



NEW ZEALAND ASSOCIATION
of Plastic Surgeons
Te Kāhui Whakamōhou Kiri



Royal Australasian
College Of Surgeons

2020 Training Regulations

New Zealand Surgical Education and Training in Plastic and
Reconstructive Surgery

Prepared by the New Zealand Board of Plastic and Reconstructive Surgery

Issued: January 2020

These Training Regulations supersede all previous versions

Contents

1. INTRODUCTION.....	4
1.1 Objectives.....	5
2. CURRICULUM	6
3. TRAINING ADMINISTRATION	8
3.1 Hospital Placement Guidelines	8
3.2 Trainee Performance Standards	8
3.3 Training Duration, Interruptions and Post Appointments.....	9
3.3.1 Training Duration	9
3.3.2 Deferral, Interruption and Flexible Training	9
3.3.3 Post Appointments	12
3.4 Absence from Training.....	12
3.5 Withdrawal from Training.....	12
4. MANDATORY TRAINING REQUIREMENTS.....	14
4.1 Courses.....	15
4.2 Direct Observation of Procedural Skills and Mini Clinical Evaluation Exercise.....	16
4.3 Examinations.....	19
4.4 Logbooks	20
4.5 Assessments.....	20
4.5.1 Performance Review Meetings between the Supervisor(s) and Trainee	20
4.5.2 Professional Performance Assessment (PPA).....	21
4.6 Unsatisfactory Performance	21
4.6.1 Unsatisfactory Performance During a Rotation.....	22
4.6.2 Unsatisfactory Performance at the End of Rotation.....	22
4.7 Probation for Unsatisfactory Performance.....	22
4.8. Accreditation of Clinical Training Term.....	24
4.9 Regional Training Obligations	24
4.10 Private/Aesthetic Session Attendance.....	24

4.11	Burns Rotation	25
4.12	SET Registrars Conferences and NZ Training Weekend	25
4.12.1	Australasian SET Registrars Conference	25
4.12.2	New Zealand PRS SET Training Conference	25
4.12.3	Other Courses and Meetings	26
4.13	PSEN Modules	27
4.14	Research Requirement.....	28
4.14.1	Research Criteria.....	28
4.14.2	Research Points.....	28
4.14.3	Publications.....	29
4.14.4	Presentations	30
4.14.5	Literature Review.....	31
4.14.4	CLEAR Course	32
4.14.5	Research Audit	32
4.14.6	Full-Time Research.....	32
4.15	Trainees Undertaking Formal Research.....	33
4.16	Accreditation of Time in Clinical Training Whilst Undertaking	34
4.16.1	Options for Postgraduate Surgical Research	34
4.16.2	Categories of Postgraduate Surgical Research	34
4.17	Supporting Documentation	35
5.	FELLOWSHIP APPLICATION	36
6.	DISMISSAL FROM TRAINING	37
6.1	Dismissal for Unsatisfactory Performance.....	37
6.2	Dismissal Committee	37
6.3	Failure to Complete Training Program Requirements	38
6.4	Failure to Comply with RACS Direction.....	39
6.5	Failure to Pay Outstanding Monies.....	39
6.6	Failure to Satisfy Medical Registration or Employment Requirements.....	39
7.	MISCONDUCT.....	40
8.	RECONSIDERATION, REVIEWS and APPEALS.....	41
9.	VARIATIONS	41
10.	HOSPITAL ACCREDITATION	41
11.	SUPERVISORS OF TRAINING.....	42
11.1	Supervisor of Training Responsibilities	42

11.2	Eligibility for Appointment as a Supervisor of Training	42
11.3	Training and Continuing Education.....	43
11.4	Method of Appointment or Reappointment	43
11.5	Tenure of Appointment	43
11.6	Trainers	43
12.	RECOGNITION OF PRIOR LEARNING (RPL)	44
13.	TRAINING CONTACTS AND TERM DATES.....	45
14.	LIST OF ABBREVIATIONS AND ACRONYMS	46
15.	FELLOWSHIPS AND SCHOLARSHIPS	48
15.1	The Emmett Prize.....	48
15.2	The Australasian Foundation for Plastic Surgery (the Foundation).....	48
15.3	Foundation Plastic and Reconstructive Surgical Research Grant	48

1. INTRODUCTION

The Royal Australasian College of Surgeons (RACS) is the body accredited to conduct Surgical Education and Training in Australia and New Zealand. RACS, via a Partnering Agreement, has delegated the administration of the training program in Plastic and Reconstructive Surgery (PRS) in New Zealand to the New Zealand Association of Plastic Surgeons (NZAPS).

The New Zealand Board of Plastic and Reconstructive Surgery (the Board) is responsible for the delivery of the Surgical Education and Training (SET) program for Plastic and Reconstructive Surgery. The Board is a RACS committee which consists of the following members, Chair, Deputy Chair, Senior Examiner (or nominee), Specialty Elected Councilor (or nominee), Supervisors of Training, President of NZAPS, an External Representative and a Trainee Representative. Supervisors of Training are appointed by RACS on the advice of the Board and the respective training unit. This is an official position with defined training duties. Trainees elect a fellow Trainee to act as their representative on the Board. This representative is appointed for a term of two years and reviewed annually. The External Representative is appointed on the recommendation of RACS.

The Board is responsible for the day-to-day administration of SET in PRS. The Board carries out the following responsibilities through the NZAPS office:

- Maintaining a file for each accredited Trainee
- Maintaining a current database with contact details and hospital placement for each Trainee
- Maintaining a list of hospitals with accredited training posts, specifying the number of accredited posts and unit inspection data (inclusive of history, caseload and case mix)
- Maintaining information on inspections and the Supervisors of Training (Supervisor)
- Determining the criteria for selection into the SET program in PRS New Zealand
- Liaising with jurisdictions regarding hospital placement for accredited PRS Trainees
- Provision of Trainee supervision
- The development and review of curriculum in conjunction with the Court of Examiners and the Oversight Committee
- The development of tutorial programs
- Guiding Trainees to and approving presentation for the required examinations
- Developing, implementing and monitoring cultural safety, sensitivity and competence in SET Selection, training and in training units.

RACS supports the Board in the following areas:

- Issuing of Trainee invoices
- Examinations and skills courses
- Managing hospital accreditation
- Administering the SET Selection process for Plastic and Reconstructive Surgery New Zealand
- Handling disputes and appeals that cannot be resolved at Board level

1.1 Objectives

The objectives of the training program are to build on the strengths of Trainees and develop high level competencies in PRS. At the completion of the SET program, graduates are expected to be highly skilled and professional Plastic and Reconstructive Surgeons who communicate well with patients and hospital staff, who are tolerant, compassionate and prepared to put something back into both the professional and wider communities.

2. CURRICULUM

The curriculum for Surgical Education and Training in Plastic and Reconstructive Surgery has been developed with a view towards competency based training and provides guidance on the knowledge and skills expected at various stages of training. The curriculum consists of three sections:

Section 1: Core Knowledge

Section 2: Plastic and Reconstructive Surgery Competencies

Section 3: Essential Surgical Competencies

Section 1: Core Knowledge

This section articulates the core knowledge required for all plastic surgery trainees to progress through training and will initially be assessed by the Plastic and Reconstructive Surgical Principles (PRSSP) Exam. This core knowledge has been further developed in each of the topic areas within Section 2 of the curriculum and will be assessed in greater depth in the clinical content of the Fellowship Examination.

Section 2: Plastic and Reconstructive Surgery Competencies

This section comprises the following topic areas of plastic and reconstructive surgery:

- Malignancies of Skin and Soft Tissue
- Other Skin and Soft Tissue and Cold Injury
- Aesthetic Surgery
- Craniomaxillofacial
- Head and Neck
- Hand and Upper Limb
- Breast Reconstruction
- Chest, Trunk and Perineum
- Lower Limb Trauma and Reconstruction.

Medical Expertise, Clinical Judgment and Decision Making are also documented in this section.

For each topic area the competencies have been grouped according to the stage of training; Early (SET 1-2), Mid (SET 3-4) and late (SET 5) and it is expected that the majority of trainees will have achieved the relevant competencies by the end of the corresponding stage of training.

Section 3: Essential Surgical Competencies

Essential Surgical Competencies addresses the key competencies identified by RACS that are expected of trainees at the time of selection and are further developed during training.

Each training unit may have a different emphasis or mode of teaching but the standardized curriculum ensures that each Trainee acquires the minimum level of knowledge and skills against which they will be finally assessed to obtain Fellowship in PRS.

