



**NEW ZEALAND ASSOCIATION**  
*of Plastic Surgeons*  
*Te Kāhui Whakamōhou Kiri*



Aotearoa New Zealand  
Surgical Education and Training  
In  
Plastic and Reconstructive Surgery

# Training Regulations

# Aotearoa New Zealand Surgical Education and Training in Plastic and Reconstructive Surgery

Prepared by the New Zealand Board of Plastic and Reconstructive Surgery

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These Training Regulations supersede all previous versions

## 1. INTRODUCTION

### 1.1. Ownership and Administration

- i. The Royal Australasian College of Surgeons (RACS) is the body accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) to conduct Surgical Education and Training in Australia and Aotearoa New Zealand.
- ii. The New Zealand Board of Plastic and Reconstructive Surgery (NZBPRS) is a committee of RACS and is responsible for the delivery of the Surgical Education and Training (SET) programme for Plastic and Reconstructive Surgery in Aotearoa New Zealand. This includes the supervision and assessment of Trainees, SET selection and hospital accreditation of Plastic and Reconstructive Surgery (PRS) training posts. Full details on NZBPRS membership and the NZBPRS Terms of Reference are available on the New Zealand Association of Plastic Surgeons (NZAPS) website, <https://plasticsurgery.org.nz>. NZAPS administers the delivery of the programme and RACS provides administrative support for hospital accreditation and SET Selection.

### 1.2. Rules and Regulations

- i. These Regulations cover the rules, policies, procedures, and administrative processes for the PRS SET programme in Aotearoa New Zealand and are in accordance with RACS Regulations and Policies which may be referred to directly through this document. These Regulations do not cover SET Selection. For detailed information on SET Selection please refer to the NZ PRS SET Selection Regulations and RACS related policies located on the [RACS website](#).
- ii. All Trainees, Supervisors of Training, Trainers and NZBPRS members must comply with the current version of these Regulations.
- iii. The NZBPRS reserves the right to amend, within reason, the Regulations at any time. Individuals are advised to ensure they are consulting the current version, which is available on the NZAPS website.

### 1.3. Objectives

The objectives of the training programme are to build on the strengths of Trainees and develop high-level competencies in PRS. At the completion of the SET programme, 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 contribute to the profession, New Zealand health system and wider communities.

## 1.4. Training Documentation

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

## 2. CURRICULUM

- i. The curriculum for Surgical Education and Training (**SET**) in Plastic and Reconstructive Surgery (**PRS**) 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 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 key technical topic areas of Plastic and Reconstructive Surgery.

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 most 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 non-technical competencies identified by RACS.

- ii. Each Training Unit may have a different emphasis or mode of teaching, but the standardised curriculum ensures that each Trainee acquires the minimum level of knowledge and skills against which they will be assessed to obtain Fellowship in PRS.
- iii. The PRS curriculum is located on the NZAPS website.

### 3. TRAINING ADMINISTRATION

#### 3.1. Registration and Fees

- i. Trainee registration is outlined in RACS's Trainee Registration and Variation Regulation, (which is accessible on the RACS website), and in these Regulations. Trainees selected into the NZ PRS SET programme will be registered with RACS in accordance with the RACS's Trainee Registration and Variation Regulation.
- ii. RACS is responsible for invoicing and collecting fees. Training fees are published annually on the RACS website. Enquiries relating to fees are to be submitted to SET Enquiries via email [SETenquiries@surgeons.org](mailto:SETenquiries@surgeons.org).

#### 3.2. Hospital Post Appointments

- i. Trainees are advised of their recommended hospital post in Training Units annually. Trainees can discuss and negotiate potential placements as a group; however, no coercion can be applied among the Trainee cohort. The NZBPRS determines the final allocation of hospital posts.
- ii. When allocating posts, consideration is given to ensuring there is a spread of Trainee experience among the Training Units with reasonable staffing requirements and provision for individual training requirements. Trainees may be required to complete a rotation at all Training Units during their training.
- iii. The employment process is the responsibility of the hospital authorities (the **Employer**). **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 NZBPRS will place the Trainee on interruption until a suitable placement can be arranged. (Refer Section 7.6 of these Regulations).
- iv. When allocating hospital posts in Training Units the following criteria are followed to ensure adequate exposure:
  - a. Trainees may be assigned to one Training Unit for SET 1 and SET 2.
  - b. No Trainee may spend more than 2 years in their SET 2-5 program in one particular Training Unit.
  - c. SET 4 and 5 Trainees will have priority in their placement requests.
  - d. Where available SET 4 and 5 Trainees will have the option of spending their last 2 years in one unit.

### **3.3. Training Duration**

- i. 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 programme in which to complete SET in PRS. Approved interruptions due to medical reasons (illness, family leave) and periods of suspension shall not be included in the calculation of the maximum period of training (Refer to Section 4.7 of these Regulations).
- ii. The recognition of appointments to accredited Australian PRS posts or the conducting of formal research during SET training requires prospective application and approval by the NZBPRS.

### **3.4. Deferral of Training**

- i. Applications for deferral must be made at the time of accepting a position on the SET programme and addressed to the NZBPRS in writing. Trainees who have already commenced the SET programme cannot apply for deferral but may apply for interruption of training.
- ii. The NZBPRS may approve deferral of commencement of SET training by a fixed period of up to one year based on the reasons for the request and logistical considerations. In exceptional circumstances, the NZBPRS may approve a deferral more than 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 Unit. Where a period of deferral more than one year is granted, the maximum period of completion will be reduced by the amount of the extra time granted for deferral.
- iii. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.
- iv. An approved period of deferral does not preclude the Applicant from being employed in a non-training clinical rotation.

### 3.5. Interruption to Training

- i. A Trainee who has commenced the SET programme in PRS may apply for an interruption to SET, which is a period of approved absence from the programme. Applications for interruption for medical or family leave can be applied for at any time, if supported by medical evidence. Applications for interruption for non-medical reasons must be made to the NZBPRS at least six months prior to the commencement of the planned period.
- ii. Trainees are not permitted interruption in the first six months of their SET programme. Applications for interruption for medical or family leave can be applied for at any time, if supported by medical evidence. Applications for interruption for non-medical reasons must be made to the NZBPRS at least six months prior to the commencement of the planned period.
- iii. Applications for interruption must be for periods of multiples of six months. The minimum period of interruption from training is six (6) months.
- iv. When considering a request for interruption, the NZBPRS will consider the reasons for the request, the Trainee's progress to date, and logistical considerations. To minimise vacancies on the SET programme, and to not disadvantage other Trainees and Applicants, the NZBPRS may require the period of interruption to be greater than that applied for.
- v. Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- vi. Being on interruption from Set does not preclude the Trainee from continuing in employment with the Employer.
- vii. The NZBPRS is committed to supporting trainees returning to work after a period of interruption. A Trainee returning to the PRS SET Programme following any period of approved interruption must meet with their Supervisor of Training (SoT) to facilitate a safe and effective transition back into the surgical workforce.
- viii. The Trainee and the SoT must jointly develop and agree upon a return to work plan, which is designed to support the Trainees safe return to the clinical environment, assess their capabilities and identify any competencies that may require additional support. The plan may incorporate, but is not limited to, the following elements:
  - (a) Scheduled completion of assessments; Professional Performance Assessment (PPA), Direct Observation of Performance Skills (DOPS), Mini Clinical Evaluation

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Exercise (Mini CEX) (Refer section 4.2 of these Regulations), Case Based Discussions (CBD), to allow the Trainee to demonstrate their level and currency of skills and competency.

