1.6.2 Existing trainees wishing to interrupt their SET Program to undertake a higher research degree relevant to neurosurgery may apply for interruption following satisfactory completion of one year of the SET Program. The application must be submitted prior to 1 May in the year prior to the proposed commencement of the interruption.

1.6.3 Approval of interruption is at the discretion of the Board. The application should address, and the Board may consider the following:

- (a) Whether there have been any performance concerns;
- (b) The topic of the research and research degree;
- (c) The level of support from the current surgical supervisor;
- (d) The level of support from the institution in which the research is proposed; and
- (e) The trainee plan for maintenance of surgical skills during interruption.

1.6.4 Research interruptions should ordinarily occur during Intermediate Training. Applications for interruptions outside Intermediate Training must demonstrate strong performance in all areas and strong support from the current surgical supervisor and proposed research institution.

1.6.5 Existing trainees wishing to interrupt their SET Program for other circumstances including ill-health and parenting can apply at any time in writing to the Board. In circumstances of ill-health a medical certificate for the proposed period of interruption must be provided.



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- 1.6.6 Interruptions will usually be granted in 12 month increments to coincide with the training years.
- 1.6.7 The Board fully supports the concept of part time training while recognising the complexities in arranging the logistics to make the SET Program feasible. The Board is unable to guarantee that part time accredited training posts can be identified and requests fulfilled.

1.7 Completion of the SET Program

- 1.7.1 On successful completion of the SET Program the Board Chair recommends to the RACS the awarding of the RACS Fellowship in Neurosurgery. The Fellowship process, once signed off by the Board Chair, is administered by the RACS.

1.8 Reconsideration, Review and Appeal

- 1.8.1 This Regulation sets out the mechanism for reconsideration, review and appeal by trainees adversely affected by a decision relating to their SET Program. It is designed to ensure due processes are followed and proper consideration is given when making decisions.
- 1.8.2 The process consists of three phases as follows:
 - (a) reconsideration of the original decision (**Reconsideration**);
 - (b) review of the original decision and the Reconsideration decision (**Review**); and
 - (c) a formal appeals process (**Appeal**).
- 1.8.3 The Reconsideration and the Review processes provide for internal review under this Regulation. This allows the appointed panel to consider the material that was available to the original decision makers at the time the decision was made and any new, relevant information that is submitted, held by the Board or identified as part of the process.
- 1.8.4 The Appeal process is conducted in accordance with the RACS Appeals Mechanism available at www.surgeons.org. Applications for Appeal must be made directly to the RACS and are not processed under this Regulation.
- 1.8.5 The following decisions are not open to application under this Regulation:
 - (a) decisions relating to the compulsory courses identified in 6.1.1 (please refer to the relevant RACS policies);
 - (b) decisions relating to the compulsory examinations identified in 7.1.1 (please refer to the relevant RACS policies);
 - (c) decisions made by the RACS through the Complaints Manager and associated processes;
 - (d) decisions made by employing bodies, regulatory bodies and other external organisations;
 - (e) decisions made by the RACS as a result of an alternate reconsideration, review or appeal process; and
 - (f) a decision to suspend a trainee as part of a misconduct procedure (3.4.5) or a dismissal procedure (Regulation 3.5.3).
- 1.8.6 Applications for Reconsideration must be addressed to the Board Chair and received within 14 days of notification of the original decision.
- 1.8.7 Applications for Review must be addressed to the Board Chair and received within 14 days of notification of the Reconsideration outcome. Applications for Review cannot be lodged by the trainee prior to the conclusion of the Reconsideration process.
- 1.8.8 The application must specify the decision to be reconsidered or reviewed and why the trainee disagrees with the decision. The application must be accompanied by a written submission and all documentation on which the trainee wishes to rely.
- 1.8.9 The Review process can also be initiated by the RACS in response to an Appeal submitted by a trainee directly to the RACS or in accordance with RACS policies. In such instances, the submission to the RACS will be taken as the written submission and all documentation on which the trainee wishes to rely.



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- 1.8.10 If the grounds include an allegation of discrimination, bullying or sexual harassment, the allegation will be reported to the RACS in accordance with its policies.
- 1.8.11 For each Reconsideration or Review, the Board Chair will appoint a panel of not less than three and not more than five persons including a chairperson (the **Panel**). A Reconsideration Panel will not include any person involved in the original decision. A Review Panel will not include any person involved in the original decision or the associated Reconsideration decision.
- 1.8.12 The Panel will conduct a thorough analysis of the written submission and documentation. The Panel, or a nominated person on behalf of the Panel, may liaise with the trainee, original decision makers, support staff and other relevant people as appropriate. The trainee will be notified of all persons to be contacted during the process.
- 1.8.13 Where the Panel determine the process materially involves a third party or parties, they may be contacted and provided with the allegations made against them or details of the events they may have witnessed in a manner which allows them to properly consider and respond.
- 1.8.14 The Panel will determine at their discretion whether there is a need for an interview with the trainee and/or third parties. Where a trainee is requested to attend an interview, the trainee will be invited to have a support person with them. The support person may take notes on the trainee's behalf and act as a sounding board but their role must not extend to that of an advocate.
- 1.8.15 The Panel will afford the trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.
- 1.8.16 The Panel may request further information from the trainee or third parties identified as relevant at any time during the process.
- 1.8.17 If a trainee chooses not to attend an interview, or provide further information requested by the Panel, the process will be conducted in the absence of any response from the trainee.
- 1.8.18 The Panel may delegate to, or collaborate with, any person or entity (including employers, health services or regulatory bodies including RACS) any functions associated with the process, except the decision-making authority. When a function is delegated, the Panel can rely on the findings of the third parties. The trainee will be advised in writing in the event of a delegation.
- 1.8.19 All members of the Panel are entitled to vote on decisions. The Panel decides based on a majority vote of its members. In the event of an equality of votes, the chairperson will exercise a casting vote.
- 1.8.20 At the completion of the process, the trainee will be sent a report outlining the Panel decision and the reasons. The Panel may decide to:
 - (a) Affirm the decision; or
 - (b) Revoke the decision and provide a fresh decision with such conditions as the Panel deems appropriate.
- 1.8.21 Where the Panel revokes the original decision, and provides a fresh decision, the Panel decision and any conditions will be effective from the date the trainee is notified or such other date stipulated on the notification.
- 1.8.22 The Board and the trainee's surgical supervisor will be provided with the report prepared by the Panel.

