

Selection Regulations

Surgical Education and Training Program in Neurosurgery
2027 Intake, conducted during 2026





Selection Regulations for Surgical Education and Training in Neurosurgery 2027 Intake

Royal Australasian College of Surgeons & Neurosurgical Society of Australasia



1 INTRODUCTION

1.1 Definition of terms and acronyms

1.1.1 Acronyms, definitions and terms used in these Selection Regulations (**Regulations**).

Acronym/term:	shall mean/is defined as:
Applicant	A doctor who intends to submit an application
AQF	Australian Qualifications Framework
Closing Date	The date for submitting an application, which is shown in clause 7.1
Days	Unless otherwise specified, references to any days are to be read as calendar days, not business days
Examination	The Neurosurgery Anatomy Examination used as part of the selection process
Home Region	A region nominated by the applicant where they have completed a minimum 24 weeks' full-time equivalent dedicated neurosurgical experience in the three years immediately prior to application and will ordinarily spend the majority of their SET Program if selected
ICU	Intensive Care Unit
Ineligible	Applicants who failed to satisfy one or more of the eligibility requirements, terms and conditions, or who have reached the maximum number of application attempts
Interview	The Neurosurgery Semi-Structured Interview conducted as part of the selection process
Minimum Standard	A minimum standard is the minimum acceptable score required in a selection tool as detailed in these Regulations to be deemed suitable for selection
MSF Report	The Multi-source Feedback Report used in the selection process
NSA	Neurosurgical Society of Australasia
NZQF	New Zealand Qualifications Framework
Opening Date	The date applications open, which is shown in clause 7.1
PGY	Post graduate year
RACS	Royal Australasian College of Surgeons
Reconsideration	An application to have a decision reconsidered in accordance with the RACS Reconsideration, Review and Appeal regulation
Regulations	These Selection Regulations which establish the principles, terms and conditions for the selection process
SET	Surgical Education and Training
SET Board	The Surgical Education and Training Board of Neurosurgery responsible for the administration and management of the SET Program
SET Program	The Surgical Education and Training Program in Neurosurgery
Structured Curriculum Vitae	The scored components of the application for selection
Successful	Applicants who have ranked high enough to be made an offer of a position on the SET Program
Undersubscribed Home Regions	Regions identified by the SET Board in accordance with clause 3.3
Unsuccessful	Applicants who have not been offered a position on the SET Program



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1.2 Purpose

- 1.2.1 The purpose of these Selection Regulations (**Regulations**) is to establish the principles, terms and conditions of the selection process for the Royal Australasian College of Surgeons (**RACS**) Surgical Education and Training Program in Neurosurgery (**SET Program**) conducted in 2026 for the 2027 intake.

1.3 Administration

- 1.3.1 The RACS is the body accredited and authorised to conduct SET in Australia and Aotearoa New Zealand.
- 1.3.2 The administration and management of the SET Program, including selection, is delegated to the Neurosurgical Society of Australasia (**NSA**) and the SET Board of Neurosurgery (**SET Board**).
- 1.3.3 Selection is conducted annually. These Regulations may be changed from year to year and cannot be relied on for the intakes conducted in future years for the SET Program. Any Regulations for the SET Program from any previous years are not applicable and cannot be relied on for meeting the SET Program requirements for the 2027 intake unless specifically stated in these Regulations.

1.4 Objective of the SET Program

- 1.4.1 The overall objective of the SET Program is to produce competent independent specialist surgeons 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.
- 1.4.2 The SET Program is structured to ensure trainees achieve competencies in:
- Medical expertise
 - Judgement and clinical decision making
 - Technical expertise
 - Professionalism
 - Health advocacy
 - Communication
 - Collaboration and teamwork
 - Leadership and management
 - Scholarship and Teaching
 - Cultural Competence and cultural safety

2 PRINCIPLES AND SELECTION CRITERIA

2.1 Principles of Selection

- 2.1.1 The aim of the selection process is to select trainees of the highest calibre for the SET Program on the basis of merit through a fair, open and accountable process while also supporting diversity initiatives that prioritise under-represented groups such as Indigenous candidates, women, and areas of workforce shortage.
- 2.1.2 The selection process will be documented, transparent, and objective with applicants having access to eligibility requirements, information on the selection process, selection criteria and a reconsideration, review and appeal process.



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- 2.1.3 The selection process will be subject to continuous review to ensure continued validity and objectiveness.
- 2.1.4 The selection process will abide by the principles of the RACS regulation: REG 2017 [Registration and Selection to Surgical Education and Training](#)
- 2.1.5 The number of trainees selected in any year will depend on the number of suitable applicants together with the number of accredited training posts available in the following year.

2.2 General Selection Criteria

- 2.2.1 Applicants are expected to have adequate insight in neurosurgery to make an informed decision about the specialty as a potential career path.
- 2.2.2 Applicants are expected to have a sound knowledge of basic sciences, and a commitment and motivation to continuous self-directed learning including a demonstrated willingness to seek out experiences through active participation in activities such as scientific meetings, conferences, courses and workshops.
- 2.2.3 Applicants are expected to have exposure to varied working environments, work hours and an aptitude to appropriately manage high stress environments in a responsible, efficient and dependable manner, seeking appropriate assistance when needed.
- 2.2.4 Applicants are expected to have suitable experience, dexterity and clinical knowledge to consistently make dependable judgements, master operative techniques and provide comprehensive care from initial examination to post-operative management with a willingness to seek advice and modify behaviour based on previous experiences.
- 2.2.5 Applicants are expected to have a history of fostering harmonious highly effective working relationships, having gained the respect of others and exhibiting positive influences in the working environment.
- 2.2.6 Applicants are expected to have a history of being considerate to the views of others at all times, reacting appropriately and diplomatically in all work situations and behaving in a manner which is professional and supportive for all work, ethnic, social, and gender groups.
- 2.2.7 Applicants are expected to have interpersonal skills and a commitment to contribute effectively as a dependable and accountable member of the health care team, displaying cooperation, tact, courtesy, respect and reliability at all times and actively contributing to assessing progress and providing workable solutions.
- 2.2.8 Applicants are expected to have a history of reliability and punctuality, assuming responsibility for completing tasks without prompting in a timely and efficient manner and demonstrating a high level of self-motivation and organisation.
- 2.2.9 Applicants are expected to have insight into their own strengths and weaknesses, a willingness to accept positive and negative feedback from others, learn from experiences and from others, and a commitment to actively seek feedback and respond constructively.
- 2.2.10 Applicants are expected to have a willingness at all times to take the initiative and come forward with mistakes and adverse outcomes, displaying absolute honesty and a willingness to seek advice and respond appropriately.



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- 2.2.11 Applicants are expected to have highly effective listening and vocabulary skills and timely and highly effective written and verbal communication, keeping all team members up to date without prompting and always providing clear directions and descriptions of situations in an appropriate tone, which encourages confidence and understanding.
- 2.2.12 Applicants are expected to have ethical and responsible behaviour at all times with concern and sensitivity to the needs of others, demonstrating aesthetic sensibility, sound judgment and a focus on providing safe, comprehensive surgical care of the highest standard relating to patients, families and members of the health care team in a manner which exhibits honesty, integrity and compassion.
- 2.2.13 Applicants are expected to have a good knowledge of ethical principles and practices and the ability to identify ethical expectations that impact on patient care and the work environment including informed consent, risk minimisation, confidentiality and clinical governance.
- 2.2.14 Applicants are expected to have interests outside their career and a balance in their work and personal life with community involvement considered to be a positive reflection of the character of the applicant.
- 2.2.15 Applicants are expected to have an understanding of the importance of research and its application to clinical practice. Publications, presentations or research experience, resulting in some meaningful and tangible outcome are highly regarded.
- 2.2.16 Applicants are expected to have good integrity, honesty and character upholding high service and professionalism standards, in keeping with the need for the public to have absolute trust and confidence in medical professionals.