(b) a defined schedule for the phased reintroduction of clinical responsibilities, rostering, operative caseload, and on-call duties.

(c) recommended participation in relevant refresher skills courses.

This process is designed to ensure a smooth transition back into the training programme for the trainee.

- ix. The NZBPRS may extend the Trainee's SET programme duration beyond five years within the maximum time of nine years or apply additional training conditions if the trainee has not demonstrated the required professional skills requisite on their return from interruption.

### 3.6. Flexible Training

- i. For the purposes of these Regulations, flexible training means 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 (**Flexible Training**).
- ii. NZBPRS supports Flexible Training subject to:
  - a. the availability of Flexible Training post,
  - b. the Trainee obtaining written consent from the Employer that it agrees to the Trainee being employed on a flexible basis for the duration of the Flexible Training,
  - c. the overall duration of the SET programme must not exceed the maximum time for completion as set out in Section 3.3 (i) of these Regulations.
- iii. Applications for Flexible Training must be made in writing to the NZBPRS, at least six months prior to the commencement of the planned period and are to coincide with NZBPRS meetings and hospital allocation decisions.
- iv. The NZBPRS will consider applications for Flexible Training on a case-by-case basis. The NZBPRS will take into consideration the reasons for the request, the Trainee's progress to date and logistical considerations. To minimise vacancies on the SET programme, and to ensure other Trainees are not disadvantaged, the NZBPRS may require the period of Flexible Training to be greater than that applied.
- v. Flexible Training cannot be undertaken in SET 1 and is not recommended to be taken in SET 5.
- vi. 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 Regulation.
- vii. To be eligible for Flexible Training, a Trainee must have a satisfactory end-of-term Professional Performance Assessment (**PPA**) immediately prior to application for Flexible Training and cannot be on probation during the term immediately prior to Flexible Training commencing.
- viii. 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 NZBPRS and NZBPRS, in its sole discretion, decides otherwise.

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- ix. Time accredited would be 0.5 FTE and if the training position is shared with another Trainee, the shared SET time must be an equal split of time over a six-month rotation.
- x. Trainees granted approval to undertake a period of Flexible Training must meet all requirements of SET equivalent to full-time SET. 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.
- xi. Trainees approved for a period of Flexible Training are required to participate in pro rata surgical teaching programmes.
- xii. Applicants will be eligible to apply to all Training Units that offer Flexible Training as an employment option with the following exclusions:
  - o Waikato Hospital unless there are two full-time Trainees present and no trainees under probation
  - o Middlemore Hospital – Trainees cannot be on Flexible Training while on Burns or Orthopaedic Hand Surgery rotations.

### 3.7. Absence from Training

- i. The NZBPRS allows a maximum of 30 working days absence from training in any six months rotation or pro rata for Trainees on flexible training. Periods beyond this may result in the term not being accredited towards SET. This includes vocational leave entitlements. Leave taken to attend the SET Induction Conference, Australasian SET Registrar's Conference and the NZ Training weekend **are not** counted within the 30 working days absence from training.
- ii. Leave taken by the Trainee Representative to attend NZAPS Council Meetings, NZBPRS meetings and other meetings required of the position are not counted within the 30 working days absence.
- iii. Trainees are entitled to annual leave 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.
- iv. Periods of absence from SET greater than 30 working days may be approved by the NZBPRS (in its sole discretion) on a case-by-case basis. Trainees must apply in writing to NZBPRS stating the reasons for their absence from training.

- v. Trainees are advised 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.

### **3.8. Withdrawal from Training**

- i. Trainees who wish to withdraw from SET must notify the NZBPRS in writing and this should include the effective date of withdrawal from training.
- ii. For Trainees who are in Good Standing (being Trainees who are not on probation or suspended from SET or withdraws from SET in the circumstances set out in Section 3.8 (iv) and who have satisfactory PPAs, the withdrawal from training would ideally be effective from the conclusion of the current rotation.
- iii. For Trainees who are not in Good Standing or in exceptional circumstances, the withdrawal can occur during a rotation with a recommended minimum six (6) week notice period.
- iv. A Trainee who withdraws without sufficient notice will not be considered in Good Standing, except in exceptional circumstances at the discretion of the NZBPRS. A Trainee who withdraws while on probation or under review for dismissal will not be considered in Good Standing.
- v. Trainees who resign from a training position without prior approval from the NZBPRS will be treated as withdrawn from the SET programme. The NZBPRS will confirm the withdrawal by writing to the Trainee, the Supervisor of Training, and the Training Unit.
- vi. Trainees should contact their Supervisor of Training for advice, support, and assistance before resigning from SET and employment with the Employer.
- vii. The Employer is responsible for management of a Trainee who has withdrawn from training once notice of withdrawal is accepted.

## 4. MANDATORY TRAINING REQUIREMENTS

<b>Summary of Training Requirements</b>					
	<b>SET 1</b>	<b>SET 2</b>	<b>SET 3</b>	<b>SET 4</b>	<b>SET 5</b>
• 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 SET Induction Conference	✓				
• Australasian PRS SET Registrars Conference		✓	✓	✓	✓
• New Zealand Training Weekend	✓	✓	✓	✓	✓
• PRSSP Examination	----- before end of SET 2-----				
• Fellowship Examination					✓
• ASSET	✓				
• CCRISP	✓				
• ATLS	✓				
• EMSB	-- before end of SET 2				
• TIPS	----- before end of SET 3 -----				
<b>EdNet Modules</b>					
• Module 1	✓				
• Modules 2-6	----- before end of SET 3 --				
• Module 7	----- before end of SET 4 -----				
• Module 8	Is optional and not mandatory				
• Module 9	Before end of SET 5				
<b>Burns Rotation</b>	----- before end of SET 5 -----				
<b>Research</b>	✓	✓	✓	✓	✓

## 4.1. Courses

- i. The following courses must be undertaken prior to the completion of SET 1. Progression to SET 2 is dependent on their successful completion. These courses can be completed during training or prior to commencement of SET. 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 \(CCrISP\)](#).  
Advanced Trauma Life Support (ATLS) formally known as [Early Management of Severe Trauma \(EMST\)](#).
- ii. 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. Progression to SET 3 is dependent on successful completion of the course. This course can be completed during training or prior to commencement of training. Information about this course is available on ANZBA's website:  
[Emergency Management of Severe Burns \(EMSB\)](#).
- iii. All PRS SET Trainees must complete the following course [Training in Professional Skills \(TiPS\)](#) during their time on the SET programme. This course must be completed prior to the completion of SET 3. Progression to SET 4 is dependent on successful completion of the course.