3. TRAINING ADMINISTRATION

Trainee registration is outlined in RACS's Trainee Registration and Variation policy which is accessible on the RACS website and in these Regulations.

RACS is responsible for invoicing and collection of fees. Enquiries relating to fees are to be submitted to SET Enquiries via email SETenquiries@surgeons.org.

3.1 Hospital Placement Guidelines

- Placements for the forthcoming year will be determined by the Board at their June meeting
- No Trainee may spend more than 2 years in their SET 2-5 program in any one unit
- SET 4 and 5 Trainees will have priority in their placement requests
- Where available SET 4 and 5 Trainees will have the option of spending their last 2 years in one unit
- Trainees will be assigned to one training unit for SET 1 and SET 2
- There can be reasonable discussion and negotiation amongst Trainees regarding placements but no undue coercion
- Reasonable consideration should be given to ensuring a spread of experience amongst the units consistent with reasonable manpower requirements
- Training requirements for individual Trainees must be satisfactorily addressed.

3.2 Trainee Performance Standards

PRS Trainees are expected to:

- Complete all aspects of the SET training program
- Undertake all the duties associated with being a PRS Trainee conscientiously and with initiative
- Assimilate, assess and evaluate knowledge in order to apply it to the care of patients
- Have a commitment to self-improvement through ongoing self-directed learning and realistic self-assessment
- Be able to exercise sound clinical ability and judgment in a wide range of clinical settings
- Have the capacity to undertake complex work
- Demonstrate an appropriate degree of surgical dexterity
- Be able to communicate effectively and appropriately with colleagues, allied health care workers and members of hospital administration
- Have the ability to cope under pressure, managing a demanding workload in stressful situations
- Be able to work with colleagues in other branches of medicine in order to contribute PRS information to the management of patients with multiple medical problems

- Be interested in supporting and participating in the training of medical students, nurses and other PRS Trainees
- Be tolerant, understanding and compassionate when interacting with patients
- Demonstrate high ethical and moral standards in all interactions with patients, patients' relatives, colleagues and members of hospital administration
- Always be aware of their personal and professional limitations when managing patients and be able to recognize when to seek help and guidance from more experienced personnel
- Understand the responsibility assumed by a PRS surgeon in meeting the health and welfare needs of the community
- Participate collaboratively with peers in on-call rosters as specified by their individual employers.

3.3 Training Duration, Interruptions and Post Appointments

3.3.1 Training Duration

Trainees begin training at SET 1 and are required to satisfactorily complete five years of SET in PRS. Trainees will have a maximum of nine years from the time they are accepted onto the program in which to complete SET in PRS. Approved interruptions due to medical reasons (illness, family leave) shall not be included in the calculation of the maximum period of training. Trainees may be required to participate in training rotations in all available training units within New Zealand.

The recognition of appointments to accredited Australian plastic and reconstructive surgery posts or the conducting of formal research during SET training requires prospective application and approval by the Board.

3.3.2 Deferral, Interruption and Flexible Training

All applications for deferral, interruption or flexible training should be addressed to the Board in writing and forwarded to the Executive Officer Training for consideration by the Board at scheduled Board meetings.

Deferral of training

- Applications for deferral must be made at the time of accepting a position on the SET program. Trainees who have already commenced the SET program cannot apply for deferral but may apply for interruption of training.
- The Board may approve deferral of commencement of SET training by a fixed period of up to one year based on a consideration of the reasons for the request and logistical considerations.
- In exceptional circumstances the Board may approve a variation in excess of one year if it can be demonstrated that the varied period will not result in another applicant being

prevented from commencing training, and that any resulting vacancy is supported by the training hospital.

- Where a period of deferral in excess of one year is granted the maximum period of completion will be reduced by the amount of the extra time granted for deferral.
- Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.
- An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

Interruption of Training

- A Trainee who has commenced the SET program in PRS may apply for an interruption which is a period of approved absence from the program.
- With the exception of leave for medical or family reasons, Trainees cannot apply for leave in the first six months of their training program.
- Applications for interruption for non-medical reasons must be made to the Board at least six months prior to the commencement of the planned period.
- Applications for interruption for medical or family leave can be applied for at any time, if supported by medical evidence.
- Applications for interruption must be for periods of multiples of six months.
- The minimum period of interruption from training is six (6) months.
- When considering a request for interruption the Board will take into account the reasons for the request, the Trainee's progress to date and logistical considerations. In order to minimize vacancies on the training program and to not disadvantage other Trainees and applicants, the Board may require the period of interruption to be greater than that applied for.
- Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- Being on interruption from training does not preclude the Trainee from continuing in employment.
- Any Trainee returning to the training programme is to have a formal meeting with their Supervisor to develop a Learning Action Plan (LAP) and agree on an appropriate duration for the plan to ease transition into the training programme.
- Following a period of interruption the Board may apply a period of assessment to allow the Trainee to demonstrate their level and currency of skills. Professional Performance Assessments, DOPS and mini-CEX may be used to determine competency. The Board may extend the Trainee's program duration beyond five years within the maximum time of nine years or apply additional training conditions.

Flexible Training

Flexible Training is training undertaken on less than a full time equivalent basis (FTE), but no less than 50% of FTE in any one year when the Trainee is present every week.

- The overall duration of the training program must not exceed the maximum time for completion.
- Applications are to be received by 30 April, of the year prior to taking leave to coincide with Board meetings and hospital allocation decisions.
- Applications for Flexible Training will be considered by the Board on a case by case basis and will take into consideration the reasons for the request, the Trainee's progress to date and logistical considerations. In order to minimize vacancies on the training program and to not disadvantage other Trainees and Applicants, the Board may require the period of Flexible Training to be greater than that applied for.
- Flexible Training cannot be undertaken in SET 1 and is not recommended to be taken in SET 5.
- Trainees approved for Flexible Training will be registered with RACS for that period as completing Flexible Training and will be required to pay an applicable pro rata training fee in accordance with the RACS Surgical Education and Training Fee policy.

The following matters are relevant to, and will be considered, by the Board in relation to each application for Flexible Training:

- Trainee must have a satisfactory PPA immediately prior to application for Flexible Training.
- Trainee cannot be on probation during the term immediately prior to Flexible Training commencing.
- One year of Flexible Training is equivalent to six months accredited time. Flexible Training can only be approved in blocks of twelve (12) months, unless exceptional circumstances are presented to the Board. Training time is accredited in six (6) month blocks for Flexible Training equivalency.
- Time accredited would be 0.5 FTE and if training position is shared with another SET Trainee, the shared training time must an equal split of time over a 6 month rotation
- Trainees granted approval to undertake a period of Flexible Training must meet all requirements of training equivalent to full time training. This includes the completion and submission of all relevant In Training Assessments. Flexible Training Trainees are required to complete Formative and Summative Assessments at the same time and frequency as full time Trainees and will be required to complete three-monthly assessments, with the six-month assessment being equivalent to a Mid-term and twelve-month assessment being the End of Term.
- Trainees approved for a period of Flexible Training are required to participate in pro rata surgical teaching programs.
- Applicants will be eligible to apply at all training units that offer Flexible Training as an

employment option with the following exclusions:

- Waikato Hospital unless there are two full time SET trainees present and no trainees under probation
- Middlemore Hospital – trainees cannot be on Flexible Training while on a Burns or Orthopaedic Hand Surgery rotations.

3.3.3 Post Appointments

Trainees are selected to the SET program with a recommendation as to the hospital post they should apply for. The employment process is the responsibility of the hospital authorities. It is the Trainee's responsibility to apply for the recommended hospital post and complete all the employment requirements. If a Trainee fails to gain employment the Trainee would be placed on interruption by the Board until a suitable placement can be arranged. Refer clause 6.6 of these Regulations.

3.4 Absence from Training

The Board allows a maximum of 30 days absence from training in any six months rotation. Periods beyond this may result in the term not being accredited towards training. This includes vocational leave entitlements. Leave taken to attend the SET 1 and SET 2-5 Registrar's Training Conference and the NZ Training weekend are not counted within the 30 days absence from training.

Trainees are entitled to all annual and study leave in accordance with the relevant MECA Award. Trainees must also ensure that leave is taken in accordance with their individual employment contract. Trainees are not required to make cover arrangements.

Leave Prior to the Examinations

Trainees are requested to consider proper planning and preparation for examinations and to avoid taking excessive leave immediately prior to presentation. Extended absences complicate proper assessment and negatively impact other Trainees. Trainees are also encouraged to discuss examination preparations with Supervisors of Training.

3.5 Withdrawal from Training

Trainees who wish to withdraw from the New Zealand Plastic and Reconstructive Surgery Training Programme must notify the Board in writing and this should include the effective date of withdrawal from training.

