



# 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](http://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](http://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](http://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](http://www.surgeons.org) or [www.nsa.org.au](http://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](http://www.nsa.org.au). All persons are advised to ensure they are consulting the most current version.



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- 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.

## 1.3 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 full-time equivalent 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 full-time equivalent training year and a maximum of two full-time equivalent 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 full-time equivalent training years and a maximum of four full-time equivalent 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 full-time equivalent training year and a maximum of three full-time equivalent 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 Ill, 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 and provide all documentation relating to the change. 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;



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- (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
- (b) Where dismissal procedures have commenced in accordance with Regulation 3.5 (**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 flexible 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 and Interruption

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.



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- 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 Chair or nominee. The application should address, and the Board Chair or nominee may consider the following:
  - (a) Whether there has 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.
- 1.6.6 Interruptions for research purposes will usually be granted in 12 month increments to coincide with the training years.

## 1.7 Flexible Training

- 1.7.1 The Board is committed to supporting trainees to reach their full potential by providing opportunities for flexible training. Flexible training is training undertaken on a minimum 50% full-time equivalent basis, but less than 100% full-time.
- 1.7.2 Any trainee can apply for flexible training. Reasons may include but are not limited to parental responsibilities, carer responsibilities, health reasons, individual development opportunities outside surgery, research and academic activities.
- 1.7.3 Trainees are encouraged to submit applications as far in advance as possible if there is a need for flexible training arrangements.
- 1.7.4 Approval of flexible training is at the discretion of the Board Chair or nominee. The application should include:
  - (a) the reason for the request;
  - (b) the duration of flexible training sought;
  - (c) the pro rata time commitment preferred; and
  - (d) the preferred region for the flexible training to be undertaken.
- 1.7.5 Approval of flexible training requires consideration of the needs of the individual trainee, the ability of the Board to identify an employer able to provide the employment conditions sought and the ability of the flexible training sought to satisfy the Board requirements for training, assessment, maintenance of competence and timely progression.



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- 1.7.6 The Board will be responsible for securing flexible training posts and availability cannot be guaranteed. Where the number of flexible training requests exceed the posts available, priority will be given to trainees with parental responsibilities, carer responsibilities and health reasons.
- 1.7.7 The trainee will be advised in writing of the outcome. If the application is declined, the trainee will be given reasons for the decision.
- 1.7.8 Where flexible training is approved, the training must include daytime work, educational and training activities, and on-call and out of hours duties on a basis pro rata to that undertaken by a full-time trainee.
- 1.7.9 Adjustments to training requirements for flexible trainees, where applicable, are specifically stated within these Regulations.

## 1.8 Completion of the SET Program

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

## 1.9 Reconsideration, Review and Appeal

- 1.9.1 The RACS Reconsideration, Review and Appeal Policy (**RRA Policy**) sets out three sequential steps that may be taken by a trainee aggrieved by a decision related to the SET Program. The RRA Policy can be accessed at [www.surgeons.org](http://www.surgeons.org).
- 1.9.2 An application for Reconsideration of a decision must be submitted to the Board or the RACS in accordance with the RRA Policy within 28 days of the date of the original decision.
- 1.9.3 An application for Review of a decision must be received by RACS directly in accordance with the RRA Policy within 14 days of the date of the written notification of the Reconsideration Decision.
- 1.9.4 An application for Appeal must be received by RACS directly in accordance with the RRA Policy within 14 days of the date of the written notification of the Review Decision.
- 1.9.5 Where the Board has delegated authority to act on its behalf to Board members, nominees, representatives, committees and surgical supervisors, the Board remains the original decision maker for the purpose of the Reconsideration of the delegated decisions.
- 1.9.6 When processing a Reconsideration, the application will be assessed by the Board Chair or nominee in accordance with the RRA Policy, including the determination of whether the application is made on valid grounds, lodged in the appropriate timeframe and the matter has not been the subject of a previous Reconsideration. The trainee will be notified of this determination, copied to the RACS RRA mailbox.
- 1.9.7 The Board Chair, or a nominee or panel of the Board appointed by the Board Chair, will act on behalf of the Board in considering the Reconsideration application and making a determination.
- 1.9.8 After conducting the Reconsideration, the Board Chair, nominee or panel of the Board will arrive at a Reconsideration Decision. Where a panel is appointed, this will be determined by a majority vote.