## 4.2. Direct Observation of Procedural Skills (DOPS) and Mini Clinical Evaluation Exercise (Mini CEX)

Direct Observation of Procedural Skills (DOPS) and Mini Clinical Evaluation Exercise (Mini-CEX) are formative assessments of a trainee undertaking a surgical procedure or conducting a clinical examination. The NZBPRS recommends that Trainees take advantage of this feedback opportunity beyond the minimum requirement. On completion of every assessment, the form must be discussed with and signed by the Supervisor before submission to the NZAPS Training Manager.

### 4.2.1 DOPS and Mini CEX Frequency

SET 1 and SET 2 Trainees must successfully complete a minimum of one DOPS and one Mini CEX per term. Additional assessments may be required where poor performance has been identified or as part of a Supported Learning Plan (SLP) or Performance Management Plan (PMP) (Refer to Sections 4.6 and 4.7 of these Regulations).

#### **4.2.2 DOPS and Mini CEX Outcomes**

If a Trainee's performance when completing a DOPS or Mini CEX is considered unsatisfactory, the Trainee must repeat the assessment monthly until a satisfactory outcome is observed or the rotation is completed. Copies of all forms are to be submitted to the NZAPS Training Manager.

### **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:

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

#### **4.3.1 PRS Surgical Specialty Examination (PRSSP)**

The purpose of the PRSSP Examination is to ensure that Trainees are equipped with knowledge of the basic sciences relevant to PRS early in their SET.

Trainees who commenced SET prior to 2026 will be required to pass the PRSSPE by the end of SET 4 or within four attempts (whichever occurs first). If the PRSSP Examination is not successfully passed within the stipulated time frame, the Trainee will be dismissed from the SET Programme.

Trainees commencing SET in 2026 will be required to pass the PRSSPE by the end of their SET 2 year, or within four attempts (whichever occurs first). If the PRSSP Examination is not successfully passed within the stipulated time frame, the Trainee will be dismissed from the SET Programme.

#### **4.3.2 Fellowship Examination**

The Fellowship Examination is made up of two components, one written component and one clinical/viva component. The exam includes written questions, long and short case clinical examinations, vivas in surgical anatomy, applied anatomy, operative surgery, and pathology.

- i. Trainees can present for the Fellowship Examination in their SET 5 year and will be approved for the Fellowship Examination based on their performance at the end of SET 4.

- ii. In exceptional circumstances, Trainees may be approved to present for the Fellowship Examination in the last six months of the SET 4 year (SET 4.2)
- iii. Trainees are required to have a satisfactory PPA for the rotation immediately prior to approval to sit their exam.
- iv. The NZBPRS is responsible for determining whether a Trainee has met all training requirements, listed in Section 4 of these Regulations, to sit the examination.
- v. Applications to present for the Fellowship Examination are approved by the NZBPRS at the NZBPRS February meeting (for September of that year) and November meeting (for May of the following year).

#### 4.4. Logbooks

- i. The NZBPRS 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.
- ii. All surgical procedures must be entered online via RACS's [Morbidity Audit and Logbook Tool \(MALT\)](#). Trainees must enter information on all procedures within two weeks of the procedure. All logged procedures are to be entered for each rotation prior to the PPA and will be reviewed with Supervisor(s) during the PPA meeting. 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.
- iii. Cases must be recorded in MALT in accordance with the [NZBPRS MALT logbook protocol](#) which is set out in the NZAPS website.
- iv. Falsification by a Trainee of MALT logbook data will constitute misconduct in accordance with Section 8 of these Regulations and the Trainee may be dismissed in accordance with Section 7 of these Regulations.
- v. 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](mailto:malt@surgeons.org).

#### 4.5. Assessments and Performance Reviews

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

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- ii. Supervisors will formally review Trainee performance at the middle and at the end of each surgical rotation. Additional review meetings will be required when Trainees return from an interruption to training, or when a Supported Learning Plan (SLP) or Performance Management Plan (PMP) is activated. Prior to the mid-rotation and end of rotation PPA meeting, the views of consultants on the unit will be sought by the Supervisor.
- iii. Formal PPA meetings are arranged by the Trainee two weeks before the middle and end of each rotation and must take place before the end of the rotation.
- iv. The Trainee must take a summary report of their MALT surgical logbook, a PPA form and evidence of completed EdNet modules to the meeting for discussion, and the PPA form completed.
- v. Trainees must keep a copy of the MALT 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 and signed logbook to the NZAPS Training Manager no later than two weeks after the end of rotation or by the communicated date. An email of a scanned copy is acceptable.
- vi. Where unsatisfactory performance is identified during the term Section 4.6.1 will apply.

### **4.5.1 Professional Performance Assessment (PPA) Form**

- i. The PPA form is a tool used by Supervisors to assess if the Trainee has met the expected level of skill and training for the Trainee's SET level. The completed PPA form should reflect the consensus opinion of consultants in a unit and the discussion at the review meeting. The PPA form is to be completed at the meeting, signed, and dated by both the Supervisor and Trainee.
- ii. Signing the PPA form confirms it has been discussed but does not necessarily signify the Trainees' agreement with its content.

### **4.5.2 PPA Outcomes**

- i. The PPA form details the competencies to be assessed and provides grades of 'Not satisfactory', 'Borderline', 'Satisfactory' and 'Well above average' for each competency. Each grade indicates 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 for each competency.
- ii. A grade of Borderline in any one competency will result in a Supported Learning Plan

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- (SLP) being formulated (Refer to Section 4.6.1 of these Regulations). The aim of the SLP is to improve performance in the identified borderline competency. The NZBPRS Chair will be notified of the action taken.
- iii. The Supervisor will indicate if the overall outcome for the rotation is satisfactory or unsatisfactory. Unsatisfactory performance will lead to disaccredited training periods, probation, and possible dismissal from the SET programme.

### Unsatisfactory performance is defined as:

- a grade of Borderline in two or more competencies
- a grade of Not satisfactory in any one competency

## 4.6. Unsatisfactory Performance

- i. The Supervisor is responsible for notifying NZBPRS 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 rotation.
- ii. 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 (the **PPA Meeting**).
- iii. 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 and Supported Learning Plans

- i. If the PPA Meeting occurs during the rotation, 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 SLP developed. Both the PPA form and SLP are to be signed by both parties.
- ii. A SLP is a formal plan developed collaboratively between the trainee and the Supervisor of Training. Its purpose is to guide performance improvement over a specified period in the specific competency area of concern, outlining relevant learning objectives, detailing necessary and agreed-upon actions and specifying expected outcomes for enhanced performance.