1.9 Special Consideration

- 1.9.1 Special consideration is an adjustment made to a trainee's SET Program to allow for exceptional or extenuating circumstances that have a demonstrated impact on the trainee's ability to meet the SET Program requirements. This could be a one-off situation or ongoing circumstances.



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- 1.9.2 The following are not open to special consideration under this Regulation and applications must be made in accordance with the relevant RACS policies:
 - (a) the compulsory courses identified in 6.1.1; and
 - (b) the compulsory examinations identified in 7.1.1.
- 1.9.3 Applications for special consideration relating to decisions not yet made as part of the SET Program must be addressed to the Board Chair. Applications for special consideration relating to decisions already made as part of the SET Program must be made in accordance with Regulation 1.8.
- 1.9.4 For avoidance of doubt, the following circumstances will not ordinarily constitute grounds for special consideration:
 - (a) ordinary or expected stress or anxiety associated with the SET Program; or
 - (b) minor illnesses or medical conditions; or
 - (c) work commitments.
- 1.9.5 The application must be accompanied by a written submission and all documentation on which the trainee wishes to rely. The written submission must specifically address the circumstances, the impact on the trainee's ability to meet the SET Program requirements and specify the adjustment sought to the SET Program.
- 1.9.6 Applications made on medical grounds must be accompanied by independent medical evidence from the treating specialist which must specifically address the extent to which the trainee's SET Program will likely be impacted.
- 1.9.7 The Board Chair or nominee will consider the application. At the completion of the analysis and considering all relevant material, the trainee will be sent a letter advising of the decision and the reasons.

SECTION 2: CURRICULUM COMPONENTS AND STANDARDS

2.1 Curriculum Philosophy

- 2.1.1 The overall objective of the SET Program is to produce competent independent specialist neurosurgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.
- 2.1.2 To achieve the overall objective, competencies of a graduating trainee have been developed in the RACS competency areas of medical expertise, technical expertise, judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher and professionalism.

2.2 Syllabus Modules

- 2.2.1 The competencies have been integrated into specific learning outcomes at differing levels which are aligned with the syllabus modules and curriculum components.
- 2.2.2 The learning outcomes are delivered by a number of learning methods and opportunities as outlined in the curriculum including structured educational programs, skills courses, self-directed learning and workplace hands on service learning and exploration.
- 2.2.3 To assess the accomplishment of the learning outcomes multiple assessment tools and performance based standards are applied to determine the degree of progression towards the competencies and suitability to continue training.



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- 2.2.4 To evaluate the effectiveness in achieving the overall objective the assessment of learning outcomes and other evaluation mechanisms provide direction on potential improvements to the curriculum, training activities and learning methods and opportunities.
- 2.2.5 The syllabus modules encompass differing levels of learning outcomes which are aligned with the curriculum components for each level of the SET Program. The modules are available on the training website www.nsa.org.au.
- 2.2.6 Neurosurgery is a rapidly changing field and although the Board aims to provide a comprehensive, relevant and current syllabus there may be instances when major changes or new advances in neurosurgery require the trainee develop an understanding not encompassed by the syllabus.
- 2.2.7 The trainee is expected to develop independent learning skills. The syllabus should facilitate the development of those skills. The syllabus should guide but not limit the trainee's ongoing education.

2.3 Training Requirements

- 2.3.1 Each level of the SET Program has training requirements which must be satisfied and a maximum duration in which to achieve them. The training requirements are used to assess performance and make a determination on progression and suitability to continue training.
- 2.3.2 Where indicated in these Regulations, some training requirements can be completed at an earlier level or recognition of prior learning can be applied (see Section 8).
- 2.3.3 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8 may modify any trainees' training requirements as it sees fit at any time provided the decision is communicated in writing to the trainee.

2.4 Training Requirements for Basic Training

- 2.4.1 Basic Training must be completed in a minimum of one training year and a maximum of two training years.
- 2.4.2 Trainees who complete two years of active Basic Training without successful completion of all training requirements will be dismissed (see Section 3).
- 2.4.3 The training requirements which must be satisfactorily completed during Basic Training are summarised below with further details available in these Regulations:
 - (a) Quarterly Professional Performance Assessments
 - (b) The Generic Surgical Science Examination
 - (c) The Neurosurgery Surgical Science Examination (trainees commencing prior to 2016)
 - (d) The Clinical Examination (trainees commencing prior to 2016)
 - (e) The Care of the Critically Ill Surgical Patient Course
 - (f) A minimum of two Neurosurgical Training Seminars
 - (g) Participation in a minimum of 200 major neurosurgical operative procedures during Basic Training
 - (h) Participation in a minimum of 80 major neurosurgical procedures for each six months
 - (i) Trainees must be assessed by one Assessor as having satisfied each Type 1 DOPS procedure
- 2.4.4 Trainees must remain in their allocated accredited training positions at all times during Basic Training.

2.5 Training Requirements for Intermediate Training

- 2.5.1 Intermediate Training must be completed in a minimum of three training years from completion of Basic Training and a maximum of four training years.



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- 2.5.2 Trainees who complete four years of active Intermediate Training without successful completion of all training requirements will be dismissed (see Section 3).
- 2.5.3 The training requirements which must be satisfactorily completed during Intermediate Training are summarised below with further details available in these Regulations:
- (a) Quarterly Professional Performance Assessments
 - (b) The approved supervised research project, presentation and publication
 - (c) The Early Management of Severe Trauma Course
 - (d) The Critical Literature Evaluation and Research Course
 - (e) A minimum of six Neurosurgical Training Seminars
 - (f) A minimum of 800 major neurosurgical procedures during Intermediate Training
 - (g) A minimum of 50 major paediatric neurosurgical cases which can include those completed during Basic Training and Intermediate Training
 - (h) Participation in a minimum of 80 major neurosurgical procedures for each six months
 - (i) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 1 DOPS procedure at the conclusion of Intermediate Training (including those completed during Basic Training)
 - (j) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 2 DOPS procedure at the conclusion of Intermediate Training (including those submitted during Basic Training)
- 2.5.4 Trainees must remain in their allocated accredited training positions at all times during Intermediate Training.