- For trainees who are in good standing and who have satisfactory PPAs the withdrawal from training would ideally be effective from the conclusion of the current rotation.
- For trainees who have unsatisfactory PPAs, who are on probation or suspended from training or in exceptional circumstances; the withdrawal can occur during a rotation with a recommended minimum 6 week notice period.

- The Trainee who withdraws without sufficient notice will not be considered in good standing except in exceptional circumstances at the discretion of the Board.
- Trainees who resign from a training position without prior approval from the Board will be treated as withdrawn from the Plastic and Reconstructive Surgery Training programme. The Board will confirm the withdrawal by writing to the Trainee, the Supervisor of Training and the Training Unit.
- The Trainee who withdraws while on probation or under review for dismissal will not be considered in good standing.
- Trainees should contact their Supervisor of Training for advice, support and assistance before resigning from SET and employment.

The Employer is responsible for management of a trainee who has withdrawn from training once notice of withdrawal is accepted.

4. MANDATORY TRAINING REQUIREMENTS

Summary of Training Requirements					
	SET 1	SET 2	SET 3	SET 4	SET 5
• 4 x Performance Review Meetings (More may be required. Refer to section 4.5)	✓	✓	✓	✓	✓
• 4 x PPAs	✓	✓	✓	✓	✓
• 2 x Logbooks	✓	✓	✓	✓	✓
• 2 x DOPS	✓	✓			
• 2 x mini-CEX	✓	✓			
• Australasian PRS Registrars Conference	✓	✓	✓	✓	✓
• New Zealand Training Weekend	✓	✓	✓	✓	✓
• Clinical	-- before end of SET 2 --				
• PRSSP	----- before end of SET 4 -----				
• Fellowship					✓
• ASSET	✓				
• CCRISP	✓				
• EMST	✓				
• EMSB	-- before end of SET 2				
• TIPS	----- before end of SET 3 -----				
ASPS EDNET					
• Module 1	✓				
• Modules 2-6	----- before end of SET 3 --				
• Modules 7-8	----- before end of SET 4 -----				
Burns Rotation	----- before end of SET 5 -----				
Research	✓	✓	✓	✓	✓

4.1 Courses

Trainees are required to complete skills courses during SET in PRS.

The following courses must be undertaken prior to the completion of SET 1 and progression to SET 2 is dependent on their successful completion. Information about these courses is available on the RACS website:

- [Australian and New Zealand Surgical Skills Education and Training \(ASSET\)](#).
- [Care of the Critically Ill Surgical Patient \(CCrISP\)](#).
- [Early Management of Severe Trauma \(EMST\)](#).

The following course is presented by the Australia and New Zealand Burn Association (ANZBA) and must be undertaken prior to the completion of SET 2 and progression to SET 3 is dependent on successful completion of the course. Information about this course is available on ANZBA's website:

- [Emergency Management of Severe Burns \(EMSB\)](#).

The following course, presented by RACS, must be completed by all PRS SET Trainees who commence training from December 2018. This course must be completed prior to the completion of SET 3 and progression to SET 4 is dependent on successful completion of the course. All current trainees are encouraged to attend the course.

- [Training in Professional Skills \(TiPS\)](#)

4.2 Direct Observation of Procedural Skills and Mini Clinical Evaluation Exercise

Direct Observation of Procedural Skills (DOPS) and Mini Clinical Evaluation Exercise (Mini-CEX) are formative assessments that are mandatory for all SET 1 and SET 2 Trainees and must be carried out once per rotation. The Board recommends that Trainees take advantage of this feedback opportunity beyond the minimum requirement as it generates significant feedback, provides a record of performance and involves a minimal time burden. On completion of every assessment the form must be discussed with and signed by the SoT before submission to the Executive Officer Training, NZAPS office.

- DOPS and mini-CEX are Trainee-initiated with the Trainer as the observer.
- Trainers must have completed SATSET training, OWR e-Module and the FSSE course to participate in this assessment.
- The Trainee or Supervisor(s) of Training selects the procedure to be observed and the Trainer to observe.
- The procedure should be appropriate to the level of experience of the Trainee.
- The Trainee will meet with the Trainer prior to the procedure and provide the DOPS or mini-CEX form. The Trainer will refer to the form as a guide and indicate performance based on the scale provided. Trainees who undertake a non-PRS surgical rotation must complete the DOPS or mini-CEX form relevant to the other specialty.
- The Trainee should inform the patient that the Trainer will be observing and evaluating the procedure and request permission for this from the patient.
- The Trainee and Trainer will meet following the procedure to discuss the Trainee's performance. The Trainer will provide performance feedback and answer any questions that the Trainee may have. This process often takes no longer than five minutes.
- If a Trainee's performance on a procedure is considered unsatisfactory, the Trainee must repeat the assessment monthly until a satisfactory outcome is observed or the rotation is completed.
- Multiple assessments may be used to capture performance on lengthy procedures.
- Trainees keep a copy of DOPS or mini-CEX forms and forward originals or a clear scanned copy to the Executive Officer Training.

A DOPS assessment can be applied to the following list of procedures (additional procedures may be assessed using DOPS if considered appropriate by the Trainer).

Master List of PRS DOPS	
Group	Procedure
Cosmetic	Blepharoplasty Fat Graft
Craniomaxillofacial	Application of IMF/arch Bars Fractured Zygoma Orbital Floor Fracture
Facial Soft Tissues	Abbe Flap Ear Wedge Eyelid Wedge Lip Wedge Suture Full Thickness Lip Laceration
Hand and Upper Limb	Carpal Tunnel Release Closed Reduction Hand # with k wire and splint or cast Dupuytren's Contracture Ganglion Nail Bed Repair Nerve Repair ORIF Hand # Tendon Repair Trigger Finger Release
Lower Limb and Foot	Leg Ulcer Management Skin Cancer Lower Leg
Paediatric	Accessory Digit Removal Excision and Closure of Naevus Excision Angular Dermoid Otoplasty Paediatric Hand Trauma Case Preauricular Skin Tag Removal
Skin and Integument	Harvest FTG Harvest SSG Local Flap Local Skin Flaps

The clinical exercises in the following list can be assessed using the mini-CEX form (additional exercises may be assessed using the mini-CEX form if considered appropriate by the Trainer).

Master List of Mini-CEX Exercises	
Group	Procedure
Cosmetic	Any Aesthetic Case
Craniomaxillofacial	Examination of Facial Fracture Rhinectomy and Nasal reconstruction
Facial Soft Tissues	Eyelid Reconstruction Lip Reconstruction
Hand and Upper Limb	Carpal Tunnel Syndrome Dupuytren's Ganglion/Hand Lump
Head and Neck	Examination of the Head and Neck Facial Palsy
Lower Limb and Foot	Leg Ulcer Diabetic Foot Ulcer Soft Tissue Defect Lower Limb
Paediatric	Cleft Lip or Palate Otoplasty Pigmented Lesions Vascular Malformations
Skin and Integument	Assessment and Management of Burns Skin Cancer/Lesions Diagnosis and Management (any site) Pressure Sore
Trunk, Perineum, and Breast	Abdominoplasty Breast Reconstruction Breast Reduction

4.3 Examinations

Trainees are required to complete the following examinations. Information about these examinations is available on the RACS website. Trainees are responsible for checking examination dates on the RACS website and registering within the appropriate timeframe:

- [Clinical Examination \(CE\)](#)
- [Plastic and Reconstructive Surgical Sciences and Principles Examination \(PRSSPE\)](#)
- [Fellowship Examination](#)

The **CE** examination must be sat within SET and passed either within the first two active years of training or within four attempts (whichever occurs first). Trainees who have not passed within the stipulated timeframe will be dismissed from the SET program.

The purpose of the **PRSSPE** is to ensure that Trainees are equipped with knowledge of the basic sciences relevant to PRS early in their SET. This will help maximize the benefit of clinical and academic experiences available during SET. Trainees should sit the PRSSPE at the first opportunity after passing the CE examination or after successful completion of the first year of SET. Trainees must pass this examination by the end of SET 4 or within four attempts (whichever occurs first). If the PRSSPE is not passed within the stipulated timeframe the trainee will be dismissed from the SET programme.

The **Fellowship Examination** includes written questions, long and short case clinical examinations, vivas in surgical anatomy, applied anatomy, operative surgery and pathology.

SET PRS Trainees can present for the Fellowship Examination in SET 5. Trainees who are SET 4.2 in Rotation 1 can apply to present for the May Fellowship Examination. Trainees may be considered for the Fellowship Examination based on their performance at the end of SET 4.