- iii. At the final review meeting, the outcome will determine the subsequent action. If the difficulty area or competency is deemed to be successfully resolved and the SLP is completed, no further action is required. If the difficulty area is not deemed resolved, a subsequent new SLP will be developed immediately. Failure to complete the objectives of a second consecutive SLP, will result in the Trainee being placed on probation.
- iv. The Trainee must send the completed PPA form and SLP to the NZAPS Training Manager within one week of the performance review meeting.

#### **4.6.2 Unsatisfactory Performance at the End of Rotation**

Where an end of rotation PPA form identifies “unsatisfactory performance”, (a grade of Borderline in two or more competencies), 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 at the End of Rotation**

- i. Where an end of rotation PPA form identifies unsatisfactory performance, or failure to successfully complete the objectives of a second consecutive Supported Learning Plan, (after all prescribed remedial actions have been exhausted), will result in a Trainee being placed on probation (Refer to clause 4.5.2 of these Regulations). The Supervisor must advise the Chair of the unsatisfactory performance in writing within one week of the PPA Meeting, informing of the areas of underperformance.
- ii. The NZBPRS 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:
  - a. Identification of the areas of unsatisfactory performance
  - b. Notification of the duration of the probationary period
  - c. Possible implications if the required standard of performance is not achieved.
- iii. 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.
- iv. 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

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- by the Supervisor(s). The PMP will be finalised at the probationary performance review meeting and signed by all parties.
- v. A PMP is a formalised plan developed collaboratively between the trainee and Supervisor of Training. Its purpose is to manage and guide performance improvement over a specified period by detailing essential assessment criteria, establishment of achievement goals and performance indicators, identification of agreed actions, and specification of expected outcomes and demonstrable progress.
  - vi. The probationary period should be no less than three months and no more than six months (the Probationary Term). During the Probationary Term, 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 organizing 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 NZAPS Training Manager by the Trainee within one week of the meeting.
  - vii. The NZAPS Training Manager should attend all performance meetings during the period of probation, either in person or via teleconference, for the purpose of minute taking. All parties must sign minutes of performance meetings as confirmation that they are an accurate record of the meeting. Signed minutes should be returned by the Trainee to the NZAPS Training Manager within five working days.
  - viii. For Trainees on probation, the end of rotation PPA review may be conducted within the final four weeks of the rotation.
  - ix. If, at the end of the rotation, the Trainee's performance has improved to the required standard, the probationary status must be removed.
  - x. 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 NZBPRS may suspend the Trainee from the training programme for six months pending a review. The period of suspension will not be counted in the maximum time permitted to complete the training requirements should the Trainee return to the Set programme. The NZBPRS may review the Trainees continued participation on the SET programme in accordance with these Regulations (Refer to Section 7 Dismissal from Training).

## **4.8. Accreditation of Clinical Training Term**

- i. An accredited clinical term is six months full time continuous rotation within the recognised rotation dates specified by Te Whatu Ora; or 12 months flexible training, which is equivalent to six months full time training. Exceptions to this may be obtained by applying for pre-approval from the NZBPRS or under exceptional circumstances presented to the NZBPRS.
- ii. A clinical term will be recorded as satisfactory when the PPA form and logbook have been submitted to the NZAPS Training Manager by the required due date and all other training requirements satisfy the NZBPRS standards.
- iii. A Trainee who is in their final six months of training (SET 5.2) must pass all competencies in their final assessment, to complete the SET programme.

### **4.8.1 Unsatisfactory Clinical Terms**

- i. A clinical term will be recorded as unsatisfactory when:
  - a. A PPA form or logbook is not submitted by the due date or in accordance with instructions from the NZBPRS.
  - b. When a PPA form, SLP or logbook does not satisfy the NZBPRS standards, (refer Sections 4.4 and 4.5.2).
  - c. If absence from SET exceeds 30 working days in any six-month rotation (or pro rata).
- ii. If a clinical term is recorded as unsatisfactory, the term will not be accredited, and extension of training will be required. The NZBPRS will determine the length of the extension. If the term is deemed unsatisfactory due to 4.8.1(i) b, the process for probation set out in Section 4.7 of these Regulations will be followed.
- iii. If a Trainee has taken more than 30 working days absence during the term, the Supervisor must notify the Chair.
- iv. If a term is recorded as unsatisfactory due to 4.8.1(i) (a) or 4.8.1(i) (c), the Chair will advise the Trainee in writing that the term has been unsatisfactory, and the term is not accredited.
- v. 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 NZBPRS may record the term as “not assessed”. Trainees may be provided with a SLP 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 one (1) full day which is equivalent to two (2) sessions per Trainee per month.

## **4.11. Burns Rotation**

It is mandatory that during SET the Trainee will undertake a six-month rotation in burn surgery in the National Burn Centre, Middlemore Hospital or equivalent experience approved by the NZBPRS Chair.

## **4.12. Conferences**

### **4.12.1 Australasian PRS SET Conferences**

- i. It is mandatory for Trainees in their first year of clinical training (SET 1) to attend the annual Australasian SET Induction Conference, held in Australia.
- ii. It is mandatory for SET (2-5) Trainees to attend the annual Australasian SET Registrars Conference, following the year they attend the SET Induction Conference. This conference is usually one week in duration and is typically held in March. The venue rotates around training centres of Australia and Aotearoa New Zealand. Full attendance is compulsory. Most of the course curriculum will be covered over a three-year period, in a format determined by the conference convener.
- iii. 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.
- iv. Trainees who have passed the Fellowship exam are not required to attend the Australasian SET Registrars Conference.
- v. Trainees on interruption are not required to attend.
- vi. Exam Pending Trainees who have completed their clinical training are encouraged to

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attend the Australasian PRS Registrars Conference.

- vii. Non-attendance at an Australasian SET Registrars Conference requires prior approval of the Supervisor of Training.

### 4.12.2 New Zealand PRS SET Training Conference

- i. Full attendance at the annual New Zealand PRS SET Training Conference is required. Non-attendance requires prior approval of the Supervisor of Training. Trainees on interruption are not required to attend.
- ii. All Trainees are required to present a research paper at this event. Refer to Section 4.14 of these Regulations for more information.
- iii. Trainees who have satisfactorily completed the research component of their training requirement may apply to the NZBPRS Chair for exemption from presenting a research paper. Requests for exemption are to be forwarded to the Chair via the NZAPS Training Manager.
- iv. Trainees must advise the NZAPS Training Manager if they do not wish to receive a research point from their presentation at the NZ PRS Training Conference.
- v. Within two weeks of the conference, the research presentation judging panel will forward to the NZAPS Training Manager a copy of the presentation score sheets and advise the names of the top two Trainees selected to present for the Emmett Prize at the Australasian SET Registrar's Conference.