2.6 Training Requirements for Advanced Training

- 2.6.1 Advanced Training must be completed in a minimum of one training year from completion of Intermediate Training and a maximum of three training years.
- 2.6.2 Trainees who complete three years of Advanced Training without successful completion of all training requirements will be dismissed (see Section 3).
- 2.6.3 The training requirements which must be satisfactorily completed during Advanced Training are summarised below with further details available in these Regulations:
- (a) Quarterly Professional Performance Assessments
 - (b) The Fellowship Examination
 - (c) A minimum of 200 major neurosurgical procedures during Advanced Training of which a minimum of 100 must be as primary surgeon
 - (d) Participation in a minimum of 80 major neurosurgical procedures for each six months
 - (e) Trainees must be assessed by one Assessor as having satisfied any five of the Type 3 DOPS procedures at the conclusion of Advanced Training (including those submitted during Basic and Intermediate Training)
- 2.6.4 Trainees must remain in their allocated accredited training positions at all times during Advanced Training.

SECTION 3: PROGRESSION AND PERFORMANCE

3.1 Progression between SET Levels

- 3.1.1 Progression from Basic to Intermediate Training will be considered for Basic trainees at the end of each training year. To progress, the trainee must:
- (a) have completed the minimum training time for Basic Training; and
 - (b) have completed all the training requirements for Basic Training; and
 - (c) have received less than two Performance Improvement Notices during the training year (see section 3.2); and
 - (d) not have an active Unsatisfactory Performance Notice (see section 3.3).



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- 3.1.2 Progression from Intermediate to Advanced Training will be considered for Intermediate trainees at the end of the third and fourth Intermediate training years. To progress, the trainee must:
- (a) have completed the minimum training time for Intermediate Training; and
 - (b) have completed all the training requirements for Intermediate Training; and
 - (c) have received less than two Performance Improvement Notices during the training year (see section 3.2); and
 - (d) not have an active Performance Improvement Notice (see section 3.2); and
 - (e) not have an active Unsatisfactory Performance Notice (see section 3.3).
- 3.1.3 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8, may modify any trainees' progression requirements or apply progression conditions as it sees fit at any time provided the decision is communicated in writing to the trainee.
- 3.1.4 If a trainee has completed the maximum period for their training level and has not been approved for progression to the next training level, the trainee will be dismissed in accordance with Regulation 3.5.

3.2 Performance Improvement Notice

- 3.2.1 A Performance Improvement Notice will be issued if:
- (a) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied"; and
 - (b) the trainee has received less than four prior Performance Improvement Notices; and
 - (c) the trainee has not received an Unsatisfactory Performance Notice at any time during their SET Program.
- 3.2.2 The Performance Improvement Notice will list the areas where improvement is required and will be active for one term (a term is approximately three months). The Performance Improvement Notice will specify whether it is the first, second, third or fourth Performance Improvement Notice.
- 3.2.3 When issuing a fourth Performance Improvement Notice, an interview (which may be via teleconference) will be scheduled with the trainee, the surgical supervisor and a representative of the Board. The trainee will be invited to have a support person at the interview with them. The support person may take notes on the trainee's behalf and act as a sounding board for the trainee but their role must not extend to that of an advocate. Notes will be prepared of the interview.
- 3.2.4 The purpose of the interview is to ensure the trainee has been advised of the reasons for the supervisor's assessment, has a remediation plan in place and that the trainee is advised of the implications if any further Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied".
- 3.2.5 A trainee cannot progress between Basic, Intermediate and Advanced Training at the end of the training year if they receive two Performance Improvement Notices during the training year.
- 3.2.6 A trainee cannot progress from Intermediate to Advanced Training if they have an active Performance Improvement Notice.
- 3.2.7 A trainee cannot present for the Fellowship Examination if they have an active Performance Improvement Notice at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.
- 3.2.8 In transition to these Regulations, and unless a trainee is notified otherwise by the Board in writing, on the Commencement Date each prior In Training Assessment Report and Professional Performance Assessment Report with one or more ratings of "unsatisfactory" or "marginal" as determined under prior Regulations will be counted as one prior Performance Improvement



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Notice under these Regulations up to a maximum of four. Any more than four will be counted as Unsatisfactory Performance Notices under these Regulations.

3.3 Unsatisfactory Performance Notice

3.3.1 An Unsatisfactory Performance Notice will be issued if:

- (a) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied" and the trainee has received four or more prior Performance Improvement Notices; or
- (b) a Professional Performance Assessment Report has one or more areas assessed as "Partly Satisfied" or "Not Satisfied" and the trainee has received a prior Unsatisfactory Performance Notice at any time during their SET Program.

3.3.2 The Unsatisfactory Performance Notice will list the areas where improvement is required and the conditions which must be satisfied during the Unsatisfactory Performance Notice period. The Unsatisfactory Performance Notice will be active for between two and four terms at the discretion of the Board Chair or nominee (a term is approximately three months). The conditions are determined at the discretion of the Board Chair or nominee and will be communicated in writing in the Unsatisfactory Performance Notice.

3.3.3 When issuing an Unsatisfactory Performance Notice an interview (which may be via teleconference) will be scheduled with the trainee, the surgical supervisor and a representative of the Board. The trainee will be invited to have a support person at the interview with them. The support person may take notes on the individual's behalf and act as a sounding board for the individual but their role must not extend to that of an advocate. Notes will be prepared of the interview.

3.3.4 The purpose of the interview is to ensure the trainee has been advised of the reasons for the supervisor's assessment, has a remediation plan in place and understands the conditions of the Unsatisfactory Performance Notice and implications of failing any of the conditions.

3.3.5 A trainee cannot progress to the next level of training if they have an active Unsatisfactory Performance Notice.

3.3.6 A trainee cannot present for the Fellowship Examination if they have an active Unsatisfactory Performance Notice at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.

3.3.7 The Board Chair, nominee or a panel convened in accordance with Regulation 1.8, may modify any trainees' Unsatisfactory Performance Notice duration or conditions as it sees fit at any time provided the decision is communicated in writing to the trainee.

3.3.8 If a trainee fails a condition of an Unsatisfactory Performance Notice, the trainee will be dismissed in accordance with Regulation 3.5.

3.4 Allegations of Misconduct and Misconduct Procedures

3.4.1 Conduct that is misconduct is defined in the RACS SET Misconduct Policy available at www.surgeons.org.

3.4.2 Where an allegation of misconduct has been made against a trainee, or the Board Chair otherwise becomes aware of circumstances which may amount to misconduct, the Board Chair or nominee will undertake preliminary inquiries to assess the nature of the alleged misconduct to determine whether the Board will commence misconduct procedures in relation to the allegations.

3.4.3 If the preliminary inquiries indicate that the allegation is without substance, the allegation will not be pursued. A written record of the allegation/s and the Board Chair or nominee's decision will be retained on the trainee's file.