Trainees are to have a satisfactory PPA immediately prior to final sign-off to sit their exam.

The Board is responsible for determining whether a Trainee has met all training requirements, listed in Section 4 of these Regulations, to sit the examination. Applications to present for the Fellowship Examination are confirmed by the Board at the February and November Board meetings.

4.4 Logbooks

The Board requires that all Trainees maintain a logbook of their surgical experience. The operative logbook provides details about the Trainee's level of supervised and independent surgical operative experience.

All surgical procedures must be entered online via RACS's [Morbidity Audit and Logbook Tool \(MALT\)](#). Trainees must enter information on all procedures and must be entered within two weeks of it being done. All logged procedures are to be entered for each term prior to the Professional Performance Assessment and will be reviewed and discussed with the Supervisor(s) of Training during the Professional Performance Assessment. The logbook must be signed and dated by both the Trainee and the Supervisor as an accurate record of the operative experience gained. Trainees are required to keep a copy of their logbook for their training portfolio.

Falsification of logbook data will constitute misconduct.

Information on accessing and using MALT is available on the RACS website. The MALT team can be contacted for assistance by phone +61 8 8219 0900 or e-mail malt@surgeons.org.

4.5 Assessments

The assessment of a Trainee's performance by the Supervisor of Training is fundamental to their continuing satisfactory progression through the SET program.

4.5.1 Performance Review Meetings between the Supervisor(s) and Trainee

Supervisors of Training will formally review Trainee performance at the middle and at the end of each surgical term. Additional review meetings will be necessary when Trainees return from an interruption to training, or when a Learning Action Plan or Performance Management Plan is activated.

- Formal performance review meetings are arranged by the Trainee two weeks prior to the middle and end of each rotation and must take place before the end of the rotation.
- Where unsatisfactory performance is identified during the term refer to section 4.6.
- The Trainee must take a summary report of their surgical logbook, a PPA form and evidence of completed PSEN modules to the meeting where they will be discussed and the PPA form completed.
- Trainees must keep a copy of the logbook summary and completed PPA form for their training records and are responsible for forwarding a copy of the first two pages of the completed PPA form to the Executive Officer Training no later than two weeks after the end of rotation or by the communicated date. An email of a scanned copy is acceptable.

4.5.2 Professional Performance Assessment (PPA)

The PPA is a tool used by Supervisors for the assessment of Trainees and should reflect consensus opinion of Consultants in a unit.

PPAs outline the competencies to be assessed and provide a grade of Not satisfactory, Borderline, Satisfactory and Well above average for each competency. Each grade reflects a different level of skill and performance. The summative grade of satisfactory indicates the expected performance for the trainee's SET level has been achieved.

A grade of Borderline in any one competency will result in a Learning Action Plan being formulated to improve performance in that competency. The Board Chair will be notified of the action taken.

The PPA should reflect the expected level of skill and performance for the Trainee's particular year of training. The Supervisor will indicate whether or not the term was successful overall. Unsatisfactory terms will lead to disaccredited training periods, probation, and possible dismissal from the SET program.

Unsatisfactory performance is defined as:

- a grade of borderline in two or more competencies
- a single grade of not satisfactory in any competency

The PPA form should be completed during the performance review meeting and signed by ONLY the Supervisor and the Trainee. The completed assessment should reflect the discussions held during the performance review meeting. The form must be **dated** and the Supervisor and Trainee must complete the front cover including completion of mandatory requirements, absence from the training programme and if the logbook has been sighted and approved.

Signing the assessment report confirms it has been discussed but does not necessarily signify the Trainees' agreement with its content.

4.6 Unsatisfactory Performance

The Supervisor is responsible for notifying the Board of unsatisfactory performance of a Trainee as soon as practical. This can occur at any time and does not need to wait until formal assessments at the mid and end of term.

Should a Trainee present as being in difficulty or should unsatisfactory performance be identified, the Supervisor (s) will schedule a meeting with the Trainee as soon as possible following the identification of the performance deficiency to discuss.

The Supervisor (s) will appropriately and constructively counsel the Trainee. If this meeting does not resolve the concern of underperformance, performance management will be initiated. The action taken will depend on if underperformance is identified during rotation or at the end of the rotation.

4.6.1 Unsatisfactory Performance During a Rotation

If the meeting occurs during the rotation i.e. before the end of rotation PPA form has been completed, a performance review meeting will be held within 10 working days of the initial meeting. Areas of underperformance are to be discussed, a PPA form completed and a **Learning Action Plan** (LAP) developed. Both the PPA form and LAP are to be signed by both parties.

The Trainee is responsible for forwarding the completed PPA form and Learning Action Plan to the Executive Officer Training within one week of the meeting.

4.6.2 Unsatisfactory Performance at the End of Rotation

Where an end of rotation PPA form identifies unsatisfactory performance, as defined in section 4.5.2 of these regulations, the Trainee will be placed on probation and the training rotation will not be accredited.

4.7 Probation for Unsatisfactory Performance

Where a PPA form identifies unsatisfactory performance, the Supervisor must advise the Chair of the unsatisfactory performance in writing within one week of the performance meeting, informing of the areas of underperformance. The Board Chair must formally notify the Trainee, copied to the Supervisor(s) and the relevant Head of Department that the rotation is unsatisfactory and probationary status has been applied. Such notification should include:

- Identification of the areas of unsatisfactory performance
- Identification of the required standard of performance to be achieved
- Notification of the duration of the probationary period
- The frequency at which performance meetings must occur
- Possible implications if the required standard of performance is not achieved.

A probationary performance review meeting for an unsatisfactory rotation is to be held with the Trainee and is to include the Supervisor(s) of the unsatisfactory rotation, and the Supervisor(s) of the next rotation (where appropriate). This meeting should occur within two weeks of the assessment meeting where the unsatisfactory rotation was identified.

Based on the notification from the Chair and the assessment meeting, the Trainee is to prepare a remedial Performance Management Plan (PMP) for discussion and approval by the Supervisor(s). The PMP will be finalized at the performance review meeting and signed by all parties.

The probationary period should be no less than three months and no more than six months. During the probationary period the Trainee's performance is to be regularly reviewed by the Supervisor(s) of Training with the Trainee. The Trainee should be offered constructive feedback and support. **A Trainee on probation is responsible for organising monthly probationary meetings during their probationary period.** At these meetings the PMP must be updated and a PPA form completed. These forms are to be signed by both the Supervisor(s) and the Trainee and submitted to the Executive Officer Training by the Trainee.

The Executive Officer Training should attend all performance meetings during the period of probation, either in person or via teleconference, for the purpose of minute taking. Minutes of performance meetings must be signed by all parties as confirmation that they are an accurate record of the meeting. Signed minutes should be returned to the Executive Officer Training within five working days.

The end of rotation assessment in a probationary term may be conducted within the final four weeks of the rotation.

If, at the end of the rotation, the Trainee's performance has improved to the required standard the probationary status must be removed.

If the required standard has not been met by the end of probationary term, the term will be assessed as unsatisfactory and will not be accredited as training time. Should a probationary term be assessed as unsatisfactory, the Trainee may be suspended from the training programme for six months pending a review by the Board. The period of suspension will not be counted in the maximum time period permitted to complete the training requirements should the Trainee return to the training programme. The Board may review the trainees continued participation on the training program in accordance with these regulations (refer section 6)

4.8. Accreditation of Clinical Training Term

An accredited clinical term is six months full time continuous rotation within the terms dates specified in Section 13 of these Regulations; or 12 months flexible training which is equivalent to 6 months full time training. Exceptions to this may be obtained by applying for pre-approval from the Board or under exceptional circumstances presented to the Board.

A clinical term will be recorded as satisfactory when the PPA form and logbook have been submitted by the required due date and all other training requirements satisfy the Board's standards.

A clinical term will be recorded as unsatisfactory when:

- 4.8.1 A PPA form or logbook is not submitted by the due date or in accordance with instructions from the Board.
- 4.8.2 When a PPA form or logbook does not satisfy the Board standards (refer section 4.5.2).
- 4.8.3 If absence from training exceeds 30 working days in any six month term (or pro-rata).

If a clinical term has been recorded as unsatisfactory, the term will not be accredited and extension of training will be required. The length of the extension will be determined by the Board. If the term has been deemed unsatisfactory due to 4.8.2, the process for probation will be followed.

If a Trainee has taken in excess of 30 working days absence during the term, the Supervisor must notify the Chair.