### 4.12.3 Other Conferences and Meetings

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

- RACS Annual Scientific Congress (ASC)
- NZAPS Annual Scientific Meeting (ASM)
- ASPS (Australia) Plastic Surgery Congress (PSC)
- ASPS (USA) Plastic Surgery - The Meeting – (PSTM)
- Australian and New Zealand Burn Association (ANZBA) Annual Scientific Meeting
- NZ Society for Surgery of the Hand Meeting (NZSSH)
- Australian Hand Society Meeting
- Australian and New Zealand Head and Neck Cancer Society (ANZHNCS)
- 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. ASPS (USA) Education Network (EdNet) Modules

- i. The ASPS (USA) Education Network (EdNet) is a quality-learning tool that is available to all Aotearoa New Zealand Plastic and Reconstructive Surgery SET Trainees. Trainees will have access to EdNet from SET 1.
- ii. It is a mandatory requirement for Trainees to complete the required online EdNet Modules prior to application to sit the Fellowship Examination.
- iii. Modules can be accessed at <https://ednet.plasticsurgery.org/> under Resident Education Center.
- iv. There are a total of eight mandatory modules – Module 1 is required to be completed by the end of SET 1. Modules 2 to 6 are to be completed by the end of SET 3. Module 7 is to be completed by the end of SET 4 and Module 9 is to be completed by the end of SET 5.1.
- v. Module 8 (Non-Clinical) is recommended to be completed but not mandated.
- vi. Failure to complete the required number of modules in the above period will result in an unsatisfactory term.
- vii. Trainees will have the opportunity to discuss any completed EdNet modules at their Performance Review Meetings. Trainees must keep a copy of their complete modules and forward it to their Supervisor of Training for discussion at the meetings.
- viii. Supervisors approve satisfactory completion of modules on the Professional Performance Assessment (PPA) form.
- ix. A criterion of approval to sit the Fellowship Examination is that all modules are completed.

<b>Module</b>	<b>To be completed by</b>
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
9. Gender Affirmation Surgery	End of SET 5.1

#### 4.14. Research Requirement

- i. Trainees must achieve four research points during their training. Awarding a research point is at the discretion of the NZBPRS Chair.
- ii. Trainees are permitted to submit research approval requests to the NZBPRS Chair four times during the year, at midterm and at the end of term for rotation one and rotation two.
- iii. **Research activities must satisfy the following criteria:**
  - a. The work has been undertaken during SET in PRS. This excludes research undertaken prior to gaining entry onto the SET programme.
  - b. The topic of research must be one of relevance to PRS. The decision on relevance is at the discretion of NZBPRS.
  - c. The work must be undertaken in a hospital or institution located in Aotearoa New Zealand.
  - d. The Trainee must be primarily responsible for initiating, executing, and preparing the body of work submitted (i.e., primary author). If the Trainee is not the first (primary) author, 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.
  - e. One research project will be awarded points once; if there are multiple successful applications for any given research project, only the highest score will be valid.
  - f. The credit worthiness of research submitted for points is at the discretion of the NZBPRS.
  - g. Trainees must submit a completed Research Approval Form, a copy of the research and supporting comprehensive evidence of the research to the NZAPS office. Evidence can be in the form of an event programme, abstract, publication acceptance, or a letter from a research supervisor.
- iv. **Research activities can be categorised as:**
  - a. Publication
  - b. Presentation Oral /Poster
  - c. Research Audit
  - d. Full-time research study with enrolment in a higher degree

#### 4.14.1 Allocation of Research Points

<b>Publications</b>	<b>Points</b>
Publications	- maximum of 3 points
Book chapter	- eligible for 2 points
<b>Presentation Oral/Poster</b>	
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
<b>Literature Review</b>	- eligible for 1 point
<b>CLEAR Course</b> (if completed within SET Training)	- eligible for 1 point
<b>Research Audit</b>	- eligible for 1 point
<b>Full time research study</b> with enrolment in a higher degree	- maximum of 4 points

#### 4.14.2 Publications

- i. Publications, including book chapters, may be submitted for research points. Letters to the editor are not considered publications and are therefore ineligible for submission.
- ii. 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
- iii. Publications will be judged on the following criteria:
  - a. Publication in a recognised, peer reviewed, PRS journal. Other non-PRS journals may be considered for assessment.

##### 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,

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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.

### b. Quality of work based on level of evidence:

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

### c. Original laboratory-based scientific research.

#### 4.14.3 Oral Presentations

- i. An oral presentation accepted at the following scientific meetings may be considered for the allocation of research points.

##### 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)

- ii. **One point** is awarded for a PRS paper presented at an Aotearoa New Zealand or Australasian meeting.

A **maximum of two points** are to be awarded for an oral presentation at an international meeting.

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- iii. Presentations at other international scientific meetings may be submitted for consideration.

### 4.14.4 NZ PRS SET Registrar Conference Presentations

- i. All Trainees are required to present a research paper annually at the Aotearoa New Zealand PRS SET Registrar Conference. Trainees may choose their research papers. These presentations will be awarded **one point** based on the criteria stipulated under Section 4.14 (ii) and the following criteria:
  - a. The paper must be a research presentation; case reports are **not** eligible for research points.
  - b. The presentation must be of a professional standard and meet the minimum standard set by the NZBPRS.
  - c. The research must demonstrate comprehensive analysis and firm conclusions.
- ii. The best two papers will be selected to present at the Australasian SET Registrars Conference for the Emmett Prize. An additional point will be awarded once the Trainee has presented at the SET Registrars Conference. Presentations are seven minutes in length with two minutes for questions.

### 4.14.5 Poster Presentations

- i. A poster presentation accepted at the scientific meetings listed below may be considered for the allocation of research points.
- ii. A **maximum of one point** will be awarded for a poster presentation.
- iii. Posters accepted at other international scientific meetings may be submitted for assessment.

#### 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)

#### 4.14.6 Literature Review

- i. 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.
- ii. 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.
- iii. 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:

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

#### 4.14.7 CLEAR Course

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

#### 4.14.8 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 Surgical Audit and Peer Review Guidelines](#), i.e. A Trainee should have:

- a. Identified a standard, with evidence.
- b. Carried out a review of current practice.
- c. Compared the results to the standard.
- d. Implemented change with reflection.
- e. Initiated a plan to/ or completed a re-audit.

#### 4.14.9 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 NZBPRS. 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 NZBPRS and located within Australia and/or Aotearoa New Zealand. For more

information, refer to Section 5 of these Regulations.

#### 4.14.10 Multi-Centre or Long-term Research Project

For Trainees wishing to be involved in longer term and collaborative research, such as a multi-centre randomised controlled trial, the following research points will be considered. Trainees interested in this research option should discuss it with their Supervisor of Training.