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- 3.4.4 If the Board Chair or nominee determine there is sufficient information to warrant continuing with the misconduct procedures, the Board Chair or nominee will advise the trainee of the nature of the allegations which have been made against them in sufficient detail to enable them to properly respond.
- 3.4.5 Depending on the seriousness of the misconduct alleged, the trainee may be suspended from the SET Program during the misconduct procedures. The trainee may be suspended at any time during the misconduct procedures and the Board Chair or nominee may apply such conditions to the suspension as it deems appropriate and necessary taking account of the nature and seriousness of the allegations of misconduct which have been made.
- 3.4.6 The trainee will be provided with 7 days in which to respond in writing to the allegations. If the trainee admits all the allegations, the Board Chair or nominee will determine the relevant sanction having regard to any mitigating circumstances submitted by the trainee and any other factors as determined by the Board Chair or nominee. If the trainee refutes the allegations which have been made either in part or in full, the misconduct procedures will continue.
- 3.4.7 The Board Chair or nominee will appoint a panel of three persons to consider the allegations made against the trainee (the **Misconduct Panel**).
- 3.4.8 The Misconduct Panel is entitled to consider all relevant information which it deems appropriate and may invite any person or organisation to appear before it, or to provide information. The Misconduct Panel may also delay its deliberations until an investigation is undertaken into the allegations.
- 3.4.9 The Misconduct Panel may delegate to, or collaborate with, any person or entity (including employers, health services or regulatory bodies including RACS) in relation to the investigation of the allegations but cannot delegate any final decision relating to the trainee's ongoing participation in the SET Program. Where an investigation is delegated, the Misconduct Panel can rely on the findings of the third parties. The trainee will be advised in writing in the event of a delegation.
- 3.4.10 Where a trainee is requested to attend an interview with the Misconduct Panel, the trainee will be invited to have a support person of their choice with them. The support person may take notes on the trainee's behalf and act as a support to the trainee, but their role must not extend to that of an advocate.
- 3.4.11 The Misconduct Panel may request further information from the trainee or any third parties at any time during the misconduct process.
- 3.4.12 The Misconduct Panel will provide the trainee with the opportunity to consider and respond to any relevant material obtained from third parties during the process.
- 3.4.13 If a trainee chooses not to attend an interview, or provide further information requested by the Misconduct Panel, the process will be conducted in the absence of any response from the trainee and a decision made in their absence.
- 3.4.14 All members of the Misconduct Panel are entitled to vote on decisions. The Misconduct Panel decides based on a majority vote of its members.
- 3.4.15 The trainee, the Board and the supervisor will be advised of the outcome and reasons of the decision of the Misconduct Panel within 7 days.
- 3.4.16 Having regard to the seriousness of the allegations, the trainee's responses and the additional information received (if any), the possible outcomes of this process are:
- no action, in which case the notes of the proceedings will be retained on the trainee's file;
 - a formal warning in such severity and attaching such terms and conditions as deemed appropriate in the circumstances; or
 - commencement of dismissal proceedings for misconduct.



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3.4.17 Where there is a finding of misconduct the RACS CEO will be informed to determine whether a mandatory notification is required to medical registration authorities.

3.5 Dismissal Procedures

3.5.1 Trainees will be dismissed for the following reasons:

- (a) the trainee has failed a condition of an Unsatisfactory Performance Notice; or
- (b) the trainee has completed the maximum period of training for their training level and has not been approved to progress to the next training level; or
- (c) there is a finding of misconduct; or
- (d) failure to comply with a written direction or Regulation of the RACS or the Board;
- (e) failure to pay training related fees by due deadlines; or
- (f) failure to maintain medical registration as required in accordance with the RACS Medical Registration for the Surgical Education and Training Program Policy; or
- (g) resignation from, or abandonment of a training post prior to the completion of the allocated period of training without the prior approval of the Board Chair; or
- (h) failure to achieve employment in an accredited training post as allocated by the Board which allows for full participation in the SET Program; or
- (i) termination from an allocated training post; or
- (j) there is a material change to a trainee's employment or medical registration status which impacts on the trainee's ability to fully participate in the SET Program.

3.5.2 The trainee will be provided with a Notice of Intention to Dismiss, including the reason for the dismissal and relevant documentation.

3.5.3 The trainee will be suspended from the SET Program effective from the date of the Notice of Intention to Dismiss. The employer will be notified of the intention to dismiss the trainee and kept informed of decisions throughout the dismissal process.

3.5.4 The trainee will have 14 days from the date of the Notice of Intention to Dismiss to apply in writing in accordance with Regulation 1.8 to have the decision Reconsidered or Reviewed.

3.5.5 If no application under Regulation 1.8 is received within 14 days from the date of the Notice of Intention to Dismiss, the trainee dismissal will be effective from the date 14 days after the Notice of Intention to Dismiss.

3.5.6 If an application under Regulation 1.8 is received, and the outcome finds the Notice of Intention to Dismiss should be revoked, the trainee will be reinstated to the SET Program on such conditions as determined by the Reconsideration or Review Panel.

3.5.7 If an application under Regulation 1.8 is received, and the outcome affirms the Notice of Intention to Dismiss, the trainee dismissal will be recorded as effective from the date the outcome is communicated to the trainee.

SECTION 4: CLINICAL TRAINING AND ASSESSMENT

4.1 Clinical Training Posts

4.1.1 Clinical training posts facilitate workplace hands-on service learning and exploration in a range of training environments providing the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist neurosurgeon.

4.1.2 Clinical training posts are accredited in accordance with the Training Post Accreditation Regulations available on the NSA website at www.nsa.org.au.

4.1.3 Each clinical training post has an allocated supervisor, satisfying the requirements in the Training Post Accreditation Regulations.



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- 4.1.4 Each training unit has its own profile for patient case mixes, supervision, staffing levels, working requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to varied working environments during training. For these Regulations, a training post involving multiple hospitals is counted as one training unit.
- 4.1.5 Trainees will be allocated to a region where it is intended they will undertake most of their training. This allocation will be made at the start of their training based on their pre-training appointments. The region, once determined, may only be changed by applying in accordance with Regulation 1.9.
- 4.1.6 Trainees will rotate through a minimum of three training units during their SET Program to ensure they receive a wide exposure to systems, supervisors and case mixes.
- 4.1.7 Trainees will ordinarily spend no more than two years in any one training unit. Exceptions may be made, particularly where the trainees' region has less than three accredited training units.
- 4.1.8 The Board approves the allocation of trainees to accredited posts during all clinical training years. Trainees must be prepared to be assigned to a post anywhere in Australia and New Zealand. Singapore trainees must be prepared to be assigned to the posts in Singapore for at least three years of their SET Program.
- 4.1.9 Trainees should expect to move from their region at least once during their training.
- 4.1.10 Trainees are not permitted to swap training post allocations.