If a term is recorded as unsatisfactory due to 4.8.1 or 4.8.3, the Chair will advise the Trainee in writing that the term has been unsatisfactory, and the term is not accredited.

Where a Trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with the SET level prior to the interruption, the Board may record the term as "not assessed". Trainees may be provided with a Learning Action Plan to return competency to the required standard.

4.9 Regional Training Obligations

Trainees are strongly encouraged to attend regional teaching sessions. If Trainees encounter any conflict of timetables with teaching sessions they are to bring it to the attention of their Supervisor

4.10 Private/Aesthetic Session Attendance

It is recommended (but not mandatory) that private aesthetic practice attendance is set at a minimum of 1 full day (2 sessions) per Trainee per month.

4.11 Burns Rotation

It is mandatory that during SET the trainee will do a six month rotation in burn surgery in the National Burn Centre, Middlemore Hospital or equivalent experience to be approved by the Board Chair.

4.12 SET Registrars Conferences and NZ Training Weekend

4.12.1 Australasian SET Registrars Conference

The annual Australasian SET Registrars Conference is usually one week in duration and is typically held in March. The venue rotates around training centres of Australia and New Zealand. Full attendance is compulsory for SET 2 to 5 Trainees. SET 1 Trainees must attend a separate annual SET 1 training event. The majority of the course curriculum will be covered over a three year period, in a format determined by the conference convener.

- Trainees who are training overseas at the time of the conference are not required to attend. These Trainees are encouraged to attend training events within their host country.
- Trainees who have passed the Fellowship exam are not required to attend the Registrars Conference.

Trainees are encouraged to attend all SET 2-5 conferences and a minimum attendance at three conferences is expected in addition to attendance at the SET 1 Conference. Trainees who have not yet completed the Fellowship Examination should attend the SET 2-5 Conference. Non-attendance at an Australasian SET conference requires prior approval of the Supervisor of Training.

4.12.2 New Zealand PRS SET Training Conference

Trainees are also required to attend the annual New Zealand PRS SET Training Conference.

All Trainees are required to present a research paper at this event. These presentations will be awarded one point based on criteria detailed in section 4.13 (Research Requirement) of these Regulations. The best of these papers will be selected for competition at the Australasian SET 2-5 Registrars Conference where prizes are awarded for the best clinical and research presentations. Presentations are seven minutes in length with two minutes for questions.

A SET 5 trainee who has satisfactorily completed the research component of their training requirement may apply to the Board Chair for exemption from presenting a research paper. Requests for exemption are to be forwarded to the Chair via the Executive Officer Training.

The judging panel will forward to the Chair a summary of the presentations submitted, presenters and the scores for each presentation within two weeks of the training conference.

4.12.3 Other Courses and Meetings

The courses and meetings listed below are of educational significance and attendance should be encouraged but they are not mandatory:

- ACS Annual Scientific Congress
- NZAPS Annual Scientific Meeting
- PSC
- The Meeting – American SPS
- ANZBA Annual Scientific Meeting
- NZ Hand Society Meeting
- Australian Hand Society Meeting
- ANZHS
- British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)
- European Association of Plastic Surgeons (EURAPS)
- Australian Society of Aesthetics Plastic Surgeons ASAPS
- International Federation of Societies of Surgery of the Hand
- Melanoma Summit

4.13 PSEN Modules

The Plastic Surgery Education Network (PSEN) is a quality learning tool that is available to all New Zealand Plastic and Reconstructive Surgery SET Trainees. Trainees will have access to the PSEN from SET 1.

It is a mandatory requirement for PRS SET Trainees, who entered the SET program in December 2014 or later, to complete all of the online PSEN Modules prior to application to sit the Fellowship Examination.

- Modules can be accessed at <https://ednet.plasticsurgery.org/> under Resident Education Center.
- There are a total of EIGHT modules – Module 1 is required to be completed by the end of SET 1, Modules 2 to 6 are to be completed by end of SET 3, and Modules 7 and 8 are to be completed by the end of SET 4 and prior to sitting the Fellowship Examination. It is noted that although some components of Module 8 (Non-Clinical) are not applicable to the NZ health system, this module should nevertheless still be completed. Failure to complete the required number of modules in the above time frame will result in failure of the term.
- Trainees will have the opportunity to discuss any completed PSEN modules at their Performance Review Meetings. Trainees must keep a copy of their completed modules and forward to their Supervisor of Training for discussion at the meetings.
- Supervisors will approve satisfactory completion of modules on the Professional Performance Assessment (PPA) form.
- A criterion of approval to sit the Fellowship Examination is that all modules are completed.

Module	To be completed by
1.Core Surgery	End of SET 1
2.Plastic Surgery of the Head & Neck	End of SET 3
3.Plastic Surgery of the Upper Extremity	End of SET 3
4.Plastic Surgery of the Breast	End of SET 3
5.Plastic Surgery of the Trunk	End of SET 3
6.Plastic Surgery of the Lower Extremity	End of SET 3
7.Aesthetic Surgery	End of SET 4
8.Non-Clinical	End of SET 4

4.14 Research Requirement

Trainees must achieve four research points during their training.

4.14.1 Research Criteria

Research activities must satisfy the following criteria:

1. The work has been undertaken during SET in PRS. This excludes research undertaken prior to gaining entry onto the SET program.
2. The topic of research must be one of relevance to PRS. The decision on relevance is at the discretion of the Board.
3. The work has to be undertaken in a hospital or institution located in New Zealand.
4. The Trainee has to have been primarily responsible for initiating, executing and preparing the body of work submitted (i.e. primary author).
5. One research topic will be awarded points once.
6. The credit worthiness of research submitted for points is at the discretion of the Board.
7. Trainees must submit a completed Research Approval Form and supporting comprehensive evidence of research activities to the NZAPS office, once it is available. Evidence can be in the form of an event program, publication acceptance, or a letter from a research supervisor.

Research activities can be categorized as:

- Publication
- Presentation Oral /Poster
- Research Audit
- Full-time research study with enrolment in a higher degree

4.14.2 Research Points

Publications	<u>Points</u>
Publications	- maximum of 3 points
Book chapter	- eligible for 2 points
Presentation Oral/Poster	
Presentation at national meeting	- eligible for 1 point
Presentation at international meeting	- eligible for 2 points
Presentation at NZ Training Weekend is mandatory and if presentation is of a high enough standard, the trainee will be eligible for a research point	- eligible for 1 point
Literature Review	- eligible for 1 point
CLEAR Course (if completed within SET Training)	- eligible for 1 point
Research Audit	- eligible for 1 point
Full time research study with enrolment in a higher degree	- maximum of 5 points

4.14.3 Publications

Publications including book chapters may be submitted for research points. Letters to the editor are not considered publications and are therefore ineligible for submission.

Publications will be judged on the following criteria:

1. Publication in a recognized, peer reviewed, PRS journal. Other non-PRS journals may be considered for assessment of research points if the journal has an impact factor greater than 2.5 in the most current standings (see Journal Impact Factors).

List of Accepted PRS Journals

Aesthetic Plastic Surgery,
Aesthetic Surgery Journal,
Annals of Plastic Surgery,
Archives of Facial Plastic Surgery,
Australasian Journal of Plastic Surgery (AJOPS)
The Breast Journal,
Clinics in Plastic Surgery,
European Journal of Plastic Surgery,
Hand,
Journal of Craniofacial Surgery,
Journal of Hand Surgery (European),
Journal of Hand Surgery (US),
Journal of Plastic Reconstructive and Aesthetic Surgery (formerly British Journal of Plastic Surgery),
Journal of Plastic Surgery and Hand Surgery,
Ophthalmic Plastic and Reconstructive Surgery,
Oral and Maxillofacial Surgery (British),
Plastic and Reconstructive Surgery,
Scandinavian Journal of Plastic and Reconstructive and Hand Surgery,
ANZ Journal of Surgery,
Burns, Journal of Burn Care and Research, Microsurgery.

2. Quality of work based on level of evidence:

<p>Level 1 Prospective randomised comparative controlled clinical trial</p> <p>Level 2a Prospective comparative trial e.g. cohort or case - control</p> <p>Level 2b Retrospective comparative trial cohort, outcomes based</p> <p>Level 3 Case series or case report</p> <p>Level 4 Expert opinion, descriptive studies, Committee report</p>
--

3. Original laboratory-based scientific research.

A **maximum of 3 points** will be awarded to a high level PRS publication e.g. prospective comparative clinical trial published in the journal Plastic and Reconstructive Surgery.