2.3 Neurosurgery Selection Criteria

- 2.3.1 Applicants are expected to be able to accurately perform detailed neurological histories and clinical examinations.
- 2.3.2 Applicants are expected to be able to perform the safe insertion of intracranial pressure monitors and management of the same.
- 2.3.3 Applicants are expected to be able to independently set up image guidance and registration.
- 2.3.4 Applicants are expected to be able to competently perform a safe lumbar puncture.
- 2.3.5 Applicants are expected to be able to independently balance, set up, and drape an operating microscope and understand the use of the controls and functions.
- 2.3.6 Applicants are expected to be able to perform the assessment and management priorities of a patient with severe head injury.
- 2.3.7 Applicants are expected to be able to perform the clinical assessment of a multi-trauma patient.
- 2.3.8 Applicants are expected to be able to perform the safe patient positioning for basic spinal and cranial surgical procedures.
- 2.3.9 Applicants are expected to be able to conduct the early management and investigation of a patient with a potential spinal injury.



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- 2.3.10 Applicants are expected to be able to manage the post-operative care of a patient following craniotomy.
- 2.3.11 Applicants are expected to be able to perform ventriculostomy placement and management.
- 2.3.12 Applicants are expected to be able to perform the drainage of a chronic subdural haematoma.
- 2.3.13 Applicants are expected to be able to perform all parts of an acute trauma craniotomy or decompressive craniectomy for stroke, with the exception of the evacuation.
- 2.3.14 Applicants are expected to be able to perform the clinical assessment and interpretation of images relating to neurosurgical presentations commonly seen in an Emergency Department and provide a differential diagnosis and management plan. The presentations include, but are not limited to, degenerative spinal pathology, tumours, haemorrhage, cranial and spinal trauma.

3 SELECTION INITIATIVES AND SPECIAL MEASURES

3.1 Aboriginal and Torres Strait Islander Selection Initiative

- 3.1.1 Special measures are introduced for the purpose of addressing the low participation of Aboriginal and Torres Strait Islanders in the SET Program.
- 3.1.2 Applicants wishing to be considered for this initiative must:
 - a) have identified as Aboriginal and/or Torres Strait Islander descent in the registration process and apply with a Home Region in Australia in the application process; and
 - b) have met the eligibility requirements for membership of the Australian Indigenous Doctors' Association; and
 - c) have met the eligibility requirements, shortlisting, and Minimum Standards for selection.
- 3.1.3 The special measures exempt Aboriginal and Torres Strait Islander Applicants from shortlisting processes, allowing for their automatic progression to the next step in the selection process provided they have satisfied the eligibility and Minimum Standards for the selection tools as detailed in these Regulations. The special measures then apply preferencing for a selection offer to the top ranked Aboriginal or Torres Strait Islander Applicant who has satisfied the eligibility requirements and Minimum Standards for all selection tools as detailed in these Regulations.
- 3.1.4 An applicant's status as Aboriginal or Torres Strait Islander will only be known to staff and SET Board members directly involved in the selection process, for the purposes of implementing the selection initiative.

3.2 Diversity and Gender Equity Initiative

- 3.2.1 The SET Board has introduced special measures for the purpose of gender equity between men and women to give effect to the RACS Diversity and Inclusion Plan, which sets targets for increased representation of women in SET across all specialties.
- 3.2.2 With the application of special measures, the percentage of successful female applicants will be at least equal to their percentage of total applicants, provided there are suitable female applicants in the final ranking.



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3.3 Undersubscribed Home Regions Initiative

- 3.3.1 The SET Board has introduced the **Undersubscribed Home Regions** special measures for the purpose of correcting geographical imbalances in the neurosurgical workforce by better aligning the selection of trainees to regions with vacancies.
- 3.3.2 The special measures apply preferencing of suitable applicants from Undersubscribed Home Regions after final ranking as detailed in these Regulations. To be eligible for selection using the Undersubscribed Home Regions initiative the applicant must:
- nominate the region as their Home Region in accordance with clause 4.2.1; and
 - have worked in the Home Region for a minimum of two post-graduate years prior to application.
- 3.3.3 Undersubscribed Home Regions are regions, identified by the SET Board at the date first round selection offers are determined, where the total number of existing trainees who identify that region as their Home Region is less than the total number of posts accredited in that Home Region, or there are no posts accredited in that Home Region and no existing trainees who identify that region as their Home Region.
- 3.3.4 The special measures apply preferencing to the top ranked applicant from each Undersubscribed Home Region who has satisfied the eligibility requirements and Minimum Standards for all selection tools as detailed in these Regulations and has a Home Region which is identified as an Undersubscribed Home Region.
- 3.3.5 Where an applicant is selected applying the Undersubscribed Home Regions special measures, their offer of a position on the SET Program is conditional on them not being permitted to change their Home Region at any time during their SET Program.

4 ELIGIBILITY REQUIREMENTS

4.1 RACS Generic Eligibility Requirements

- 4.1.1 Applicants must have permanent residency or citizenship of Australia or Aotearoa New Zealand. This must be in the applicants Home Region, unless otherwise approved by the Board Chair.
- 4.1.2 Permanent Resident (non-citizen) applicants in Aotearoa New Zealand must ensure they have secured the appropriate visa to undertake training in Australian training posts as part of the SET Program.
- 4.1.3 Applicants in Australia must have general (unconditional) registration with the Medical Board of Australia in accordance with RACS regulation: Medical Registration for the Surgical Education and Training Program
- 4.1.4 Applicants in Aotearoa New Zealand must have general scope registration or restricted general scope registration in Neurosurgery in Aotearoa New Zealand with the Medical Council of New Zealand in accordance with RACS regulation: Medical Registration for the Surgical Education and Training Program
- 4.1.5 Applicants must have completed Introduction to Operating with Respect on the RACS website.
- 4.1.6 Applicants must have satisfactorily completed the RACS Generic Surgical Sciences Examination at the time of application.



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4.2 Neurosurgery Eligibility Requirements

4.2.1 At the time of application, applicants must nominate a **Home Region** where they have completed a minimum 24 weeks' full-time equivalent dedicated neurosurgical experience in the three years immediately prior to application. If selected, applicants will ordinarily spend the majority of their SET Program in their Home Region if there are available accredited training posts. The Home Regions available are as follows:

- a) Aotearoa New Zealand
- b) Australian Capital Territory
- c) New South Wales
- d) Northern Territory
- e) Northern Queensland
- f) Queensland
- g) South Australia
- h) Tasmania
- i) Victoria
- j) Western Australia

4.2.2 Applicants must have achieved the Minimum Standard of 70% in the 2025 or 2026 NSA Neurosurgery Anatomy Examination at the time of application. Where an applicant has presented for both the 2025 and 2026 Examinations, their highest score will be used for selection purposes.