Level of Involvement	Points eligibility	Requirement
Integral in study design, responsible for ethical approval and initial set up of database and data collection.	Up to 3 points	Requires supporting letter from SMO involved and evidence of work.
Lead data collector for 12 months in PRS unit.	1 point	Data collection for more than 12 months does not automatically mean more than one point will be awarded
Write up and publication as first author.	Up to 3 points	As per other regulations
Lead author from PRS unit, but not first author.	1 point	Needs to justify contribution. Cannot claim for data collection and as an author.

## 5. TRAINEES UNDERTAKING FULL TIME RESEARCH

- i. Trainees must request prospective approval from the NZBPRS in writing to undertake full-time research. Any research must progress scientific, medical, and surgical knowledge specific to the specialty of PRS.
- ii. Written requests must provide full details of the research including its relevance to PRS, that the research is under the auspices of a recognised formal entity and the research must be fully compliant with NHMRC standards and guidelines.
- iii. The NZBPRS has discretion in granting approval of all requests by Trainees to interrupt SET for full time research.
- iv. This process is initiated through contacting the NZAPS Training Manager at the NZAPS office.
- v. Where a Trainee has been selected into SET and has been awarded a RACS research

scholarship, the NZBPRS will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.

## **5.1. Accreditation of Clinical Training Whilst Undertaking Research**

- i. Accredited training time may be awarded for prospectively approved full-time research that includes a clinical workload. Accreditation of training time is at the NZBPRS' discretion and the NZBPRS will consider each proposal on its merits.
- ii. Applications for accreditation of clinical time during the research period must include formal evidence of approved equivalent clinical activity undertaken and the relevant percentage of research versus clinical time must be clearly documented. Trainees must complete and submit a clinical research hours spreadsheet.
- iii. Research undertaken prior to commencing SET in PRS cannot be submitted for consideration for time in lieu of clinical training.
- iv. Accredited training time will be awarded on a pro-rata basis depending on the clinical workload and composition. Where the NZBPRS 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.

## **5.2. Options for Postgraduate Surgical Research**

### **5.2.1 Research degrees by coursework/treatise**

These degrees are offered as part-time over two years at a few 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)

### **5.2.2 Research by laboratory investigation**

- i. 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)
- ii. 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)
- iii. 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 NZBPRS will only consider this in cases where the research has direct relevance to PRS.

### **5.3. Categories of Postgraduate Surgical Research**

#### **5.3.1. Full time research with no clinical exposure**

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

#### **5.3.2. Full time research with clinical exposure**

- i. 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 must at least equal that of other SET trainees in their department to claim 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 considered when applying to have this time accredited toward SET. A minimum of one half-day operating session per week is required to claim 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 on supervised clinical activities. Participation in an on-call roster allied to a recognised SET post is encouraged.

- ii. 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.

#### **5.4. Further Considerations**

- i. All Trainees wishing to have their clinical activities assessed must present proof of attendance at registrar teaching sessions and the annual Australasian PRS SET Registrars Conference.
- ii. Research projects undertaken during the period of SET must be judged by the NZBPRS to have specific relevance to PRS for accredited training time to be granted.
- iii. Clinical exposure must include:
  - on-call participation
  - surgical assistance
  - participation in consulting/outpatients and elective surgery
- iv. The onus is on the Trainee to demonstrate how the research meets these three elements.
- v. 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.

### **6. FELLOWSHIP APPLICATION**

- i. Trainees must satisfactorily complete all the training requirements to be eligible for Fellowship. All requirements must be completed in accredited training posts approved by the NZBPRS.
- ii. 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 NZBPRS Chair is required. Trainees should refer to the RACS website for details about how to apply for admission to Fellowship.
- iii. Fellowship applications are administered by RACS and information is available on the [RACS website](#).

### **7. DISMISSAL FROM TRAINING**

- i. Trainees may be considered for dismissal from the SET programme for one or more of the following reasons:
  - a. Unsatisfactory performance.
  - b. Falsifying case procedure details in their MALT logbooks.
  - c. Misconduct.
  - d. Failure to complete training requirements within the specified timeframes.

- e. Failure to meet training requirements as specified in the Training Handbook.
  - f. Failure to comply with written direction of RACS, its NZBPRS and Committees.
  - g. Failure to pay training related fees by due deadlines.
  - h. Failure to maintain general medical registration or general scope registration.
  - i. Failure to achieve or maintain employment in accredited training posts; and
  - j. Other circumstances as specified by the NZBPRS.
- ii. The RACS Regulation 'Dismissal from Surgical Training' (that provides additional information on the grounds and procedures for dismissal) shall apply.

### **7.1. Dismissal for Unsatisfactory Performance**

- i. Trainees may be considered for dismissal for unsatisfactory performance if:
  - a. A Trainee's performance has been rated as unsatisfactory during a Probationary Term i.e., the Trainee has two consecutive unsatisfactory terms.
  - b. A Trainee's performance has been rated as unsatisfactory for three or more non-consecutive assessment terms at any time during their SET programme.
- ii. If dismissal is considered under 7.1.(i) (b), NZBPRS must provide the Trainee with written notification after the second unsatisfactory assessment period that a further unsatisfactory assessment period at any time during their SET programme may result in dismissal.

### **7.2. Review of Trainee Performance or Misconduct**

- i. Where a Trainee is being considered for dismissal for unsatisfactory performance or misconduct, a Review Committee will be established to review the Trainee's performance or alleged misconduct.
- ii. The Review Committee will consist of a minimum of three and a maximum of five members, at least one of whom should be a NZBPRS member and at least two should be Fellows of RACS. Members of the Review Committee should not be direct members of the Trainee's current team. The NZBPRS Chair will appoint one of the Review Committee members as Chair.
- iii. The Review Committee will review relevant documentation and 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

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- documentation must be made available to the Trainee. The Review Committee will make a recommendation to the NZBPRS regarding the Trainee's ongoing participation on the training programme.
- iv. A minimum of ten working days' notice of the Review Committee meeting, will be provided to the Trainee advising:
    - a. The purpose of the meeting is to consider their continued participation in the SET programme.
    - b. A support person may accompany the Trainee but cannot advocate for the Trainee or be a practicing lawyer.
    - c. The Trainee can also elect to make a written submission to the Review Committee, submitted via the NZAPS Training Manager a minimum of three working days before the meeting.
  - v. Where a Trainee is duly notified of the meeting and declines to attend, the Review Committee may make a recommendation to the NZBPRS.
  - vi. If the Review Committee wishes to interview or seek clarification from another person, then these discussions must take place in the presence of the Trainee. The Head of Department or delegated authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.
  - vii. The Review Committee will consider the documented evidence and any oral submissions from the Trainee. Within ten working days of the meeting, the Review Committee will provide the NZBPRS with the minutes of the meeting and advise it in writing that either:
    - a) the Review Committee recommends that the NZBPRS dismiss the Trainee from the SET programme, including the reasons for their recommendation; or
    - b) the Review Committee recommends that the Trainee be permitted to remain on the SET programme with or without provisional conditions, including reasons for their recommendation.
  - viii. At the same time, the Trainee will be provided with a copy of the Review Committee's minutes of meeting and their recommendation, along with written reasons for the recommendation.
  - ix. The NZBPRS must be satisfied that the Review Committee's recommendation can be substantiated, and the correct processes have been followed and adequately documented.