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- 1.9.9 The Board Chair, nominee or panel of the Board will report the reasons for the Reconsideration Decision at the next scheduled Board meeting after the Reconsideration Decision.
- 1.9.10 The Board Chair will notify the trainee, copied to the RACS RRA mailbox, of the Reconsideration Decision within the timeframe specified in the RRA Policy. Where appropriate, the notification will include information relating to further options available to the trainee.

## 1.10 Special Consideration

- 1.10.1 Trainees can apply for special consideration if they experience illness, bereavement or other serious circumstances beyond their control which have the potential to affect their ability to meet a SET Program requirement or regulation.
- 1.10.2 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;
  - (b) the compulsory examinations identified in 7.1.1.
- 1.10.3 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.
- 1.10.4 Applications for special consideration must include a written submission and all documentation on which the trainee wishes to rely. The written submission must specifically address the circumstances, the potential impact on the trainee's ability to meet the SET Program requirements and specify the remedy sought.
- 1.10.5 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.
- 1.10.6 Approval of special consideration is at the discretion of the Board Chair or nominee. The trainee will be sent a letter advising of the decision and the reasons.
- 1.10.7 Except for attendance at training seminars (see Regulation 6.2), the special consideration outcome cannot exempt a trainee from completion of a training requirement. The special consideration outcome can allow for alternate timing for completion of a training requirement during the SET Program on such terms and conditions as the Board Chair or nominee determines.

## 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.



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- 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.
- 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](http://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, at an alternate level where approved as part of a special consideration application (see Regulation 1.10) or recognition of prior learning can be applied (see Section 8).

## 2.4 Training Requirements for Basic Training

- 2.4.1 Basic Training must be completed in a minimum of one full-time equivalent training year and a maximum of two full-time equivalent training years.
- 2.4.2 Trainees who complete two full-time equivalent years of active Basic Training without successful completion of all training requirements will be dismissed (see Section 3).



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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 or pro rata equivalent for trainees on approved flexible training
- (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 full-time equivalent training years from completion of Basic Training and a maximum of four full-time equivalent training years.

2.5.2 Trainees who complete four full-time equivalent 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) Participation in a minimum of 80 major neurosurgical procedures for each six months or pro rata equivalent for trainees on approved flexible training
- (h) 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)
- (i) 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.



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## 2.6 Training Requirements for Advanced Training

- 2.6.1 Advanced Training must be completed in a minimum of one full-time equivalent training year from completion of Intermediate Training and a maximum of three full-time equivalent training years.
- 2.6.2 Trainees who complete three full-time equivalent 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) A minimum of 50 major paediatric neurosurgical cases which can include those completed during Basic, Intermediate and Advanced Training
  - (e) Participation in a minimum of 80 major neurosurgical procedures for each six months or pro rata equivalent for trainees on approved flexible training
  - (f) 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 one full-time equivalent 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 relating to the four most recent active quarterly training periods completed (see section 3.2); and
  - (d) not have an active Unsatisfactory Performance Notice (see section 3.3).
- 3.1.2 Progression from Intermediate to Advanced Training will be considered for Intermediate trainees at the end of the third and fourth full-time equivalent 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 relating to the four most recent active quarterly training periods completed (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).



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- 3.1.3 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 if they receive two Performance Improvement Notices relating to the four most recent active quarterly training periods completed at the time progression is considered .
- 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.

## 3.3 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.



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- 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 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](http://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.
- 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.



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- 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, with or without a finding of misconduct, attaching such terms and conditions as deemed appropriate in the circumstances; or
  - a finding of misconduct justifying dismissal.
- 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.



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## 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 justifying dismissal; 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 may submit an application for Reconsideration, Review or Appeal relating to the Notice of Intention to Dismiss in accordance with the RRA Policy.

3.5.5 If no application is made in accordance with the RRA Policy, the trainee dismissal will be finalised by the Board and a Notice of Dismissal will be issued.

3.5.6 If an application is made in accordance with the RRA Policy which finds the Notice of Intention to Dismiss should be revoked, the decision reached in accordance with the RRA Policy will be binding on the Board.

3.5.7 If an application is made in accordance with the RRA Policy which finds dismissal is warranted, the trainee dismissal will be finalised by the Board and a Notice of Dismissal will be issued.