4.2 Professional Performance Assessment

- 4.2.1 The standards in the Professional Performance Assessment (PPA) Report are the minimum standards the Board expects trainees to have prior to entering the SET Program. These minimum standards must be maintained or exceeded at all times during the SET Program.
- 4.2.2 Completion of the PPA Report, on the prescribed form, must be undertaken quarterly during each year of training as part of the SET Program or more frequently where requested by the Board Chair or where the supervisor identifies performance concerns.
- 4.2.3 The trainee and the supervisor should have a meeting to discuss the PPA Report which is completed by the supervisor.
- 4.2.4 The Board Chair or nominee may attend any meeting relevant to trainee performance and prepare notes of the meeting for the training record.
- 4.2.5 For each assessment area within the PPA Report, guidelines of what would be considered the minimum acceptable standard of performance are provided. The guidelines are some common examples and are not exhaustive. Unsatisfactory performance includes all unethical or improper conduct and also includes the types of honest mistakes, errors of judgement and poor standards in service delivery.
- 4.2.6 The rating scale is:
 - (a) Fully satisfied
 - (b) Partly satisfied
 - (c) Not satisfied
- 4.2.7 If any area of the PPA Report is assessed as 'Not Satisfied' or 'Partly Satisfied' the supervisor should provide examples and suggestions for improvement.
- 4.2.8 Supervisors are responsible for ensuring the completed PPA Report is submitted to the Board in the prescribed manner by the due date. Trainees should be provided with a copy for their records.



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- 4.2.9 A Performance Improvement Notice (Regulation 3.2) or an Unsatisfactory Performance Notice (Regulation 3.3) will be issued if any area within the PPA Report is assessed as 'Not Satisfied' or 'Partly Satisfied'.
- 4.2.10 If a PPA Report is not submitted by the supervisor, the Board Chair may nominate an alternate Surgical Trainer within the training institution to complete the PPA Report provided that consultant has had direct supervision of the trainee.
- 4.2.11 If a trainee disputes a PPA Report, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the Performance Improvement Notice or Unsatisfactory Performance Notice relating to the PPA Report.
- 4.2.12 Where one is not scheduled by the Board, the trainee may request in writing within 14 days of receiving a PPA Report a meeting between the trainee, the surgical supervisor and a representative of the Board to seek clarification of the reasons for the supervisor's assessment and the remediation plan in place.
- 4.2.13 Where a trainee has exceeded the maximum leave entitlement for a rotation (see Regulation 1.5.1) and the rotation has been deemed unassessed, the Board Chair or nominee may determine that a Professional Performance Assessment Report is not required for that rotation. The Board Chair or nominee will notify the supervisor and the trainee in such circumstances.

4.3 Operative Experience Assessment

- 4.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mixes and caseloads, are essential learning opportunities for trainees to acquire the necessary technical skills and expertise to practice as an independent neurosurgical consultant.
- 4.3.2 Trainees must maintain an operative experience log of all procedures they participate in as part of the SET Program in accredited training posts using the Board determined system or report.
- 4.3.3 A logbook summary report must be submitted at the end of each six-month clinical training period and must be verified by the surgical supervisor as an accurate record.
- 4.3.4 For each operative case where more than one surgical procedure is undertaken only one procedure may be recorded. For a procedure to be recorded the trainee must have been involved in the performance of the surgery and the pre and post-operative management of the patient in the unit in which the accredited training post is located.
- 4.3.5 When completing the logbook summary report the following classifications apply:
 - (a) Primary Surgeon is when the trainee performs all of the principal procedure (eg clipping the aneurysm, removing tumour, inserting both ends VP shunt). There may be an experienced assistant/supervisor scrubbed.
 - (b) Secondary Surgeon is when the trainee performs a significant part of the principal procedure (eg exposure of aneurysm, exposure and part resection of tumour, one end of VP shunt), or performs one of procedures classified as being performed by conjoint surgeons (eg performing laminectomy where conjoint surgeon performs fusion). This would be more than simple opening/closure of simple craniotomy/spinal cases.
 - (c) Assistant Surgeon includes basic opening/closure of a routine case performed by another surgeon and other standard surgical assistant tasks.
- 4.3.6 When considering the logbook summary report to determine satisfaction of training requirements, minor and miscellaneous neurosurgical procedures will be excluded from the total major neurosurgical procedures performed.
- 4.3.7 Inaccurate recording of procedures in the logbook summary report may constitute misconduct.



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- 4.3.8 The trainee is responsible for ensuring that the completed logbook summary report is submitted by the due date and that they have adequate records to justify the logbook summary report.
- 4.3.9 The training requirements relating to operative experience are as follows:
- (a) Participation in a minimum of 80 major neurosurgical procedures for each six months; and
 - (b) Participation in a minimum of 200 major neurosurgical operative procedures during Basic Training; and
 - (c) Participation in a minimum of 800 major neurosurgical operative procedures during Intermediate Training;
 - (d) Participation in a minimum of 50 major paediatric neurosurgical cases which can include those completed during Basic Training and Intermediate Training;
 - (e) Participation in a minimum of 200 major neurosurgical operative procedures during Advanced Training of which at minimum of 100 must be as primary surgeon.
- 4.3.10 If a trainee disputes a training requirement decision, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the relevant decision.

4.4 Direct Observation of Procedural Skills Assessments

- 4.4.1 The Neurosurgical Direct Observation of Procedural Skills Assessments (the DOPS) are designed to assess both knowledge and technical proficiency in discrete procedural skills. The procedure must be performed by the trainee and observed by an Assessor.
- 4.4.2 The Assessor must be the Surgical Supervisor or another Surgical Trainer recognised by the Board who has supervised the trainee undertaking the procedure on multiple occasions. Where the Assessor is not the Surgical Supervisor, the Surgical Supervisor must also sign the DOPS form to confirm they are confident with the assessment completed by the Assessor.
- 4.4.3 The trainee should initiate a DOPS when they feel they have a reasonable chance of demonstrating safe and efficient independent practice.
- 4.4.4 The Assessor, in completing the DOPS, is confirming the trainee can perform all the principal procedure independently in a consistently safe and effective manner based on their direct observations of the trainee performing the procedure.
- 4.4.5 Type 1 DOPS procedures must be assessed as satisfied by two different Assessors from two different training units. The Type 1 DOPS procedures are as follows:
- (a) Acute Subdural Haematoma
 - (b) Chronic Subdural Haematoma – Burr Hole or Craniotomy
 - (c) External Ventricular Drain/ ICP Monitor
 - (d) Opening and closing a pterional craniotomy
- 4.4.6 Type 2 DOPS procedures must be assessed as satisfied by two different Assessors from two different training units. The Type 2 DOPS procedures are as follows:
- (a) Anterior cervical discectomy and fusion
 - (b) Carpal Tunnel Decompression
 - (c) Cerebral Abscess Aspiration or Stereotactic Biopsy of a Cerebral Lesion
 - (d) Excision of Cerebral Metastasis
 - (e) Extradural Haematoma
 - (f) High Grade Glioma
 - (g) Intracerebral Haemorrhage Evacuation
 - (h) Lumbar Laminectomy for Canal Stenosis
 - (i) Lumbar Microdiscectomy