- x. The NZBPRS will make the decision on whether the Trainee should be dismissed or any additional probationary periods or conditions that should be applied if the Trainee is not dismissed. Any member of the NZBPRS who is a member of the Review Committee must withdraw from these deliberations.
- xi. The Trainee will be notified of the NZBPRS's final decision within five (5) working days of the meeting. The Trainee will be provided with a copy of the documentation relied on in approving the recommendation for dismissal.
- xii. The NZBPRS will also inform the Chair of the RACS Committee of Surgical Education and Training (CSET) of their decision.

### **7.3. Failure to Complete Training Programme Requirements**

Trainees who fail to complete the training programme requirements within the timeframe specified by the NZBPRS or RACS may be dismissed. Where initiated by the NZBPRS, the NZBPRS will follow the same procedure used for reviewing unsatisfactory performance (7.2).

### **7.4. Failure to Comply with RACS Direction**

- i. 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 as failure to comply with RACS direction. Repeated failure to comply with directions during the period of the SET programme may result in dismissal.
- ii. Trainees will receive written warnings, the second of which will advise that any further breach during the life of the SET programme may result in dismissal.

### **7.5. Pay Outstanding Monies**

Trainees who do not pay outstanding monies owed to RACS or NZAPS will be dismissed in accordance with RACS Speciality Surgical Education and Training Fee Regulations.

### **7.6. Failure to Satisfy Medical Registration or Employment Requirements**

- i. 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

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defined as general medical registration without restriction in Australia and general scope registration (including restricted general scope registration in Plastic and Reconstructive Surgery) in Aotearoa New Zealand.

- ii. 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 programme.
- iii. Trainees must meet the employment conditions of the Employer. If this is not met, dismissal proceedings may commence.
- iv. 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.

## 8. MISCONDUCT

- i. Trainee misconduct will be addressed in accordance with RACS Policies and Regulations, 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:

- a. Discrimination, harassment, or bullying.
  - b. Abusive, violent, threatening, or obscene behaviour.
  - c. Being found guilty of a criminal offence which results in a jail term or restrictions on the Trainee's ability to practice medicine.
  - d. Theft, fraud, or misappropriation of funds.
  - e. Being under the influence of alcohol or illegal drugs while at work.
  - f. Falsification of training records, the MALT logbook, patient documentation or patient treatment.
  - g. Serious breach of patient safety.
  - h. Gross insubordination or wilful disobedience in carrying out lawful requirements of the SET programme.
  - i. Bring RACS's name into disrepute.
  - j. Abandonment of employment or training post.
  - k. Dishonesty.
  - l. Academic misconduct (refer to Academic Misconduct Policy).
- ii. 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

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- Trainee. The Trainee may be suspended from the SET programme, pending an investigation.
- iii. 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 NZBPRS review committee as set out Section 7.2 of these Regulations.
  - iv. 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.
  - v. The Employer should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

## 9. RECONSIDERATION, REVIEWS AND APPEALS

Trainees can challenge decisions regarding their training. Challenges are governed by the RACS [Reconsideration, Review and Appeal Regulation](#) (RRA) The RRA Regulation can be accessed via the [.RACS](#) website and should be referred to prior to submission of a reconsideration, review, or appeal.

## 10. VARIATIONS

The NZBPRS may make variations to these Regulations at any time, which will take effect from the date of publication on the New Zealand Association of Plastic Surgeons 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.

## 11. HOSPITAL ACCREDITATION

- i. The NZBPRS conducts accreditation in line with RACS's [Training Post Accreditation and Administration Regulation](#). The NZBPRS will assess each Training 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.
- ii. The NZBPRS monitors the performance of posts throughout the period of accreditation by reviewing Trainee assessments, complaints, and Supervisor feedback. The NZBPRS

may at any time re-inspect an accredited post if there is a matter of concern. Refusal to assist the NZBPRS may result in the post having its accreditation suspended or withdrawn.

## 12. SUPERVISORS AND TRAINERS

- i. Each accredited training position has a RACS approved Surgical Supervisor or Supervisor of Training nominated by the hospital and approved by the NZBPRS. The Supervisor is the main point of contact between the Unit and the NZBPRS and is expected to relay relevant information from the NZBPRS to the unit. Should the Supervisor have any concerns regarding a Trainee they should signal this in writing to the NZBPRS or advise the NZBPRS at a meeting of the NZBPRS.
- ii. If the Supervisor is absent for a duration of time, a fellow Consultant will be appointed as Acting Supervisor and approved by the NZBPRS.
- iii. Supervisors must comply with the RACS Surgical Supervisors Policy.

### 12.1 Supervisor Responsibilities

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

- i. The implementation of the SET programme in accredited training posts.
- ii. Ensuring that training is delivered according to standards determined by RACS and the NZBPRS.
- iii. Undertaking formative and summative assessment that is fair, transparent, and objective.
- iv. Representing the NZBPRS 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 NZBPRS 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 NZBPRS.

### 12.2 Eligibility for Appointment as a Supervisor

- i. Supervisors should be current Fellows of RACS and must be compliant with RACS continuing professional development programme. In exceptional circumstances, the NZBPRS may approve a non-Fellow as a Supervisor.
- ii. Supervisors are encouraged to be current members of the New Zealand Association of

Plastic Surgeons.

- iii. Supervisors must be a member of staff at the institution in which the designated accredited training position(s) is located.
- iv. Supervisors must be familiar with the SET programme and RACS training policies and must have demonstrated experience with appropriate clinical, administrative, and teaching skills.

### **12.3 Supervisor Training and Continuing Education**

- i. Supervisors must undertake training required by RACS as detailed in the RACS policy: Surgical Supervisors.
- ii. Supervisors should undertake appropriate training in supervision as required by the NZBPRS.

### **12.4 Method of Appointment or Reappointment**

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

### **12.5 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 the initial tenure of the Supervisor of Training, the NZBPRS 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.

### **12.6 Trainers**

- i. Surgical 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.
- ii. Surgical Trainers must complete the mandatory training specified in RACS Surgical Trainers policy and any other training specified by the NZBPRS.