## 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](http://www.nsa.org.au).



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- 4.1.3 Each clinical training post has an allocated supervisor, satisfying the requirements in the Training Post Accreditation Regulations.
- 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 selected into either the Australian or the New Zealand Pathway.
- 4.1.6 Trainees in the Australian Pathway 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 within Australia, once determined, may only be changed by applying in accordance with Regulation 1.10. Trainees should expect to move from their region at least once during their SET Program, which may include placement in a New Zealand training post.
- 4.1.7 Trainees in the New Zealand Pathway will undertake up to two full-time equivalent training years of their training in Australia and the remainder in New Zealand training posts.
- 4.1.8 Trainees in both Pathways 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.
- 4.1.9 Trainees will ordinarily spend no more than two full-time equivalent training years in any one training unit. Exceptions may be made, particularly where the trainees' region has less than three accredited training units.
- 4.1.10 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, regardless of their Pathway. Singapore trainees must be prepared to be assigned to the posts in Singapore for at least three years of their SET Program.
- 4.1.11 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 for all trainees (full and flexible) 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.



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- 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 either in the PPA Report itself or in an alternate written form.
- 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.
- 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 must make an application in accordance with the RRA Policy (see Regulation 1.9).
- 4.2.12 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 PPA 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 by all trainees (full and flexible) 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



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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.

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 or pro rata equivalent for trainees on approved flexible training; 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, Intermediate Training and Advanced 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.

## 4.4 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.



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- 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
  - (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):



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- (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.

## SECTION 5: RESEARCH TRAINING AND ASSESSMENT

### 5.1 Research Requirement

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 5.2)
- (b) An approved research presentation (see Regulation 5.3)
- (c) A publication in a peer reviewed scientific journal (see Regulation 5.4)

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.

### 5.2 Supervised Research Project

5.2.1 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.

5.2.2 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.

5.2.3 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 prior to the end of their first year of Intermediate Training. Trainees must obtain approval of the research proposal from their proposed research supervisor prior to submission to the Research Committee. Proposed research supervisors may be contacted to verify their prior approval of research proposal and to provide additional information at the discretion of the Research Committee.



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- 5.2.4 Trainees will be required to provide oral progress reports to the Research Committee at times determined by the Research Committee taking into consideration the progression made with the research project.
- 5.2.5 For approval of successful completion of the research project trainees will be required to submit a written research completion report, on the prescribed form, together with the manuscript submitted for publication. Trainees must obtain approval of the research completion report from their research supervisor prior to submission to the Research Committee. Trainees will be required to present the completion report orally to the Research Committee. Research supervisors may be contacted to verify their prior approval of research completion report and to provide additional information at the discretion of the Research Committee.
- 5.2.6 The Research Committee will consider proposals and completion reports during the scheduled meetings. The closing date for written proposals and completion reports will be one calendar month prior to the advertised Research Committee meeting date.
- 5.2.7 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.
- 5.2.8 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.

## 5.3 Research Presentation Requirement

- 5.3.1 Trainees must present an oral presentation (excluding poster side presentations) of the research findings from the supervised research project approved in accordance with Regulation 5.2 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.
- 5.3.2 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.

## 5.4 Research Publication

- 5.4.1 Trainees must have one neurosurgical publication (not a case report or abstract) in a peer reviewed scientific journal indexed for MEDLINE or Scopus based on the research findings from the supervised research project approved in accordance with Regulation 5.2. The publication must be as primary author and must be accepted for publication prior to the end of Intermediate Training.
- 5.4.2 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.



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## 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 seminar topics may include:

- (a) Spinal Surgery
- (b) Cerebrovascular
- (c) Neurotrauma
- (d) Paediatric Neurosurgery
- (e) Functional Neurosurgery
- (f) Skull Base Surgery
- (g) Neuro-oncology
- (h) Professional Skills

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 (full and flexible) 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 special consideration is granted in accordance with Regulation 1.10.

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 special consideration 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



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- (d) attendance at the training seminar was deemed unsatisfactory by the Board Chair or nominee.

## 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 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 or nominee as being adequately prepared to present for the Fellowship Examination. To determine if a trainee is adequately prepared the Board Chair or nominee 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](http://www.surgeons.org).



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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](http://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](http://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](http://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](http://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 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. Trainees will have 120 minutes to complete the Intermediate Module. Answers will be reviewed and sent to trainees only within 60 days of completion to assist in their preparation for the Fellowship Examination.



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## 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 made in writing to the Board Chair.
- 8.1.3 Approval of RPL is at the discretion of the Board Chair or nominee. The trainee 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:
  - (a) The supervised research project (see Regulation 5.2)
  - (b) The research presentation (see Regulation 5.3)



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(c) The publication in a peer reviewed scientific journal (see Regulation 5.4)

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.