4.14.4 Presentations

Oral presentations

For submission, an oral presentation accepted at the following scientific meetings may be considered for the allocation of research points, providing:

- The Trainee must be listed as the primary author
- The topic of the presentation must be related to PRS
- The Trainee must provide documentation e.g. program or abstract and letter of acceptance from scientific committee

Accepted Conferences

Annual Scientific Meeting of RACS

Plastic Surgery Congress (ASPS)

NZAPS ASM

AHSS

ASAPS (Australian)

Australasian Cleft Lip and Palate Association

Australian Hand Surgery Society

Australian & New Zealand Head and Neck Cancer Society

Australian & New Zealand Burns Association

New Zealand Society for Surgery of the Hand

Pacific Island Surgeons Association (PISA) (on application)

A **maximum of two points** are to be awarded for an oral presentation satisfying the above criteria.

One point is awarded for a PRS paper presentation at a New Zealand or an Australia state College meeting.

Other international scientific meetings may be submitted for assessment.

Registrar Presentations (National)

All Trainees are required to present a research paper annually at the New Zealand PRS SET Conference. These presentations will be awarded **one point** based on the following criteria:

- The paper must be a research presentation; case reports are not eligible for research points.
- The Trainee presenting the research must be the lead author.
- The presentation must be of a professional standard, and meet the minimum standard set by the Board.
- The research must demonstrate comprehensive analysis and firm conclusions.

The best of these papers will be selected for competition at the Australasian SET 2-5 Registrars Conference and will be awarded **two points** once they have been presented at the SET 2-5 Conference.

Poster presentations

For submission, a poster presentation accepted at the following scientific meetings may be considered for the allocation of research points:

Accepted International/National Conferences

Annual Scientific Meeting of RACS
Plastic Surgery Congress (ASPS)
NZAPS ASM
AHSS
ASAPS (Australian)
Australasian Cleft Lip and Palate Association
Australian Hand Surgery Society
Australian & New Zealand Head and Neck Cancer Society
Australian & New Zealand Burns Association,
New Zealand Society for Surgery of the Hand
Pacific Island Surgeons Association (PISA) (on application)

A **maximum of one point** will be awarded to a poster presentation.

Other international scientific meetings may be submitted for assessment:

- Points will only be awarded when the Trainee is the primary author of the publication or presentation.
- If the Trainee is not the first (primary) author then a letter is required from the primary author confirming that the Trainee has made a significant contribution in planning, preparation, writing, collation and submission of the report/presentation, and the report has been published in an internationally recognised PRS journal or presented at an internationally recognised PRS conference.

4.14.5 Literature Review

A literature review is designed to find out what is already known about a topic, to identify main themes and trends, to identify gaps in current research, and to compare, contrast and critique various perspectives on the topic.

To gain a research point, a good literature review needs to offer assessment of various findings based on the above definition, and to demonstrate a critical approach to the material reviewed.

Awarding of a research point is at the discretion of the Board Chair.

In order to be eligible for one research point, the literature review must meet the following conditions:

An overview of the scientific literature pertaining to a specific problem, consisting of:

1. A thorough, defined literature search
2. A critical appraisal of the individual studies identified
3. A summary of these studies

4.14.4 CLEAR Course

The CLEAR Course will be eligible for one research point if completed within SET Training.

4.14.5 Research Audit

For an audit to be deemed of sufficient standard it would need to fulfil the expectations of any audit as detailed in RACS Guidelines on Audit i.e.

A Trainee should have:

1. Identified a standard, with evidence
2. Carried out a review of current practice
3. Compared the results to the standard
4. Implemented change with reflection
5. Initiated a plan to/ or completed a re-audit.

4.14.6 Full-Time Research

Trainees undertaking full-time research may apply to have research points awarded. The research topic must be related to PRS and be prospectively approved by the Board. Trainees must provide a certificate or letter from their research supervisor indicating satisfactory completion of their period of study. Trainees must provide certification of enrolment from their higher education institution. **Four points** will be awarded on satisfactory completion of a minimum of 12 months full-time research with enrolment in a higher degree (masters, PhD, MD) at an institution prospectively approved by the Board and located within Australia and/or New Zealand.

4.15 Trainees Undertaking Formal Research

Trainees must request prospective approval from the Board to undertake formal research. Any research must be related to plastic and reconstructive surgery. This process can be initiated through contacting the Executive Officer Training at the NZAPS office.

The following requirements will apply to requests to interrupt SET training for research:

- Accredited training time may be awarded for prospectively approved full-time research which includes a clinical workload.
- The research must progress scientific, medical and surgical knowledge specific to the specialty of PRS.
- Requests must be prospective and in writing to the Board Chair for consideration by the Board.
- Such written requests must provide full details of the research including its relevance to PRS and that the research is under the auspices of a recognised formal entity and the research must be fully compliant with NHMRC standards and guidelines.
- Applications for clinical time to be accredited to SET time undertaken during the research period must provide formal evidence of approved equivalent clinical activity undertaken and the relevant percentage of research versus clinical time must be clearly documented.
- The Board has discretion in relation to granting its approval or otherwise of all requests by Trainees to interrupt SET for research.
- Where the Board in its absolute discretion resolves to approve research time in lieu of clinical time, the maximum time credited will be no more than six months.
- Accredited training time will be awarded on a pro-rata basis depending on the clinical workload and composition. Accreditation is at the Board's discretion.
- Trainees seeking accreditation during research must complete and submit to the NZAPS office a clinical research hours spreadsheet.
- Where a Trainee has been selected into SET and has been awarded a RACS research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.

4.16 Accreditation of Time in Clinical Training Whilst Undertaking Research

The Board will consider each proposal on its merits. Research undertaken prior to commencing SET in PRS cannot be submitted for consideration for time in lieu of clinical training.

4.16.1 Options for Postgraduate Surgical Research

1. Research degrees by coursework/treatise

These degrees are offered as part-time over two years at a number of institutions. The coursework is performed as modules to be completed over this period and a dissertation is required to be submitted:

- Master of Surgery (coursework)
- Master of Clinical Epidemiology
- Master of Medicine (coursework)

2. Research by laboratory investigation

These degrees are offered as one year full-time or two years part-time and candidates are required to submit a thesis at the completion of their study:

- Master of Surgery (research)
- Master of Medicine (research)
- Master of Philosophy (research)

These degrees are offered as three years full-time or up to six years part-time. Candidates are required to submit a thesis on completion of their study:

- PhD (research)
- MD (research)

For candidates who have applied for SET in their final year of study with a view to having a portion of their clinical training accredited by their time in research, the Board will only consider this in cases where the research has direct relevance to PRS.

4.16.2 Categories of Postgraduate Surgical Research

1. Full time research with no clinical exposure

The Board will assess each individual case and consider their performance and assessments to determine whether the research will be accredited towards clinical training.

2. Full time research with clinical exposure

Candidates who undertake research with clinical exposure can be classified into the following categories: (a) On-call participation, (b) Surgical assistance, (c) Participation in consulting/outpatients and elective surgery.

(a) On-call participation

On-call commitments allied to a recognised SET 1 post in PRS may apply to have this time accredited toward their clinical training. The minimum participation on the on call roster is 1 in 5 to claim a period of time accredited toward SET training. A logbook of cases assessed and treated will need to be presented for appraisal.

(b) Surgical assistance

Assistance in elective and emergency plastic and reconstructive cases may be taken into account when applying to have this time accredited toward SET. A minimum of one half-day operating session per week is required to claim a period of time accredited toward SET. A logbook of cases will need to be presented for appraisal. The type and number of cases will also be taken into consideration in determining the time allocated to SET.

(c) Participation in consulting/outpatients and elective surgery

Trainees undertaking regular consulting, outpatient and/or elective surgical procedures can apply to have this time recognised as SET. A minimum of one half-day a week must be spent in supervised clinical activities. Participation in an on-call roster allied to a recognised SET post is encouraged.

A logbook of operative cases and outpatient/consulting sessions must be presented for appraisal. Trainees seeking to structure this as part of their time in research will also need to nominate a clinical Training Supervisor to perform performance assessments.

Further Considerations

All Trainees wishing to have their clinical activities assessed must present proof of attendance at registrar teaching sessions and the annual Australasian SET 2 to 5 Registrars Conference. Research projects undertaken during the period of SET must be judged by the Board to have specific relevance to PRS for accredited training time to be granted. Clinical exposure must include:

- on-call participation
- surgical assistance
- participation in consulting/outpatients and elective surgery

The onus is on the Trainee to demonstrate how the research meets these three elements. A maximum of six months accredited training time will be granted for any clinical activity, based on the level of clinical activities and logbook data.