### **13. RECOGNITION OF PRIOR LEARNING (RPL)**

- i. Applications for RPL for clinical experience may be considered provided the experience was:
  - a. undertaken in a clinical location accredited by a state or national accreditation authority.
  - b. in the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks.
  - c. supervised by a clinician (surgeon or other appropriately qualified consultant);  
and
  - d. obtained within the last two years.
  - e. supported by a logbook.
- ii. When applying for RPL for clinical experience, applicants will be required to demonstrate how that experience has contributed to the acquisition of the ten RACS competencies.
- iii. In considering a request for RPL, a retrospective assessment report will be requested from the supervising clinician. Where a report cannot be obtained, RPL will not be granted.
- iv. The NZBPRS 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.
- v. RPL granted for clinical experience may lead to an overall reduction in the total duration of the SET Programme but will not exempt Trainees from completing all elements of assigned rotations. RPL may be granted for the PRSSP course where the NZBPRS assesses that the curriculum of the completed course is equivalent. Trainees seeking RPL should apply to the NZBPRS.

## 14. TRAINING CONTACTS

Training Contacts		
Primary Contact for Training Related Enquiries		
NZAPS Training Manager: New Zealand Board of Plastic and Reconstructive Surgery New Zealand Association of Plastic Surgeons, Te Kāhui Whakamōhou Kiri		
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	Dr Andrew Davidson	<a href="mailto:Andrew.Davidson@cdhb.health.nz">Andrew.Davidson@cdhb.health.nz</a>
Hutt Hospital	Dr Fiona Smithers	<a href="mailto:Fiona.Smithers@huttvalleydhb.org.nz">Fiona.Smithers@huttvalleydhb.org.nz</a>
Hutt Hospital	Dr Heather Greig	<a href="mailto:Heather.Greig@huttvalleydhb.org.nz">Heather.Greig@huttvalleydhb.org.nz</a>
Middlemore Hospital	Dr Amelia Boucher	<a href="mailto:amelia.boucher@middlemore.co.nz">amelia.boucher@middlemore.co.nz</a>
Middlemore Hospital	Mr Jonathan Heather	<a href="mailto:Jonathan.Heather@middlemore.co.nz">Jonathan.Heather@middlemore.co.nz</a>
Waikato Hospital	Mr Simon Nicholson	<a href="mailto:Simon.nicholson@waikatodhb.health.nz">Simon.nicholson@waikatodhb.health.nz</a>
Dunedin Hospital	Mr Will McMillan	<a href="mailto:will.mcmillan@southerndhb.govt.nz">will.mcmillan@southerndhb.govt.nz</a>

## 15. FELLOWSHIPS AND SCHOLARSHIPS

### 15.1 The Emmett Prize

- i. Professor Anthony Emmett donated the funds for this Prize in 1993 with the intention 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”.
- ii. Prizes may be awarded for the best clinical paper and best research presentation at the Australasian PRS SET Registrar Conference and is for publication.
- iii. 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)
- iv. The prize will be announced at the end of the Trainee presentations.

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- v. The convenor shall inform the ASPS Secretary who will arrange transfer of funds, following publication.
- vi. All decisions are made in accordance with the PRS Surgery Emmett Prize Policy, available on the RACS website.

### 15.2 The Australasian Foundation for Plastic Surgery

The Foundation organises an annual grant programme to support the participation of a PRS registrar to accompany an Interplast mission for one week. All SET 4 and 5 PRS Registrars in Aotearoa New Zealand and Australia are eligible to apply. More information can be found at [www.plasticsurgeryfoundation.org.au](http://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 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. More information regarding the Foundation PRS Research Grant can be found on the Foundation website ([www.plasticsurgeryfoundation.org.au](http://www.plasticsurgeryfoundation.org.au)) or by contacting the Foundation secretariat.

### 15.4 Gillies Travelling Fund Charitable Trust

The Gillies Travelling Fund (GTF) is a Charitable Trust with the primary purpose of “helping to improve and advance the field of Plastic and Reconstructive surgery in New Zealand” through education and research. The Trust will provide monetary grants to successful applicants for this purpose. Eligible applicants for grants will be advanced New Zealand PRS SET trainees or PRS surgeons recently completed training.

The Trust will consider applications for the following educational activities: overseas fellowship; attendance at an international meeting/ course; research project; costs related to a higher degree; costs related to publication of works or funding a visiting expert to support trainee activities.

<https://plasticsurgery.org.nz/about-us/gillies-travelling-fund-charitable-trust/>

## 16. LIST OF ABBREVIATIONS AND ACRONYMS

<b>AMC</b>	Australian Medical Council
<b>ANZBA</b>	Australian and New Zealand Burns Association
<b>Applicant</b>	A doctor who applies for entry to the Surgical Education and Training programme
<b>ASSET</b>	Australian and New Zealand Surgical Skills Education Training
<b>ASPS</b>	Australian Society of Plastic Surgeons (AUS)
<b>ASPS</b>	American Society of Plastic Surgeons (USA)
<b>ATLS</b>	Advanced Trauma Life Support
<b>CCrISP</b>	Care of the Critically Ill Surgical Patient
<b>CLEAR</b>	Critical Literature Evaluation and Research
<b>CMF</b>	Craniofacial
<b>CPD</b>	Continuing Professional Development
<b>CSET</b>	Committee of Surgical Education and Training
<b>DOPS</b>	Direct Observation of Procedural Skills
<b>EdNet</b>	Education Network Modules
<b>Employer</b>	the employing authority of the Trainee
<b>EMSB</b>	Emergency Management of Severe Burns
<b>FRACS</b>	Fellowship of the Royal Australasian College of Surgeons
<b>GTF</b>	Gillies Travelling Fund
<b>MALT</b>	Morbidity Audit and Logbook Tool
<b>MCNZ</b>	Medical Council of New Zealand
<b>Mini-CEX</b>	Mini Clinical Evaluation Exercise
<b>NZAPS</b>	New Zealand Association of Plastic Surgeons
<b>NZBPRS</b>	New Zealand Board of Plastic and Reconstructive Surgery
<b>PRS</b>	Plastic and Reconstructive Surgery
<b>PPA</b>	Professional Performance Assessment

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Surgery**

<b>PMP</b>	Performance Management Plan
<b>RACS</b>	Royal Australasian College of Surgeons
<b>RPL</b>	Recognition of Prior Learning
<b>RRA</b>	Reconsideration, Review and Appeal
<b>Selection</b>	the process for selecting doctors for entry into Surgical Education and Training
<b>SET</b>	Surgical Education and Training
<b>SIMG</b>	Specialist International Medical Graduate
<b>Supervisor</b>	Supervisor of Training or Surgical Supervisor
<b>SLP</b>	Supported Learning Plan
<b>TIPS</b>	Training in Professional Skills
<b>Trainees</b>	a doctor who has been accepted into the SET programme for PRS
<b>Trainer</b>	Consultant surgeon who is FRACS or equivalent
<b>Training Unit</b>	a hospital unit that has been accredited for SET in accordance with Section 11 of these Regulations