4.3 Disqualification from Eligibility

4.3.1 Applicants with any conditions or undertakings associated with their medical registration in any country or jurisdiction at the time of application, or in the five years immediately prior to the Closing Date for applications, are ineligible to apply.

4.3.2 Applicants who have been terminated, or received a finding of misconduct, or received two or more written warnings related to their employment, at the time of application, or in the three years immediately prior to the Closing Date for applications, are ineligible to apply.

4.4 Maximum Attempts

4.4.1 An attempt is any application submitted as of the Closing Date for applications which satisfies the eligibility requirements to proceed in the selection process.

4.4.2 Applicants may attempt selection to the SET Program up to four times, with an additional attempt granted each time they reach the final ranking, capped at a maximum of six attempts in total. The number of attempts are counted from the 2022 intake onwards.

5 REGISTRATION

5.1.1 Applicants who wish to apply for the SET Program must first register in accordance with the RACS regulation 2017: Registration and Selection to Surgical Education and Training available on the RACS website.

5.1.2 Applicants must confirm for themselves that they meet the eligibility requirements before submitting their completed registration form.



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- 5.1.3 Applicants must submit a completed registration form including the required supporting documentation and pay the registration fee by the registration closing date.
- 5.1.4 Registrations will not be accepted after the closing date under any circumstances.
- 5.1.5 Applicants who are not registered cannot lodge an application for the SET Program.
- 5.1.6 Applicants will be emailed confirmation of completed registration and satisfaction of the generic eligibility requirements from RACS.

6 APPLICATION

6.1 Online Application

- 6.1.1 All communication during the application and selection process will be conducted in writing via email. Applicants are responsible for ensuring their contact information is current.
- 6.1.2 Applications can only be submitted by registered applicants using the neurosurgery online application form. Applications must be submitted prior to the advertised **Closing Date** for applications. No other form of application will be accepted. Once an application is submitted and scored, it cannot be changed. Applicants are responsible for ensuring their application is complete and correct at the time of submission.
- 6.1.3 Applicants will receive an email confirmation from the SET Board when they have successfully submitted their application.
- 6.1.4 Applicants must pay a selection application fee of \$AUD450 at the time of submitting their application to be considered for selection. If the fee is not received by the Closing Date for applications, the application will be ineligible and will not be considered. The fee is non-refundable. This is separate to the Neurosurgery Anatomy Examination fee of \$AUD563.

6.2 Documentary Evidence

- 6.2.1 Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted unless approved by the SET Board Chair.
- 6.2.2 Forms of evidence other than what is outlined in these Regulations will not be considered. Achievements that are not accompanied by the appropriate documentary evidence as specified in these Regulations, or where the evidence does not meet the verification requirements will not be awarded points.
- 6.2.3 Letters of evidence must be dated.
- 6.2.4 The full name on documentary evidence must match the full name of the applicant as specified on the online application form. If any documentary evidence bears a different name, proof of name change (e.g. marriage certificate) must also be provided.
- 6.2.5 All documentary evidence must be in English. If any documentary evidence is in a language other than English, a certified translation must be provided.
- 6.2.6 Evidence that was accepted in the past will not be accepted on the basis that it has been accepted previously. All evidence must comply with the Regulations for the current selection year.



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6.3 Terms and Conditions

- 6.3.1 The information collected as part of the application and during the selection process will be used to assess the applicant’s suitability for the SET Program. Information may be disclosed to other parties or where required to do so by law. The SET Board may verify the information provided within the application with external institutions or individuals and gather additional information to process the application. Failure to provide the information requested by the SET Board will deem the applicant Ineligible for selection and their application will be withdrawn.
- 6.3.2 By submitting the application, the applicant is consenting to the collection, use, disclosure and storage of the information by the SET Board, NSA and RACS or its agents.
- 6.3.3 By submitting an application, the applicant consents to confidential references being collected and to referees disclosing information for the Multi-source Feedback Report and Portfolio Assessment processes. The applicant acknowledges this information is provided under strict confidentiality, will not be disclosed to them in any form, and that no additional feedback, scores, assessments, or referee identities will be provided beyond that specified in these Regulations. The applicant irrevocably waives any right to access such material by legal request, legal process or otherwise.
- 6.3.4 By submitting an application, the applicant verifies the information provided is correct and in accordance with these Regulations. The applicant also verifies no false or tampered documentation has been submitted.
- 6.3.5 It is a condition of application that if at any time the SET Board become aware that any part of the application was false, tampered with, incorrect, misrepresented, or untruthful, the applicant may be deemed Ineligible for selection, and not considered further in the selection process. The SET Board may, at its absolute discretion, report this to the relevant authorities and/or disqualify the applicant from making further applications to the SET Program. If the applicant has already been selected, the applicant may be dismissed from the SET Program. It would be sufficient grounds for dismissal that the SET Board has sufficient reasonable information for it to conclude that the answers to these questions were incorrect, misrepresented or untruthful.
- 6.3.6 By submitting an application, the applicant is consenting to members of the SET Board and other persons appointed by the SET Board Chair, in accordance with these Regulations, conducting the selection process and making decisions relating to their application and selection despite having made decisions previously that may be adverse to the applicant. This includes decisions made during the current and previous selection processes and other training and assessment matters.
- 6.3.7 Harassment of any kind is a serious matter and may result in an applicant being deemed Ineligible for selection. Harassment includes but is not limited to repeated requests by an applicant to any person a reference is collected from, SET Board member or staff member involved in the selection process. Inappropriate, aggressive or bullying behaviour will not be tolerated.

7 SELECTION PROCESS

7.1 Stages of selection and key dates

Stage	Date
Neurosurgery Anatomy Examination Registration Opens	12 noon AEDT Monday 10 November 2025



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Neurosurgery Anatomy Examination Registration Closes	12 noon AEDT Monday 8 December 2025
RACS Registration Opens	12 noon AEDT Tuesday 6 January 2026
RACS Registration Closes	12 noon AEDT Friday 30 January 2026
Neurosurgery Anatomy Examination	Friday 20 February 2026
Release of scores for the Neurosurgery Anatomy Examination	Prior to 5pm AEDT on Friday 27 February 2026
Neurosurgery Applications Open	12 noon AEDT on Monday 2 March 2026
Neurosurgery Applications Close	12 noon AEDT on Monday 23 March 2026
Release of scores for the Structured Curriculum Vitae and shortlisting for the Multi-source Feedback Report	Prior to 5pm AEST on Friday 10 April 2026
Release of scores for the Multi-source Feedback Report	Prior to 5pm AEST on Friday 22 May 2026
Release of scores for the Portfolio Assessment and shortlisting for interview	Prior to 5pm AEST on Friday 12 June 2026
Interviews	Thursday 2 July 2026
Release of scores for the Interview and Offers	Prior to 5pm AEST on Friday 3 July 2026

7.2 Selection Tools

7.2.1 The selection process uses five selection tools, each contributing the following weightings to the overall selection score out of 100.