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- (j) Revision of Shunt
- (k) Spinal Epidural Abscess/Tumour
- (l) Ventriculo-Peritoneal Shunt

4.4.7 Type 3 DOPS procedures must be assessed as satisfied by one Assessor. The Type 3 DOPS procedures are as follows:

- (a) Craniotomy and Clipping of Anterior Circulation Aneurysm
- (b) Meningioma resection involving the Superior Sagittal Sinus
- (c) Pituitary Tumour – Trans-sphenoidal resection
- (d) Posterior Fossa / Skull Base Tumour
- (e) Posterior Fossa Decompression/Chiari Decompression
- (f) Spinal Cord Tumour
- (g) Spinal Fusion: Posterior - Instrumented
- (h) Trigeminal Microvascular Decompression
- (i) Ulnar Neurolysis

4.4.8 The SET Program training requirements are as follows:

- (a) Trainees must be assessed by one Assessor as having satisfied each Type 1 DOPS procedure at the conclusion of Basic Training; and
- (b) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 1 DOPS procedure at the conclusion of Intermediate Training (including those completed during Basic Training); and
- (c) Trainees must be assessed by two different Assessors from two different training units as having satisfied each Type 2 DOPS procedure at the conclusion of Intermediate Training (including those submitted during Basic Training);
- (d) Trainees must be assessed by one Assessor as having satisfied any five of the Type 3 DOPS procedures at the conclusion of Advanced Training (including those submitted during Basic and Intermediate Training).

4.4.9 Any DOPS form can be submitted to the Board at any time during the SET Program. The DOPS will only be assessed as satisfied if:

- (a) The DOPS form has been signed by the Assessor;
- (b) The date the procedure was last observed by the Assessor is recorded on the DOPS form;
- (c) The DOPS form is submitted to the Board by the trainee within two weeks of the date the procedure was last observed by the Assessor as recorded on the DOPS form; and
- (d) Where the Assessor is not the Surgical Supervisor, the Surgical Supervisor has sign the DOPS form to confirm they are confident with the assessment completed by the Assessor.

4.4.10 The Board Chair has discretion to recognise prior SET Program competency assessments as having satisfied a DOPS. The Board Chair has discretion to approve a modified training requirement in substitute for the DOPS requirement for trainees commencing training prior to the introduction of the DOPS.

4.4.11 If a trainee disputes a training requirement decision, the trainee is required to submit an application for Reconsideration or Review in accordance with Regulation 1.8 within 14 days of receiving the relevant decision.

SECTION 5: RESEARCH TRAINING AND ASSESSMENT

5.1 Research Requirement for trainees commencing from 2012 onwards

5.1.1 As part of the SET Program training requirements trainees must complete the following components which combined constitute the research requirement prior to the end of Intermediate Training:

- (a) An approved supervised research project (see Regulation 5.3)
- (b) An approved research presentation (see Regulation 5.4)



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(c) A publication in a peer reviewed scientific journal (see Regulation 5.5)

- 5.1.2 The research requirements in Regulation 5.1.1 must be completed prior to the end of Intermediate Training.
- 5.1.3 Recognition of prior learning for the research requirement or a component thereof may be considered in accordance with Section 8.
- 5.1.4 If a trainee disputes a decision regarding approval or completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review to the Board Chair within 14 days' of being notified of the decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

5.2 Research Requirement for trainees commencing prior to 2012

- 5.2.1 As part of the SET Program training requirements trainees must complete the following components which combined constitute the research requirement:
 - (a) An approved research presentation (see Regulation 5.6)
 - (b) A compulsory research year (see Regulation 5.7).
- 5.2.2 Recognition of prior learning for the research requirement or a component thereof may be considered in accordance with Section 8.
- 5.2.3 If a trainee disputes a decision regarding approval or completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review to the Board Chair within 14 days' of being notified of the decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

5.3 Supervised Research Project (trainees from 2012 onwards only)

- 5.3.1 It is the responsibility of the trainee to make all applicable arrangements for their supervised research project and to obtain the prior approval of the Research Committee.
- 5.3.2 The research project must be:
 - (a) Completed simultaneously while undertaking clinical training or during a period of Board approved interruption or flexible training; and
 - (b) Supervised by an appropriately qualified consultant or researcher; and
 - (c) Be a substantive project relevant to neurosurgery.
- 5.3.3 For approval of the research project trainees will be required to submit a written research proposal, on the prescribed form, and present the proposal orally to the Research Committee.
- 5.3.4 Trainees will be required to provide an oral progress report to the Research Committee at a time determined by the Research Committee which will usually be around the midpoint of the research project. More frequent reports may also be required if there is any area of concern identified.
- 5.3.5 For approval of successful completion of the research project trainees will be required to submit a written research completion report, on the prescribed form, and present the completion report orally to the Research Committee.
- 5.3.6 The Research Committee will consider proposals and completion reports bi-annually during the scheduled training seminars. The closing date for written proposals and completion reports will be one calendar month prior to the advertised Research Committee meeting date.
- 5.3.7 During the oral presentation, the Research Committee will ask questions to assist them in determining the approval or rejection of the research proposal or research completion.



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- 5.3.8 Trainees must undertake the research project approved. Any modifications, including changes in supervisors, institutions, higher degrees or the research project must be approved by the Research Committee by way of a revised research proposal using the prescribed form and where requested an oral presentation to the Research Committee.