4.17 Supporting Documentation

It is the Trainee's responsibility to maintain a file containing evidence of completion of all training requirements.

5. FELLOWSHIP APPLICATION

Trainees must satisfactorily complete all of the training requirements to be eligible for Fellowship. All requirements must be completed in accredited training posts in New Zealand or formally accredited PRS posts in Australia.

Trainees can apply for Fellowship after passing the Fellowship Examination, during the final SET 5 surgical term. The support of the Trainee's current Supervisor and the Board Chair is required. Trainees should refer to the RACS website for details about how to apply for admission to Fellowship.

[Fellowship applications](#) are administered by RACS and information is available on the RACS website.

6. DISMISSAL FROM TRAINING

Unsatisfactory performance may result in a Trainee's dismissal from the SET program. Reasons for dismissal include:

- Unsatisfactory performance
- Falsifying case procedure details in their MALT logbooks
- Misconduct (see section 7)
- Failure to complete training requirements within the specified timeframes
- Failure to meet training requirements as specified in the Training Handbook
- Failure to comply with written direction of RACS, its Board and Committees;
- Failure to pay training related fees by due deadlines;
- Failure to maintain general medical registration or general scope registration;
- Failure to achieve or maintain employment in accredited training posts; and
- Other circumstances as specified by the Specialty Training Board.

6.1 Dismissal for Unsatisfactory Performance

Trainees may be considered for dismissal for unsatisfactory performance if:

6.1.1. A Trainee's performance has been rated as unsatisfactory during a probationary term

6.1.2. A Trainee's performance has been rated as unsatisfactory for three or more non-consecutive assessment terms at any time during their SET program.

If dismissal is considered under 6.1.2, the Trainee must have received written notification after the second unsatisfactory assessment period that a further unsatisfactory assessment period at any time during their SET program may result in dismissal.

6.2 Dismissal Committee

Where a Trainee is being considered for dismissal for unsatisfactory performance or misconduct, a dismissal committee will be established to review the Trainee's performance or alleged misconduct.

The dismissal committee must consist of a minimum of three and a maximum of five members who will be Fellows of RACS and should include at least one current member of the Board. Members of the dismissal committee should not be direct member of the Trainee's current team. The Board Chair will appoint one of the committee members as Chair.

The mandate of the dismissal committee is to review relevant documentation and to meet the Trainee, providing the Trainee with the opportunity to give their perspective both in writing and verbally. All documentation pertaining to the allegations of misconduct or documentation relating to unsatisfactory performance must be provided to all parties at this time. All documentation must be made available to

the Trainee. The committee will make a recommendation to the Board regarding the Trainee's ongoing participation on the training programme.

A Trainee will be provided with a minimum of ten working days' notice of the dismissal committee meeting and informed that the purpose of the meeting is to consider their continued participation in the SET program. Trainees may be accompanied by a support person who can provide support but cannot advocate for the Trainee and who is not a practicing lawyer. A Trainee can also elect to make a written submission to the dismissal committee which is to be submitted to the Executive Officer Training a minimum of three working days before the meeting. Where a Trainee is duly notified of the meeting and declines to attend, the dismissal committee may make a recommendation to the Board.

If the dismissal committee wishes to interview or seek clarification from another person, then these discussions must take place in the presence of the Trainee.

Minutes of the meeting must be taken and provided to the Trainee within ten working days and prior to any recommendation to the Board.

The minutes of the meeting and the recommendation of the dismissal committee must be forwarded to the Board for consideration. Any member of the Board who is also a member of the dismissal committee must withdraw from the deliberations of the Board. The Board will make the decision on whether or not the Trainee should be dismissed or any additional probationary periods or conditions that should be applied if the Trainee is not dismissed.

The Head of Department or delegated authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented

6.3 Failure to Complete Training Program Requirements

Trainees who fail to complete the training program requirements within the timeframe specified by the Board or RACS may be dismissed. Where initiated by the Board, the Board will follow the same procedure used for reviewing unsatisfactory performance (6.2).

6.4 Failure to Comply with RACS Direction

As the accredited training authority, Trainees are required to comply with any policy direction of RACS pertaining to training activities. Breaches of RACS Code of Conduct that are not misconduct are considered to be a failure to comply with RACS direction. Repeated failure to comply with directions during the life of the SET program may result in dismissal.

Trainees will receive written warnings, the second of which will advise that any further breach during the life of the SET program may result in dismissal.

6.5 Failure to Pay Outstanding Monies

Trainees who do not pay outstanding monies owed to RACS or NZAPS will be dismissed in accordance with RACS Specialty Surgical Education and Training Fee and the Surgical Education and Training (SET) Fee policies.

6.6 Failure to Satisfy Medical Registration or Employment Requirements

Trainees who, for any reason (excluding medical), do not have valid medical registration from the applicable medical council or board in their jurisdiction that enables full participation in the SET programme will be dismissed. Valid medical registration is defined as general medical registration without restriction in Australia and general scope registration (including restricted general scope registration in Plastic and Reconstructive Surgery) in New Zealand.

Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the Chief Executive Officer, Human Resources Director or equivalent) may be automatically suspended from the SET program.

Trainees must meet the employment conditions of the employing authority. If this is not met, dismissal proceedings may commence.

Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located will be considered for dismissal.

7. MISCONDUCT

Trainee misconduct will be addressed in accordance with RACS and these Regulations. Confirmed cases of misconduct can result in a warning, sanctions, penalty or dismissal depending on the type and severity of misconduct.

- Examples of misconduct include but are not limited to the following:
- Discrimination, harassment or bullying
- Abusive, violent, threatening or obscene behaviour
- Being found guilty of a criminal offence which results in a jail term or restrictions on the trainee's ability to practice medicine
- Theft, fraud or misappropriation of funds
- Being under the influence of alcohol or illegal drugs while at work
- Falsification of training records, patient documentation or patient treatment
- Serious breach of patient safety
- Gross insubordination or wilful disobedience in carrying out lawful requirements of the SET program
- Bringing RACS's name into disrepute
- Abandonment of employment or training post
- Dishonesty
- Academic misconduct (refer to Academic Misconduct Policy)

Incidents of misconduct must be documented as soon as possible after the Supervisor and/or Trainers are made aware of their occurrence and brought to the attention of the Trainee. The Trainee may be suspended from the SET program, pending an investigation.

The principles of natural justice will apply to all allegations and investigations concerning misconduct. This includes the right of the Trainee to understand, consider and respond to the alleged misconduct at a meeting with a Board review committee. Refer to section 6..2 Review Committee.

A Trainee may be dismissed for misconduct without undertaking a probationary period. Where misconduct is established but dismissal is not recommended the trainee may be counselled and placed on probation with a remedial action plan.

The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

8. RECONSIDERATION, REVIEWS and APPEALS

The RACS Reconsideration, Review and Appeal Policy apply to all Trainee requests for reconsideration, reviews and appeals regarding their training. The policy can be accessed via the RACS website.

9. VARIATIONS

The Board may, at any time, make variations to these Regulations which will take effect from the date of publication on the Plastic and Reconstructive Surgery section of the RACS website. It is the responsibility of the Trainee to ensure that they are familiar with the latest regulations. The latest version of these Training Regulations is the applicable version for all trainees.

10. HOSPITAL ACCREDITATION

- The Board conducts accreditation in line with RACS's Training Post Accreditation and Administration policy.
- The Board will assess each unit against the criteria outlined in RACS's 'Accreditation of Hospitals and Posts for Surgical Education and Training' process and criteria.
- Any post submitted by a hospital that meets the minimum criteria will be accredited for training. The usual period of accreditation is 5 years.
- The Board monitors the performance of posts throughout the period of accreditation by a review of Trainee assessments, complaints and Supervisor feedback.
- The Board may at any time, re-inspect an accredited post if there is a matter of concern. Refusal to assist the Board may result in the post having its accreditation suspended or withdrawn.

11. SUPERVISORS OF TRAINING

Each accredited training position has a RACS approved Surgical Supervisor or Supervisor of Training (SoT) nominated by the hospital and approved by the Board. The SoT is the main point of contact between the Unit and the Board, and is expected to relay relevant information from the Board to the unit. Should the Supervisor have any concerns regarding a Trainee they should signal this in writing to the Board or advise the Board at Board meetings.

If the SoT is absent for duration of time, a fellow Consultant will be appointed as Acting Supervisor and approved by the Board.