Selection Tool	% Weighting Overall	Minimum Standards to be deemed suitable for selection	Scored in accordance with section
Neurosurgery Anatomy Examination	30	70%	8
Structured Curriculum Vitae	10	50% (6 out of 12)	9
Multi-Source Feedback Report	20	Average score of 2.0 or above in each scored question	10
Portfolio Assessment	10	Average score of 3.0 or above for the Portfolio Assessment	11
Semi-Structured Interview	30	50% (12 out of 24)	12
Total Overall Score	100		



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7.3 Selection Process

- 7.3.1 Only applicants who satisfy the eligibility, terms and conditions and application requirements in accordance with RACS policy and these Regulations will be considered in open competition for selection to the SET Program.
- 7.3.2 Applicants must score the Minimum Standard of 70.00% for the 2025 or 2026 NSA Neurosurgery Anatomy Examination (**Examination**) to be eligible to apply for selection. This will be scored in accordance with Section 8.
- 7.3.3 Applicants must score the Minimum Standard of 50.00% (6 out of 12 points) for the **Structured Curriculum Vitae** to proceed further in the selection process. This will be scored in accordance with Section 9.
- 7.3.4 Applicants who satisfy the Minimum Standards in clause 7.3.2 and 7.3.3 will be ranked according to their combined score for the Structured Curriculum Vitae and the Examination with the selection tool weightings applied (which equates to a score out of 40 points). All other applicants will be deemed Unsuccessful, will not be ranked, and will not proceed further in the selection process.
- 7.3.5 Following clause 7.3.4, the top 32 applicants (and ties rounded to one decimal place) will be **shortlisted** to proceed in the selection process. This will include Aboriginal and Torres Strait Islander applicants (if any) applying the Aboriginal and Torres Strait Islander special measures and the remaining applicants based on the rankings in clause 7.3.4. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 7.3.6 Applicants must score the Minimum Standard in the Multi-Source Feedback Report (**MSF Report**) being an average score of 2.0 or above in each scored question to proceed further in the selection process. This will be scored in accordance with Section 10. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 7.3.7 Applicants must score the Minimum Standard in the Portfolio Assessment being an average of 3.0 or above to proceed further in the selection process. This will be scored in accordance with Section 11. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 7.3.8 Applicants who satisfy the Minimum Standards in clause 7.3.6 and 7.3.7 will be ranked according to their score for the Portfolio Assessment only, with the selection tool weighting applied (which equates to a score out of 10 points).
- 7.3.9 Following clause 7.3.8, 24 applicants will be shortlisted for the Neurosurgery Semi-Structured Interview (**Interview**). This will include Aboriginal and Torres Strait Islander applicants (if any) applying the Aboriginal and Torres Strait Islander special measures and the remaining applicants based on the rankings in clause 7.3.8. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 7.3.10 In the event that two or more applicants are ranked equally for the shortlisting in clause 7.3.9, the Portfolio Assessment score and the MSF Report score combined, with selection tool weightings applied, will serve as the tiebreaker for those applicants (which is a score out of 30 points). If some remain equal, the combined score for all selection tools completed, with selection weightings applied, will serve as the tiebreaker for those applicants (which is a score out of 70 points). If some remain equal, those tied applicants will also be shortlisted, increasing the number interviewed.



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- 7.3.11 Applicants must score the Minimum Standard in the Interview of 50% (12 out of 24 points) to be deemed suitable for selection. The Interview will be scored in accordance with Section 12. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 7.3.12 Applicants who satisfy the Minimum Standard in clause 7.3.11 will be ranked according to their combined score for the Examination, Structured Curriculum Vitae, MSF Report, Portfolio Assessment and Interview with the selection tool weightings applied (which equates to a score out of 100 points).
- 7.3.13 Following clause 7.3.12 offers for selection will be made applying the following process:
- the top ranked applicant from each Undersubscribed Home Region (if any) applying the Undersubscribed Home Regions special measures; and
 - the top ranked Aboriginal or Torres Strait Islander applicant (if any) applying the Aboriginal and Torres Strait Islander special measures; and
 - a sufficient number of suitable female applicants to ensure their percentage of offers is at least equal to their percentage of total applicants, provided there are suitable female applicants in the final ranking; and
 - the remaining in order of the final ranking.
- 7.3.14 For the purpose of clause 7.3.13, if two or more applicants are ranked equally, the following scores with selection tool weightings applied will be used in sequence to break the tie until it is resolved:
- Portfolio Assessment score
 - MSF Report score
 - Interview score
 - Examination score
- 7.3.15 If applicants remain equally ranked after all tiebreaking tools have been applied, the SET Board will, at its absolute discretion, make the final decision, guided by the relevant special measures and objectives outlined in these Regulations.
- 7.3.16 Applicants who satisfy all Minimum Standards and are not made an offer will be deemed Unsuccessful.

8 NEUROSURGERY ANATOMY EXAMINATION

- 8.1.1 The Examination will be a single paper with 60 multiple choice neurosurgery anatomy questions. The Examination will run for 100 minutes.
- 8.1.2 Where a manifest error is identified in a question after the Examination and prior to the release of the Examination results, that question will be removed from the Examination scoring and the total marks for the Examination, and any reference in these Regulations to the total marks, will be adjusted accordingly. A manifest error is an error that is obvious and indisputable.
- 8.1.3 The recommended reading is Last's Anatomy, Regional and Applied, 9th Edition, 1998 (reprinted 2003) – McMinn R.M.H., Churchill Livingstone and/or Last's Anatomy - Revised Edition 9th Edition (2019) – McMinn R.M.H., Churchill Livingstone.
- 8.1.4 The Examination will be held prior to the selection applications Opening Date. The Examination registration opening and closing dates are as shown in these Regulations. Applicants for the Examination must have completed a minimum 10 weeks' full-time equivalent dedicated



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neurosurgical experience in the three years immediately prior to the closing date for registration for the Examination.

- 8.1.5 Modifications and adjustments to the Examination may be necessary in response to exceptional circumstances or events beyond the NSA's control. In such instances, applicants registered for the Examination will be advised as soon as is reasonably practical.
- 8.1.6 There will be a fee of \$AUD563 for the Examination. This fee is non-refundable.
- 8.1.7 It is the applicant's responsibility to make the appropriate travel arrangements and to meet any costs incurred in attending the Examination.
- 8.1.8 Applicants must score the Minimum Standard of 70.00% for the 2025 or 2026 Examination to be eligible to apply for selection. Where an applicant has presented for both the 2025 and 2026 Examinations, their highest score will be used for selection purposes.
- 8.1.9 For applicants satisfying the Minimum Standard, the Examination score will be recorded as a percentage. The selection tool weighting will then be applied which is 30%. As such, the applicant will receive a selection score for the Examination out of a maximum 30 points.
- 8.1.10 Applicants will be provided with their score for the Examination prior to the Opening Date for selection applications. Applicants will not be provided with additional feedback or a copy of the Examination paper.

9 STRUCTURED CURRICULUM VITAE

9.1 Overview

- 9.1.1 The online application form includes the Structured Curriculum Vitae which captures information and evidence on an applicant's relevant experience, publications, qualifications, and presentations.

9.2 Scoring

- 9.2.1 Each Structured Curriculum Vitae will be scored by two people appointed by the SET Board Chair using a structured scoring system. Any discrepancy in the two scores which cannot be reconciled by the scorers will be reviewed by the SET Board Chair or nominee to determine the correct score.
- 9.2.2 The scores for the sections within the Structured Curriculum Vitae will be combined to provide an overall score out of a possible 12 points.
- 9.2.3 Applicants must score the Minimum Standard of 50.00% (6 out of 12 points) for the Structured Curriculum Vitae to proceed further in the selection process.
- 9.2.4 For applicants satisfying the Minimum Standard, the Structured Curriculum Vitae score will be recorded as a percentage. The selection tool weighting will then be applied which is 10%. As such, the applicant will receive a selection score for the Structured Curriculum Vitae out of a maximum 10 points.