5.4 Research Presentation Requirement (trainees from 2012 onwards only)

- 5.4.1 Trainees must present an oral presentation (excluding poster side presentations) of the research findings from the supervised research project approved in accordance with Regulation 5.3 at the NSA Annual Scientific Meeting or at an alternative national or international meeting approved by the Research Committee which is subject to competitive abstract selection prior to the end of Intermediate Neurosurgical Training.
- 5.4.2 For accreditation of the research presentation, a letter from the meeting organisers at which the presentation was given must be submitted to the NSA office prior to the end of Intermediate Training. The letter must confirm the trainee personally presented the paper and the title of the same.

5.5 Research Publication (trainees from 2012 onwards only)

- 5.5.1 Trainees must have one neurosurgical publication (not a case report or abstract) in a peer reviewed scientific journal based on the research findings from the supervised research project approved in accordance with Regulation 5.3. The publication must be as primary author and must be accepted for publication prior to the end of Intermediate Training.
- 5.5.2 For accreditation of the research publication requirement, a copy of the article as published must be submitted to the NSA office prior to the end of Intermediate Training. If the publication has been accepted, but not yet published, a copy of the article accepted and a letter from the publisher, on the publisher letterhead, confirming acceptance of publication must be provided to the NSA office prior to the end of Intermediate Training.

5.6 Research Presentation Requirement (trainees commencing prior to 2012 only)

- 5.6.1 Trainees must prepare a neurosurgical paper and present at the NSA Annual Scientific Meeting or at an alternative national or international meeting approved by the Research Committee which is subject to competitive abstract selection prior to the end of Intermediate Training (SET5).
- 5.6.2 Recognition of prior learning for the research presentation requirement may be considered in accordance with Section 8.

5.7 Compulsory Research Year (trainees commencing prior to 2012 only)

- 5.7.1 The Board is committed to increasing trainee exposure to research. The fourth year of the SET Program (SET4) unless otherwise advised is a compulsory research year to provide the necessary skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices.
- 5.7.2 Recognition of prior learning for the research year may be considered in accordance with Section 8.
- 5.7.3 The Board may, at their discretion and in exceptional circumstances, approve a revised program to allow the research year to be undertaken at an alternate stage of training, particularly for those trainees who have already commenced a research degree prior to selection.
- 5.7.4 The research year has been designed to be educationally enriching with trainees required to undertake a neurosurgical research project in a properly supervised program. The Board may also, at their discretion, consider applications for a period of elective fellowship training as part of a properly supervised and accredited program in a related discipline such as the Pain Fellowship.



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- 5.7.5 Overseas research or elective programs may be considered however the Board notes that trainees may experience difficulty in obtaining such programs during their training. The Board suggests that overseas training is best undertaken as a post fellowship activity. This would increase the opportunity of securing a more senior posting and the learning experience is likely to be more worthwhile and productive.
- 5.7.6 It is the responsibility of the trainee to make all applicable arrangements for their research year. Trainees will not be permitted to occupy accredited training positions during their research year.
- 5.7.7 The research year must be full time. The maximum time that trainees may engage in additional non research activities during the year is 20% of a full time equivalent. All trainees undertaking their research year will be required to submit a time table of their activities in an average week with their mid- year and end of year assessment reports.
- 5.7.8 For approval of the research project trainees will be required to submit a written research proposal, on the prescribed form, and present the proposal orally to the Research Committee.
- 5.7.9 For approval of successful completion of the research project trainees will be required to submit a written research completion report, on the prescribed form, and present the completion report orally to the Research Committee.
- 5.7.10 The Research Committee will consider proposals and completion reports bi-annually during the scheduled training seminars. The closing date for written proposals and completion reports will be one calendar month prior to the advertised Research Committee meeting date.
- 5.7.11 During the oral presentation, the Research Committee will ask questions to assist them in determining the approval or rejection of the research proposal or research completion.
- 5.7.12 Trainees must undertake the research project approved. Any modifications, including changes in supervisors, institutions, higher degrees or the research project must be approved by the Research Committee by way of a revised research proposal using the prescribed form.

SECTION 6: COURSES AND SEMINARS

6.1 Compulsory Courses

- 6.1.1 The SET Program training requirements include successful completion of the following courses:
 - (a) Care of the Critically Ill Surgical Patient Course (CCrISP)
 - (b) Early Management of Severe Trauma (EMST)
 - (c) Critical Literature Evaluation and Research (CLEAR)
- 6.1.2 The CCrISP course must be completed prior to or during Basic Training. The EMST and CLEAR course must be completed prior to or during Intermediate Training.
- 6.1.3 Trainees are advised to register as soon as is practical after appointment. Registration and delivery of the courses are managed by the RACS with a fee charged.
- 6.1.4 Recognition of prior learning for the courses may be considered in accordance with Section 8.

6.2 Training Seminars

- 6.2.1 The training seminars deliver topics on a rotational basis which place an emphasis on the competencies of medical expertise, technical expertise and judgement, and clinical decision making. The seminar topics may include:
 - (a) Spinal Surgery
 - (b) Cerebrovascular
 - (c) Neurotrauma
 - (d) Paediatric Neurosurgery



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- (e) Functional Neurosurgery
 - (f) Skull Base Surgery
 - (g) Neuro-oncology
- 6.2.2 Expenses incurred in attending the training seminars are the responsibility of the trainee. Trainees are responsible for their own accommodation and travel arrangements. A fee may be charged.
- 6.2.3 Trainees may be required to submit presentations or abstracts for training seminars. All submissions must be received prior to the due date in the format requested.
- 6.2.4 Trainees are required to attend all scheduled training seminars while undertaking the SET Program unless granted leave by the Board Chair. Applications for leave must be submitted in writing at least two months prior to the training seminar commencement unless the circumstances make this impractical.
- 6.2.5 The SET Program training requirements include as a minimum successful completion of:
- (a) Two training seminars during Basic Training; and
 - (b) Six training seminars during Intermediate Training.
- 6.2.6 A training seminar will not be recognised as a completed training requirement if the trainee:
- (a) does not attend the training seminar or part thereof without leave being granted; or
 - (b) does not present at the training seminar if requested or given the opportunity; or
 - (c) does not submit the presentation and/or abstract by the due date; or
 - (d) attendance at the training seminar was deemed unsatisfactory by the Board Chair or nominee.
- 6.2.7 If a trainee disputes a decision regarding completion of a training requirement or wishes to apply for special consideration, the trainee is required to submit a request for a review to the Board Chair within 14 days' of being notified of the Report or decision in accordance with Regulation 1.8. The review will be conducted in accordance with Regulation 1.8.