Supervisors of Training must comply with RACS policy on Surgical Supervisors
<http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/>

11.1 Supervisor of Training Responsibilities

In accordance with the Policy on Surgical Supervisors, SoTs are responsible for:

- i. The implementation of the SET program in accredited training posts
- ii. Ensuring that training is delivered according to standards determined by RACS and the Board
- iii. Undertaking formative and summative assessment that is fair, transparent and objective
- iv. Representing the Board to the employer to ensure that minimum standards of training are maintained, promoting respect and improving patient safety in an environment that is free from unprofessional behavior
- v. Participating in, and reporting to, the Specialty Training Board and its associated committees
- vi. Monitoring Trainee operative experience and reviewing operating logbook summaries
- vii. Identifying, documenting and remediating unsatisfactory trainee performance
- viii. Undertaking other duties as specified by the Specialty Training Board.

11.2 Eligibility for Appointment as a Supervisor of Training

- i. Supervisors of Training should be current Fellows of RACS, and must be compliant with RACS continuing professional development program. In exceptional circumstances a non-Fellow may be approved by the Board as a Supervisor of Training.
- ii. Supervisors of Training are encouraged to be current members of the New Zealand Association of Plastic Surgeons.
- iii. Supervisors of Training must be a member of staff at the institution in which the designated accredited training position(s) is located.
- iv. Supervisors of Training must be familiar with the surgical education and training program and RACS training policies and must have demonstrated experience with appropriate clinical, administrative and teaching skills.

11.3 Training and Continuing Education

- i. Supervisors must undertake training required by RACS as per point 3.4 of the Surgical Supervisors Policy which can be found at <http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/>
- ii. Supervisors of Training should undertake appropriate training in supervision as required by the Board. This may include RACS Surgeons & Trainers; Assessment & Management of Trainees Workshop (SAT SET) and RACS Surgical Teachers' Course.

11.4 Method of Appointment or Reappointment

- i. Institutions with accredited training positions must nominate to the Board an appropriate Supervisor of Training who satisfies the eligibility requirements above.
- ii. Nominations must be received when a new training position is accredited or when an existing Supervisor of Training resigns or is time expired.
- iii. In reviewing a nomination the Board will consider compliance with the eligibility requirements, and general performance.
- iv. The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for approval.
- v. The Specialty Board reserves the right to review the appointment or reappointment of a Supervisor of Training at any time and put forward a revised recommendation to the BSET.

11.5 Tenure of Appointment

- i. Supervisors of Training are appointed for three-year terms up to a maximum continuous period of 9 years.
- ii. Towards the end of a Supervisor of Training's initial tenure, the Board will contact the institution and the Supervisor of Training to obtain a nomination for appointment of a new Supervisor of Training or confirm reappointment of the existing Supervisor of Training.

11.6 Trainers

Trainers are Plastic and Reconstructive Consultants who are FRACS or equivalent surgeons, or other Surgical Consultants, who normally interact with Trainees in the operating theatre, outpatient department and during clinical meetings and education sessions. Trainers may assist the Supervisor of Training with monitoring, guiding and giving feedback to Trainees, as well as appraising and assessing their performance.

Surgical Trainers must complete the mandatory training specified in RACS Surgical Trainers policy <http://www.surgeons.org/policies-publications/policies/surgical-education-and-training/> and any other training specified by the Board.

12. RECOGNITION OF PRIOR LEARNING (RPL)

Applications for RPL for clinical experience may be considered provided the experience was:

- undertaken in a clinical location accredited by a state or national accreditation authority;
- in the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks;
- supervised by a clinician (surgeon or other appropriately qualified consultant); and
- obtained within the last two years;
- Supported by a logbook.

When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the nine RACS competencies.

In considering a request for RPL a retrospective assessment report will be requested from the supervising clinician. Where a report cannot be obtained no RPL will be granted.

The Board may defer a decision on an application for RPL of clinical experience for up to 12 months to enable adequate formative and summative assessments to confirm the claimed level of competency has been gained. This would include results from Professional Performance Assessments, DOPS, mini-CEX, examinations and courses completed during the period.

RPL granted for clinical experience may lead to an overall reduction in the total duration of the SET Program, but will not exempt Trainees from completing all elements of assigned rotations. RPL may be granted for the PRSSP course where the Board assesses that the curriculum of the completed course is equivalent. Trainees seeking RPL for other mandatory courses should apply to the Board.

13. TRAINING CONTACTS AND TERM DATES

Training Contacts		
Primary Contact for Training Related Enquiries		
Executive Officer Training: New Zealand Board of Plastic and Reconstructive Surgery New Zealand Association of Plastic Surgeons E-mail: training@plasticsurgery.org.nz Physical Address: Level 3, 8 Kent Terrace, Wellington, 6011 Postal Address: Postal Address: P. O. Box 7451, Wellington, 6242		
Hospital	Supervisor	Email Contact
Christchurch Hospital	Mr Terry Creagh	Terry.Creagh@cdhb.health.nz
Hutt Hospital	Dr Fiona Smithers	Fiona.Smithers@huttvalleydhb.org.nz
Middlemore Hospital	Dr Alessandra Canal	Alessandra.canal@middlemore.co.nz
Middlemore Hospital	Mr Jonathan Heather	Jonathan.Heather@middlemore.co.nz
Waikato Hospital	Mr Simon Chong	Simon.Chong@waikatodhb.health.nz

Term Dates					
Term 1			Term 2		
Start Term	Mid Term	End Term	Start Term	Mid Term	End Term
09/12/2019	6/03/2019	5/06/2020	08/06/2020	4/09/2020	04/12/2020

14. LIST OF ABBREVIATIONS AND ACRONYMS

AMC	Australian Medical Council
ANZBA	Australian and New Zealand Burns Association
Applicant	A doctor who applies for entry to the Surgical Education and Training program
ASPS	Australian Society of Plastic Surgeons
ASSET	Australian and New Zealand Surgical Skills Education Training
Board	New Zealand Board of Plastic and Reconstructive Surgery
CCrISP	Care of the Critically Ill Surgical Patient
CLEAR	Critical Literature Evaluation and Research
CMF	Craniofacial
CPD	Continuing Professional Development
DOPS	Direct Observation of Procedural Skills
EMSB	Emergency Management of Severe Burns
FRACS	Fellowship of the Royal Australasian College of Surgeons
IMG	International Medical Graduate
MALT	Morbidity Audit and Logbook Tool
MCNZ	Medical Council of New Zealand
Mini-CEX	Mini Clinical Evaluation Exercise
NZAPS	New Zealand Association of Plastic Surgeons
PRS	Plastic and Reconstructive Surgery
PPA	Professional Performance Assessment

RACS	Royal Australasian College of Surgeons
Selection	the process for selecting doctors for entry into Surgical Education and Training
SET	Surgical Education and Training
Supervisor	Supervisor of Training
Trainer	Consultant surgeon who is FRACS or equivalent

15. FELLOWSHIPS AND SCHOLARSHIPS

15.1 The Emmett Prize

Professor Anthony Emmett donated the funds for this Prize in 1993. Initially the prize was given for original clinical research. His intention was to encourage “the habit of enquiry and good records in young Trainees”, believing that it would “enrich their surgical lives for the rest of their careers”.

1. The prize is for the best clinical paper and best research presentation at the Registrars' SET 2-5 Conference and is for publication.
2. The prize is awarded by a majority vote of a committee consisting of:
 - the Chair of the Australian Board of Plastic and Reconstructive Surgery (or nominee)
 - the Chair of the New Zealand Board of Plastic and Reconstructive Surgery (or nominee)
 - the President of the Australian Society of Plastic Surgeons (or nominee)
 - the President of the New Zealand Association of Plastic Surgeons (or nominee)
3. The prize will be announced at the end of the registrar presentations the Registrars' conference.
4. The convenor shall inform the ASPS Secretary who will arrange transfer of funds, following publication.

15.2 The Australasian Foundation for Plastic Surgery (the Foundation)

The Foundation organises an annual grant program to support the participation of a PRS registrar to accompany an Interplast mission for one week. All SET 4 and 5 PRS Registrars in New Zealand and Australia are eligible to apply. More information can be found at www.plasticsurgeryfoundation.org.au.

15.3 Foundation Plastic and Reconstructive Surgical Research Grant

The Foundation Plastic and Reconstructive Surgical (PRS) Research Grant, administered by the the Foundation is designed to support and promote early-career plastic surgery research. The Grant aims to support Trainees and younger Fellows initiate and sustain a research career in plastic surgery. Through its grant-making program, the Foundation is able to foster young talent in research by assisting them to build their own track record that underscores success in securing competitive funding in the future. More information regarding the Foundation PRS Research Grant can be found on the Foundation website (www.plasticsurgeryfoundation.org.au) or by contacting the Foundation secretariat.