9.3 Surgical Experience

- 9.3.1 Surgical experience may be scored up to a maximum of 4 points overall across two categories:



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- a) neurosurgical experience undertaken as a rotation exclusively focused on neurosurgery, up to a maximum of 3 points; and
- b) other surgical specialty experience, which may include additional neurosurgical experience or experience in another surgical specialty, up to a maximum of 1 point.

- 9.3.2 The rotation must be undertaken at PGY 2 (second year post-medical degree) or later. **Advanced notice** is provided that from the **2028 intake** (conducted in 2027) this clause will change to be a position as an unaccredited registrar (or equivalent).
- 9.3.3 The rotation must be undertaken within Australia or Aotearoa New Zealand.
- 9.3.4 The rotation must be a minimum of 10 continuous weeks (including any period of leave). Rotations which have commenced prior to the Closing Date for applications and are scheduled to be longer than 10 weeks may be included with the period eligible for scoring being up to the Closing Date for applications.
- 9.3.5 Only rotations up to and including the Closing Date for applications may be scored.
- 9.3.6 One-week full time will be 38 hours or more. Part time will be adjusted on a pro-rata basis according to average hours worked per week. For example, working 19 hours per week for 20 weeks will calculate to 10 full time weeks for scoring.
- 9.3.7 The total duration of the rotation, and the total duration of leave, will be rounded to the nearest whole week. For example, 12 weeks and 3 days will calculate to 12 weeks for scoring.
- 9.3.8 To be scored, the rotation on average must include:
- a) active involvement in the day-to-day management of elective and emergency patients; and
 - b) participation in at least one surgical operating list per week.
- 9.3.9 All rotations which meet the scoring requirements in clause 9.3.1 to 9.3.8 will be combined (**Total Weeks Experience**).
- 9.3.10 All leave (paid and unpaid) taken in rotations which meet the scoring requirements will be combined (**Total Weeks Leave**). A period of secondment during the rotation which would not be eligible for scoring applying clause 9.3.9, should be entered as leave and will be treated as leave for the purposes of scoring.
- 9.3.11 If the Total Weeks Leave exceeds 25% of the Total Weeks Experience, the leave weeks above 25% will not be scored (**Excess Weeks Leave**).
- 9.3.12 As such, the total weeks for scoring purposes will be calculated as the Total Weeks Experience less Excess Weeks Leave. The total weeks for scoring purposes will be times by 0.03 points for each full time week completed up to a maximum of 4 points applying clause 9.3.1.

9.4 Intensive Care Unit Experience

- 9.4.1 The Intensive Care Unit (**ICU**) experience must be undertaken in a specially staffed and equipped, separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions.



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- 9.4.2 Experience in a high dependency unit or a cardiac or coronary care unit will not be scored as ICU experience.
- 9.4.3 The rotation must be undertaken at PGY 2 (second year post-medical degree) or later.
- 9.4.4 The rotation must be undertaken within Australia or Aotearoa New Zealand.
- 9.4.5 The rotation must be a minimum of 10 continuous weeks (including any period of leave). Rotations which have commenced prior to the Closing Date for applications and are scheduled to be longer than 10 weeks may be included with the period eligible for scoring being up to the Closing Date for applications.
- 9.4.6 Only rotations up to and including the Closing Date for applications may be scored.
- 9.4.7 One full-time week equals 38 hours or more. Part-time work is adjusted pro-rata based on average hours worked per week. For example, working 19 hours per week for 20 weeks will calculate to 10 full time weeks for scoring.
- 9.4.8 The total duration of the rotation, and the total duration of leave, will be rounded to the nearest whole week. For example, 12 weeks and 3 days will calculate to 12 weeks for scoring.
- 9.4.9 All rotations which meet the scoring requirements in clause 9.4.1 to 9.4.8 will be combined (**Total Weeks Experience**).
- 9.4.10 All leave (paid and unpaid) taken in rotations which meet the scoring requirements will be combined (**Total Weeks Leave**). A period of secondment during the rotation which would not be eligible for scoring applying clause 9.4.9, should be entered as leave and will be treated as leave for the purposes of scoring.
- 9.4.11 If the Total Weeks Leave exceeds 25% of the Total Weeks Experience, the leave weeks above 25% will not be scored (**Excess Weeks Leave**).
- 9.4.12 The total weeks for scoring purposes will be calculated as the Total Weeks Experience less Excess Weeks Leave. The total weeks for scoring purposes will be times by 0.1 points for each full time week completed up to a maximum of **1 point**.

9.5 Rural, Regional and Remote Origin

- 9.5.1 Doctors with rural, regional and remote backgrounds are significantly more likely to train and remain in rural, regional and remote practice. Recognising and supporting rural, regional and remote origin applicants is a proven step toward addressing persistent workforce gaps.
- 9.5.2 For scoring purposes, rural, regional, or remote locations (**RRR Locations**) are:
 - a) In Australia, a location classified by the Modified Monash Model (**MMM**) as an MM2 to MM7 area.
 - b) In Aotearoa New Zealand, a location classified by the Geographic Classification for Health as U2, R1, R2, or R3.
- 9.5.3 A total of 0.25 points will be awarded to applicants who have residency for a minimum of 10 years cumulatively or any 5 years consecutively prior to entry into medical school in an area classified by these Regulations as an RRR Location.



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- 9.5.4 A total of 0.25 points will be awarded to applicants who have undertaken a minimum of 12 months (cumulatively) in a medical school in an area classified by these Regulations as an RRR Location.
- 9.5.5 A total of 0.5 points will be awarded to applicants who have undertaken a minimum of 24 months or more (cumulatively) in PGY 2 (second year post-medical degree) or later in a rotation, or rotations dedicated to any surgical discipline, emergency medicine, or intensive care medicine in an area classified by these Regulations as an RRR Location. Alternatively, a total of 0.25 points will be allocated where the total time is at least 12 months but less than 24 months.
- 9.5.6 The applicant must provide a pdf copy of evidence in their application as requested by the SET Board. Where the requested evidence is not available from the employer or educational institution, points may not be awarded. Evidence can be academic transcripts for the educational institutions or letters confirming employment periods and speciality from the employer.

9.6 Publications

- 9.6.1 Journal articles, book chapters and case reports must be published or accepted for publication at the Closing Date for applications.
- 9.6.2 Published abstracts, letters to the editor, book reviews and media releases are not scored.
- 9.6.3 The publication must be on a neurology, neuroscience or neurosurgical topic as determined by the SET Board Chair.
- 9.6.4 Articles and case reports must be in a journal with a SCImago Journal Rank (<https://www.scimagojr.com/journalrank.php>) in quartiles 1 to 3 in the subject area of Medicine, Multidisciplinary, or Neuroscience unless otherwise approved by the SET Board Chair or nominee. The quartile ranking is at the time of publication or the most recent published at the time of scoring.
- 9.6.5 The publication must be on a sufficiently different topic to any other publication scored. The higher scoring publication will take precedence.
- 9.6.6 The authorship must be determine from the published article, book chapter or case report only.
- 9.6.7 The applicant must provide a pdf copy of the published article, book chapter or case report showing full bibliographic details in their application. For those which are accepted for publication, but not yet published, the applicant must provide a pdf containing the publisher’s proof of acceptance and the publisher’s pdf proof of the article in their application. Where the requested evidence is not provided, points will not be awarded.
- 9.6.8 Applying clauses 9.6.1 to 9.6.7, publications may be scored up to a maximum of **2 points** as follows:

Publication	Points
Journal article listed as the 1 st , co-first or senior author	2.0 points
Book chapter listed as the 1 st , co-first or senior author	2.0 points
Journal article listed as the 2nd author	1.0 point
Book chapter listed as the 2nd author	1.0 point
Case report listed as the sole 1st author	1.0 point
Technique article listed as the sole 1st author	1.0 point



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9.7 Qualifications

- 9.7.1 The applicant must have fulfilled all requirements for completion of the qualification at the Closing Date for applications.
- 9.7.2 The applicant must provide pdf evidence in their application from the awarding institution of completion and eligibility for conferral.
- 9.7.3 All qualifications must satisfy the levels and criteria equivalent to the Australian Qualifications Framework (**AQF**) or the New Zealand Qualifications Framework (**NZQF**).
- 9.7.4 The qualification must be in a “**medically related discipline**” as determined by the SET Board Chair. A medically related discipline is one related to the science or practice of medicine. This would include, but not be limited to, the following:
- a) Anaesthesiology
 - b) Anatomy
 - c) Critical care
 - d) Epidemiology
 - e) Health Promotion
 - f) Medical and biomedical sciences
 - g) Medical and biomedical engineering
 - h) Medical genetics
 - i) Medical imaging
 - j) Neurology
 - k) Neurosurgery
 - l) Pathology
 - m) Public health
 - n) Radiology
 - o) Surgery
 - p) Surgical education
 - q) Traumatology
 - r) Tropical health

9.7.5 Qualifications satisfying clause 9.7.1 to 9.7.4 may be scored up to a maximum of **3 points** as follows:

Qualifications	AQF	NZQF	Points
Doctor of Philosophy	Doctoral Degree Level 10	Doctoral Degree 10	3
Doctoral Degree excluding a primary medical qualification	Doctoral Degree Level 10	Doctoral Degree 10	2
Masters Degree excluding a primary medical qualification	Masters Degree Level 9	Masters Degree 9	1
Bachelor Honours Degree	Bachelor Honours Degree Level 8	Bachelor Honours 8	1
Graduate Diploma	Graduate Diploma Level 8	Postgraduate Diploma 8	0.5



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- 9.7.6 **Advanced notice** is provided that from the **2028 intake** (conducted in 2027), Bachelor Honours Degree will no longer be scored.
- 9.7.7 **Advanced notice** is provided that from the **2029 intake** (conducted in 2028), only one qualification, being the highest scoring, will be counted in the scoring process. No additional points will be awarded for any other qualifications.

9.8 Presentations

- 9.8.1 Oral presentations or posters must be the applicant’s original work on a neurology, neuroscience or neurosurgical topic.
- 9.8.2 Oral presentations and posters must be selected through a published competitive abstract process and presented at a meeting prior to the Closing Date for applications.
- 9.8.3 Oral presentations must be personally presented by the applicant.
- 9.8.4 The meeting at which the oral presentation is given, or the poster is displayed, must be a national or international scientific meeting of 50 or more delegates. The term “national” means the whole of a country, rather than a part of it such as a state or territory. The term “international” means two or more countries.
- 9.8.5 The presentations and/or posters must be on a sufficiently different topic to any other presentation or poster scored. The higher scoring will take precedence.
- 9.8.6 The applicant must provide pdf evidence in their application from the meeting organiser. The evidence must include the title of the accepted abstract, the mode of presentation, the name of the meeting and the date of the meeting. Where the requested evidence is not provided, points will not be awarded.
- 9.8.7 Presentations and posters satisfying clause 9.8.1 to 9.8.6 may be scored up to a maximum of **1 point** as follows:

Presentations	Points
Poster presentation (including poster side presentations)	0.5 points
Oral presentation (not including poster side presentations)	1.0 point

10 MULTI-SOURCE FEEDBACK REPORT

- 10.1.1 The shortlisted applicants determined in accordance with clause 7.3.5 will proceed with the preparation of the Multi-Source Feedback (**MSF**) Report.
- 10.1.2 The MSF Report will collect information online, in confidence, about the applicants’ suitability and preparedness for training from a diverse selection of referees.
- 10.1.3 The **qualifying period** for nominating referees is the **most recent 52 weeks of neurosurgical rotations** up to the application Closing Date. Rotations that started before the Closing Date but where less than 10 consecutive weeks have been completed at the Closing Date are not included.
- 10.1.4 Applicants must nominate the required number of eligible referees from the qualifying period and satisfy the additional requirements specified. Failure to comply with these requirements, including



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omissions, provision of misleading information, or nomination of ineligible referees, may result in the application being deemed incomplete or withdrawn from the selection process.

Groups	Number Required	Additional Requirements
Consultant neurosurgeons	All (minimum 3 and no maximum)	Must include the head of each neurosurgical unit and all neurosurgical consultants who directly supervised the applicant's operative and clinical work on at least a monthly basis, on average, within any consecutive twelve-weeks during the qualifying period.
Nurse Unit Manager (NUM)/Charge Nurse Manager (CNM) and theatre and ward nurses	3	Must include the details of each Nurse Unit Manager /Charge Nurse Manager (or equivalent title) for each neurosurgical unit during the qualifying period. May also include other nurses that interacted with the applicant in the theatre or ward settings during the qualifying period to achieve the required minimum number.
ED/ICU/HDU/Anaesthetist Consultants	3	Must be consultants with a recognised specialist qualification who have worked directly with the applicant.
Junior Doctors	Minimum 3 and maximum of 6	Must include all neurosurgery SET trainees who worked with the applicant for each neurosurgical unit during the qualifying period. May also include junior doctors who must not hold a specialist qualification who have worked directly with the applicant. This includes unaccredited registrars, residents and house officers (or equivalent).
Allied health and non-clinical administrative personnel	2	For allied health, the person must have had relevant clinical interaction with the applicant related to patient care. For non-clinical administrative personnel the person must have had relevant administrative interaction with the applicant (e.g. ward, theatre, ward clerk or HR staff).

10.1.5 SET Board members can be listed as referees if they satisfy the requirements above. Applicants must not list referees where there is a family relationship, close personal relationship, or a financial or business relationship outside normal hospital employment. Where an applicant excludes a referee for this reason that is required to be listed applying the requirements above, this must be disclosed in the conflict of interest section of the application. Applicants will also have the opportunity within



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the application form to identify any additional reasons why they believe a particular referee listed should not be contacted due to an alternate conflict of interest.