SECTION 7: EXAMINATIONS

7.1 Compulsory Examinations

- 7.1.1 The SET Program training requirements include successful completion of four examinations:
- (a) Clinical Examination
 - (b) Generic Surgical Science Examination
 - (c) Neurosurgery Surgical Science Examination
 - (d) Fellowship Examination in Neurosurgery
- 7.1.2 The Clinical Examination and Neurosurgery Surgical Science Examination must be completed prior to or during Basic Training for all trainees commencing their SET Program prior to the 2016 training year intake.
- 7.1.3 The Generic Surgical Science Examination must be completed by all trainees prior to or during Basic Neurosurgical Training.
- 7.1.4 The Fellowship Examination in Neurosurgery must be completed while a trainee is undertaking Advanced Training. To be eligible to apply for the Fellowship Examination the trainee must have completed a minimum of 6 months of satisfactory training as part of the SET Program immediately prior to application.
- 7.1.5 A trainee cannot present for the Fellowship Examination if they have an active Performance Improvement Notice (see section 3.2) or an active Unsatisfactory Performance Notice (see



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section 3.3) at the time of the Fellowship Examination or at the time approval is sought to present for the Fellowship Examination.

7.1.6 Trainees who satisfy Regulation 7.1.4 and 7.1.5 must be assessed by the Board Chair as being adequately prepared to present for the Fellowship Examination. To determine if a trainee is adequately prepared the Board Chair may consider:

- (a) the performance of the trainee in the SET Program including satisfaction of any conditions applied to the trainee;
- (b) feedback from the current and/or previous supervisors; and
- (c) the trainee performance in the Training Seminars including the Training Seminar Examination .

7.1.7 In addition to the above, trainees must present for either the Basic or Intermediate Module of the Training Seminar Examination as part of each Training Seminar.

7.2 Examination Registration and Fees

7.2.1 Registration and delivery of the Clinical Examination, Generic Surgical Science Examination, Neurosurgery Surgical Science Examination and Fellowship Examination is managed by the RACS with a fee charged. There are strict closing dates with full details available on the RACS website www.surgeons.org.

7.2.2 Registration and delivery of the Training Seminar Examination is managed by the NSA with no fee charged. All trainees are automatically registered. Trainees in Basic Training and the first and second years of Intermediate Training will be registered for the Basic Module. Trainees in their third and fourth years of Intermediate Training and trainees in Advanced Training who have not yet successfully completed the Fellowship Examination will be registered in the Intermediate Module.

7.3 Examination Information

7.3.1 The Clinical Examination has an emphasis on the application of basic science knowledge and understanding and clinical practise relevant to surgery. 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. The recommended reading list and advice is available on the RACS website at www.surgeons.org.

7.3.2 The Generic Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. The recommended reading list and advice is available on the RACS website at www.surgeons.org.

7.3.3 The Neurosurgery Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to neurosurgery. The recommended reading list and advice is available on the NSA website at www.nsa.org.au. The pass mark required for the Neurosurgery Surgical Science Examination is 75%.

7.3.4 The Fellowship Examination in Neurosurgery comprises of 2 written papers and a clinical and viva section. Further advice is available on the RACS website at www.surgeons.org.

7.3.5 The Training Seminar Examination will have two modules; Basic and Intermediate. The information for each is as follows:

- (a) The Basic Module will consist of up to 50 multiple choice questions. Of those, 30 will be taken from Last's Anatomy, Regional and Applied, 9th Edition, 1998 (reprinted 2003) – McMinn R.M.H., Churchill Livingstone. The remaining may be taken from the Training Seminar pre-reading. All questions will have a statement and four possible answer stems. There is an answer key which has five options which range from certain combinations of answer stems being correct to all answer stems being correct. Trainees must select a single letter from the key. Trainees will have up to 60 minutes to complete the Basic



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Module. Answers to the neuroanatomy component will then be presented and discussed and each trainee, and their supervisor, will receive the results.

- (b) The Intermediate Module will consist of 2 essay questions and 2 short answer questions, taken or adapted from previous Neurosurgery Fellowship Examination papers. The questions will be selected based on a limited syllabus which will be made available to trainees. The questions will be scored using the same method as the Fellowship Examination. Trainees will have 120 minutes to complete the Intermediate Module. Answers will be marked and sent to trainees only within 30 days of completion for feedback purposes and to assist in their preparation for the Fellowship Examination.

SECTION 8: RECOGNITION OF PRIOR LEARNING

8.1 Introduction

- 8.1.1 Recognition of prior learning (RPL) involves the assessment of prior training or experience obtained which is comparable to components of the SET Program. The principle of recognition of prior learning is to avoid unnecessary duplication of training and experience which is equivalent to that delivered within the SET Program.
- 8.1.2 There is no automatic entitlement to RPL. Applications must be submitted on the prescribed application form available on the website at www.nsa.org.au.
- 8.1.3 Trainees will be notified in writing of the outcome of their RPL application.

8.2 Compulsory Examinations

- 8.2.1 Trainees who have satisfactorily completed the RACS Clinical Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.
- 8.2.2 Trainees who have satisfactorily completed the RACS Generic Surgical Science Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.
- 8.2.3 Trainees who have satisfactorily completed the RACS Neurosurgery Surgical Science Examination prior to commencement on the SET Program may be granted RPL if they can demonstrate continuous medical practice.
- 8.2.4 Trainees will not be granted RPL for the Fellowship Examination.

8.3 Compulsory Courses

- 8.3.1 Trainees who have satisfactorily completed the CCrISP Course, or a RACS recognised equivalent, may be eligible for RPL for this component.
- 8.3.2 Trainees who have satisfactorily completed the CLEAR Course, or a RACS recognised equivalent, may be eligible for RPL for this component.
- 8.3.3 Trainees who have satisfactorily completed the EMST Course, or a RACS recognised equivalent, may be eligible for RPL for this component.
- 8.3.4 Trainees will not be granted RPL for Neurosurgical Training Seminars.

8.4 Research Requirements

- 8.4.1 Trainees who have satisfactorily completed a higher research degree relevant to neurosurgery resulting in a presentation and publication which satisfies the research requirement may be eligible for RPL for:



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- (a) The supervised research project (see Regulation 5.3)
- (b) The research presentation (see Regulation 5.4 and 5.6)
- (c) The publication in a peer reviewed scientific journal (see Regulation 5.5)
- (d) The compulsory research year (see Regulation 5.7).

8.4.2 No other research RPL will be granted.

8.5 Clinical Training and Operative Experience

8.5.1 Trainees will not be granted RPL for clinical training or operative experience training requirements.