- 10.1.6 Hospital or unit representatives may be contacted to verify referee eligibility or to assist in obtaining references. Where the referee requirements cannot be met for a valid reason, the SET Board may, at its absolute discretion and on written application from the applicant, approve alternative requirements. Such applications may be determined in consultation with the relevant unit/s from the qualifying period. Such applications must be made at the time of application for selection.
- 10.1.7 The SET Board Chair (or nominee) will select **seven primary referees** to be contacted. The selection of referees will consider rotation duration, timing and group. Remaining referees are designated **alternates**.
- 10.1.8 While alternate referee reports may be sought at the same time as primary referee reports, they will **only be used** if a primary referee report is not received or deemed invalid. Where required for use, alternates will be selected based on a predetermined order for each group, and a predetermined preferred group mix. Referees will not be advised if they are a primary or an alternate referee.
- 10.1.9 To be eligible for scoring and ranking, the SET Board must receive **seven valid reports**, including:
 - a) Two consultant neurosurgeon reports; and
 - b) Five reports from at least two other groups.
- 10.1.10 The SET Board will manage all aspects of referee contact and collection. Applicants must not interfere with the process or contact referees regarding reports, or seek, request, or influence any referee's response. Applicants will not receive updates on reports status.
- 10.1.11 Each referee will rate the applicant across the scored questions using a predetermined scale and may also submit additional written feedback as part of the online form. A referee reports will be deemed **invalid** if the referee indicates they are unable to comment on **more than 20%** of the scored questions.
- 10.1.12 If seven valid reports satisfying the requirements in clause 10.1.9 are not received by the MSF report deadline, the applicant will be deemed Unsuccessful and will not proceed further in the selection process or receive the MSF Report.
- 10.1.13 The average for each scored question will be calculated from the seven referee reports selected by the SET Board in accordance with these Regulations. Alternate referee reports collected but not required will not form part of the scoring and will not be used in the selection process.
- 10.1.14 Applicants must score the Minimum Standard in the MSF Report, being an average score of 2.0 or above in each scored question. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 10.1.15 For applicants satisfying the Minimum Standard, the average for each scored question will be added together to produce the applicant's overall MSF Report score. This score will be converted to a percentage, to which the selection tool weighting of 20% will be applied. Accordingly, the applicant will receive a selection score for the MSF Report out of a maximum of 20 points.
- 10.1.16 Applicants will receive a copy of the MSF Report showing the average for each scored question. The MSF Report provided to applicants will not include written feedback submitted by referees, or individual referee scores.



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11 PORTFOLIO ASSESSMENT

- 11.1.1 Applicants who satisfy the Minimum Standard in the MSF Report will proceed to the Portfolio Assessment.
- 11.1.2 The Portfolio Assessment is designed to provide a fair, transparent, and reliable assessment of each applicant's overall suitability and preparedness for training. The process incorporates multiple sources of information and relies on the collective professional judgment of the SET Board to form a holistic view of the applicant's suitability for selection to training.
- 11.1.3 The sources of information used for the Portfolio Assessment will be:
- a) the MSF Report and individual referee comments and scores;
 - b) the Reference Report; and
 - c) the Application.
- 11.1.4 The preparation of the Reference Report component for each applicant will be the responsibility of two people approved by the SET Board Chair, with at least one being a member of the SET Board (**Assessors**). The Assessors will ordinarily be neurosurgeons and must not be referees listed as part of the MSF Report process.
- 11.1.5 The preparation of the Reference Report, which forms part of the Portfolio Assessment, may commence prior to scoring for the MSF Report and will be discontinued if the applicant subsequently fails to satisfy the Minimum Standard.
- 11.1.6 The Assessors will interview two neurosurgical consultants with whom the applicant has worked to assist them in preparing a Reference Report.
- 11.1.7 The interviews conducted with neurosurgical consultants are confidential. Information relating to responses given by neurosurgical consultants are not released to applicants or other neurosurgical consultants contacted as part of the process. Neurosurgical consultants cannot review, amend, or provide additional information after the interview has concluded.
- 11.1.8 The Assessors may contact any neurosurgical consultant listed as a referee for the MSF Report, except current SET Board members and those neurosurgical consultants involved as Assessors in the preparation of Reference Report. An individual consultant may be contacted for both the MSF Report and the Reference Report.
- 11.1.9 The Reference Report is prepared using a standardised proforma with a view to achieving objectivity and comparability. The Reference Report interview will focus mainly on technical skills and experience relevant to neurosurgery.
- 11.1.10 Advanced notification may be sent to the neurosurgical consultants to be contacted, including information regarding the areas to be explored during the discussion which informs the Reference Report.
- 11.1.11 The expectation is that each neurosurgical consultant contacted as part of the process answers the questions during their interview based on their personal perspectives of their experiences with the applicant. The neurosurgical consultants contacted may have different opinions based on their experiences but that does not mean that they are not equally valid or that the majority opinion is the most reliable.



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- 11.1.12 The Reference Report is not used as a standalone scored selection tool. Having considered the responses from the interviews, the Assessors must arrive at a consensus rating for each identified area using the assessment guidelines shown in the Reference Report. Notes justifying the rating given must be recorded in the Reference Report.
- 11.1.13 Once all Reference Reports for shortlisted applicants have been prepared, the SET Board members available will convene to determine the Portfolio Assessment scores.
- 11.1.14 Any member of the SET Board in attendance who has a conflict of interest, whether actual, perceived or potential, in relation to a particular applicant shall be excluded from assessing that applicant's portfolio. For the purposes of this clause, being validly listed as a referee for the MSF Report constitutes a conflict of interest. Having completed a Reference Report as an Assessor does not, in itself, constitute a conflict of interest.
- 11.1.1 Calibration exercises will be conducted before independent scoring to support inter-rater reliability and reduce unjustified divergence.
- 11.1.2 SET Board members in attendance will independently score each applicant based the following scale:

Scale	Score	Description	Level
Does not meet minimum expectations	0 points	The applicant does not meet the minimum expectations. There are concerns regarding suitability to commence training.	1
Meets minimum expectations	2 points	The applicant meets the minimum expectations with some areas where further development may be required to ensure preparedness.	2
Clearly meets expectations	4 points	The applicant clearly meets the minimum expectations in all areas and demonstrates preparedness to commence training without reservations.	3
Outstanding	6 points	The applicant exceeds expectations, strongly demonstrating the qualities and skills sought and is highly suitable to commence training.	4

- 11.1.3 Following independent scoring, the most common score (the **modal score**) will be shown to all participating SET Board members for the applicant.
- 11.1.4 Any individual SET Board member that gave a score that is two or more scale levels away from the modal score (referred to as a **Divergent Score**) will be automatically flagged for discussion.
- 11.1.5 If there are no Divergent Scores and no significant discussion, the applicant's Portfolio Assessment score will be the average of all participating SET Board member first-round scores.



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- 11.1.6 Where there are Divergent Scores, the participating SET Board members who assigned a Divergent Score will be invited to explain their rationale with reference to:
- The published selection criteria and scale descriptors;
 - Any relevant documentation before the SET Board.
- 11.1.7 The purpose of any discussion is not to achieve consensus, but to:
- Promote shared understanding of differing perspectives;
 - Clarify application of scoring scale and description;
 - Ensure all scores are anchored in the scoring scale.
- 11.1.8 This process recognises that variation in professional judgment is an expected and legitimate feature of expert assessment. Divergent Scores are not inherently erroneous and may reflect a valid minority view.
- 11.1.9 After discussion of Divergent Scores, the participating SET Board members will re-score the applicant independently.
- 11.1.10 The applicant's Portfolio Assessment score will be the average of all participating SET Board member second-round scores.
- 11.1.11 Applicants must score the Minimum Standard in the Portfolio Assessment being an average of 3.0 or above to proceed further in the selection process. All other applicants will be deemed Unsuccessful and will not proceed further in the selection process.
- 11.1.12 For applicants satisfying the Minimum Standard, the Portfolio Assessment score will be recorded as a percentage. The selection tool weighting will then be applied which is 10%. As such, the applicant will receive a selection score for the Portfolio Assessment out of a maximum 10 points.
- 11.1.13 Applicants will be provided with their overall selection score for the Portfolio Assessment. By submitting an application, the applicant irrevocably waives any right to access, receive, or request any further information, explanation, or documentation related to the Portfolio Assessment, including the Reference Report.

12 SEMI-STRUCTURED INTERVIEW

- 12.1.1 The shortlisted applicants determined in accordance with clause 7.3.9 will be eligible to present for the Interview.
- 12.1.2 Shortlisted applicants will be advised in writing of their Interview date and time at least 14 days prior. Modifications and adjustments may be necessary in response to exceptional circumstances or events beyond the SET Board's control. In such instances, applicants will be advised as soon as is reasonably practical. It is the applicant's responsibility to make the appropriate arrangements and to meet any costs incurred in participating in the Interview.
- 12.1.3 Applicants must make themselves available at the scheduled Interview time. Applicants who do not participate in the Interview at the scheduled time will not be considered further in the selection process and their application will be withdrawn.
- 12.1.4 Applicants will be briefed on the Interview process and be given an opportunity to ask any process-related questions prior to the commencement of the Interview.



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- 12.1.5 Applicants are required to provide proof of identification at the Interview.
- 12.1.6 Each Interview will be approximately one hour in duration and consist of four scenario and experience-based sections, each with multiple questions designed to assess the suitability of the applicant.
- 12.1.7 Applicants will be asked questions by four different Interview panels. Each panel will ask the same designated section of the Interview.
- 12.1.8 Follow-up questions may be asked to probe an applicant’s response or explore the breadth and depth of their experience and insight. These questions may vary based on applicant responses.
- 12.1.9 Each panel must arrive at a consensus score for their section of the Interview using the scoring guidelines and scale shown in the Interview score sheet. Notes justifying the score given must be recorded in the Interview score sheet.
- 12.1.10 The Interview scoring scale is as follows:

Scale	Points
Does not meet minimum expectations	0 point
Meets minimum expectations	2 points
Clearly meets minimum expectations	4 points
Outstanding	6 points

- 12.1.1 The panel consensus scores for the four sections of the Interview will be combined to provide an overall score out of a possible 24 points.
- 12.1.2 Applicants must score the Minimum Standard of 50% (12 out of 24 points) for the Interview to proceed further in the selection process.
- 12.1.3 For applicants satisfying the Minimum Standard, the Interview score will be recorded as a percentage. The selection tool weighting will then be applied which is 30%. As such, the applicant will receive a selection score for the Interview out of a maximum 30 points.
- 12.1.4 Applicants will be provided with their score for each of the four sections of the Interview. Applicants will not be provided with additional feedback or a copy of the Interview scoring sheet or questions after the Interview has been conducted.

13 APPLICATION OUTCOME

13.1 Offers

- 13.1.1 Where a Successful applicant declines an offer for a position on the SET Program, they will not be considered further in the selection process.
- 13.1.2 Unsuccessful applicants who satisfy the Minimum Standards for all selection tools but who do not rank highly enough to receive a first round offer, will be considered eligible for subsequent offers.
- 13.1.3 Acceptance of the offer will be conditional on the following:



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- a) Acceptance of the training post identified in the offer
- b) Satisfaction of the employment requirements for appointment to the allocated training post
- c) The applicant satisfying the applicable medical registration requirements with no conditions or undertakings
- d) Satisfaction of the application and eligibility requirements at the time of and after the offer is made
- e) The information submitted in the application form being true, verifiable and correct
- f) Agreement to abide by the SET Program regulations and RACS policies at all times which form part of the contract and acceptance of the conditions which are likely to affect, or be affected by, dismissal
- g) Return of the signed SET Trainee Agreement, in accordance with instructions given, by the stipulated deadline

13.1.4 Applicants who fail to satisfy any of the above conditions will automatically forfeit the offer.

13.2 Deferral

13.2.1 All applications for deferral are governed by the RACS regulation: Trainee Registration and Variation and the SET Program Training Regulations.

13.2.2 Successful applicants who wish to defer the commencement of the SET Program must formally apply to the SET Board at the time of acceptance of the offer outlining the reasons for their request and providing any related documentary evidence.

13.2.3 All requests for deferral will be considered but not necessarily granted. The SET Board Chair will make a determination on the approval or otherwise taking into consideration the reasons for the request and logistical considerations.

13.2.4 Requests for deferral may be denied. Should a request for deferral be denied, applicants must either accept the original offer or decline the offer within 7 days.

13.2.5 The SET Board Chair can approve deferral of commencement for a fixed period of one year.

13.2.6 Applicants who receive approval to defer the commencement of training will be guaranteed a training post at the start of the training year after their initial offer year.

13.2.7 Applicants are not permitted to apply for retrospective credit of clinical work undertaken during any period of deferral.

13.2.8 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical position.

13.3 Flexible Training

13.3.1 Applications for flexible training are governed by the RACS regulation: Trainee Registration and Variation.

13.3.2 Successful applicants who wish to be considered for flexible training must lodge a request to the SET Board at the time of acceptance of the offer.



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- 13.3.3 Applications for flexible training will be processed in accordance with the SET Training Program Regulations. While every effort will be made to accommodate flexible training requests, no guarantees can be provided. Where a flexible training request cannot be accommodated the applicant may either accept the full time training offer, defer for one year, or decline the offer.

14 RECONSIDERATION

- 14.1.1 An application for reconsideration or special consideration in relation to the Examination is not available through the RACS regulation: Reconsideration, Review and Appeal. This application must be made in accordance with the NSA Neurosurgery Anatomy Examination Special Consideration Policy available on the NSA website. Applications to use this policy must be made prior to or within 24 hours of presenting for the Examination.
- 14.1.2 An applicant dissatisfied with any other decision made in relation to these Regulations may apply to have the decision reconsidered (**Reconsideration**).
- 14.1.3 The Reconsideration will be processed in accordance with the RACS regulation: Reconsideration, Review and Appeal.
- 14.1.4 Applications for Reconsideration must be addressed to the Chair of the SET Board at set.neurosurgery@nsa.org.au and received within 7 days of the applicant being notified of the decision. Applications received outside this timeframe will not be considered.
- 14.1.5 In the interests of clarity, the release of each score which forms part of the selection process is the notification of a decision. Once the period to apply for Reconsideration of that score expires the score is final and the applicant cannot request a Reconsideration of that score at a later stage in the selection process.
- 14.1.6 At defined stages of the selection process a fixed number of applicants are shortlisted. Where a Reconsideration application is upheld, the SET Board may increase the number of shortlisted applicants to include the successful applicant if, following adjustment of their score, they would have ranked within the shortlist. Applicants already shortlisted will not be removed. Any increase in the number of shortlisted applicants under this clause does not constitute grounds for Reconsideration, Review, or Appeal by other applicants.

15 SELECTION PROCESS REVIEW

- 15.1.1 The SET Board will review the selection process on an annual basis and may consider feedback from applicants and other stakeholders as part of the process.
- 15.1.2 Applicants may be asked to complete an evaluation form/survey as part of the selection process.
- 15.1.3 Long term data will be kept and monitored as part of the review process including completion rates, withdrawal rates, performance levels and dismissal rates.
- 15.1.4 New selection tools may be developed and piloted during the selection process. Any data collected will not be used in the current selection process but may be used to analyse and validate the tool piloted.