



# **REGULATIONS HANDBOOK**

**Surgical Education and Training in Neurosurgery**

Updated December 2011



# REGULATIONS HANDBOOK

## SURGICAL EDUCATION AND TRAINING IN NEUROSURGERY

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

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## SECTION 1: INTRODUCTION TO THE SET PROGRAM

### 1.1 Overview of the SET Program in Neurosurgery

- 1.1.1 The Australian and New Zealand primary postgraduate qualification required to practice as an independent specialist neurosurgeon in the respective countries is the Fellowship of the Royal Australasian College of Surgeons (FRACS) in Neurosurgery.
- 1.1.2 The Royal Australasian College of Surgeons (the RACS) is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand. The Surgical Education and Training Program in Neurosurgery (SET Program) is the accredited training program to obtain the FRACS and operates in Australia, New Zealand and Singapore. The administration and management of the SET Program is delegated to the Neurosurgical Society of Australasia (the NSA) as an agent of the RACS. The Board of Neurosurgery (the Board) has dual reporting roles and represents both the RACS and the NSA on all matters relating to the SET Program (see section 2).
- 1.1.3 The official website for the SET Program is the NSA website at [www.nsa.org.au](http://www.nsa.org.au). All trainees, surgical supervisors and key stakeholders receive access passwords to the restricted section of the website. This section contains forms and other essential information. The official website for the RACS is [www.surgeons.org](http://www.surgeons.org).
- 1.1.4 For assistance or information on the SET Program please contact:
- SET Program in Neurosurgery  
College of Surgeons' Gardens  
250 – 290 Spring Street  
East Melbourne Victoria 3002  
Australia  
Phone + 61 3 9249 1280  
Fax + 61 3 9249 1293  
Email [set.neurosurgery@surgeons.org](mailto:set.neurosurgery@surgeons.org)

### 1.2 Overview of the Regulations for the SET Program in Neurosurgery

- 1.2.1 The Regulations encompass the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program. These Regulations are in accordance with the strategic direction of the RACS and supplement the RACS policies. At times these Regulations may refer directly to a generic RACS policy. In such instances these additional policies can be found at [www.surgeons.org](http://www.surgeons.org).
- 1.2.2 All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations at all times.
- 1.2.3 The information in these Regulations is as accurate as possible at the time of printing. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the training website at [www.nsa.org.au](http://www.nsa.org.au). All persons are advised to ensure they are consulting the most current version.
- 1.2.4 In the event of any discrepancy or inconsistency between these Regulations and other information from any source, written, verbal or otherwise, with the exception of RACS policies, these Regulations shall prevail.

### 1.3 Duration and Structure

- 1.3.1 The SET Program is structured on a six year sequential curriculum to facilitate the cumulative acquisition of the experience, knowledge, skills and attributes aligned with the overall objective.



- 1.3.2 Five years are clinical years including a basic neurosurgical foundational year and subsequent specialist neurosurgical years increasing in complexity as the trainee assumes more responsibility and builds on the foundational experience, knowledge, skills and attributes towards the required level of competence.
- 1.3.3 One year is a compulsory research year to provide the necessary skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices.
- 1.3.4 The SET Program duration for individual trainees may be decreased or increased in accordance with these Regulations.

## 1.4 Registration and Training Fees

- 1.4.1 Trainees selected to the SET Program will be registered with the RACS in accordance with the RACS Trainee Registration and Variation Policy.
- 1.4.2 Surgical training fees are approved by the RACS in October each year and published on the RACS website at [www.surgeons.org](http://www.surgeons.org). Invoices are issued prior to the commencement of the training year. The RACS is responsible for determination of fees, invoicing and collection of fees.
- 1.4.3 Trainees who fail to pay outstanding monies owed to the RACS may be dismissed in accordance with the RACS Dismissal from Surgical Training Policy.

## 1.5 Leave

- 1.5.1 Trainees undertaking full-time training are entitled to a maximum of six weeks' leave per six month rotation subject to approval by the employing authority. Periods beyond this may result in the rotation being deemed unsatisfactory.
- 1.5.2 The maximum leave entitlement is inclusive of, but not limited to, combined annual, personal, compassionate, parental, study, conference and carer's leave. Trainees wishing to take more than six weeks leave must apply for interruption of training (see clause 1.6.3).

## 1.6 Deferment, Interruption and Part Time Training

- 1.6.1 Applications for deferred, interrupted or part time training may be approved in a range of circumstances, including ill-health, research, and parenting. For further details please refer to the RACS Trainee Registration and Variation Policy.
- 1.6.2 New trainees wishing to defer commencement on the SET Program to complete a higher research degree relevant to neurosurgery must be undertaking the higher degree at the time of application for selection. The maximum period of deferment that will be granted for research is 12 months. Additional periods of interruption to continue the research will not be granted.
- 1.6.3 Existing trainees wishing to interrupt their SET Program to undertake a higher research degree relevant to neurosurgery may apply for interruption following satisfactory completion of their SET2 training year and prior to commencement of their SET5 training year. The application must be submitted prior to 1 June in the year prior to the proposed commencement of the interruption and may only be granted if there has been no unsatisfactory performance in the 12 months prior to the application.
- 1.6.4 Existing trainees wishing to interrupt their SET Program for other circumstances including ill-health and parenting can apply at any time in writing to the Board. In circumstances of ill-health a medical certificate for the proposed period of interruption must be provided.
- 1.6.5 Interruptions for any purpose will only be granted in 12 month increments to coincide with the training years.



- 1.6.6 The Board fully supports the concept of part time training while recognising the complexities in arranging the logistics to make the SET Program feasible. The Board is unable to guarantee that part time accredited training positions can be identified and requests fulfilled.

## 1.7 Completion of the SET Program

- 1.7.1 On successful completion of the SET Program the Chair of the Board shall recommend to the RACS Censor-in-Chief the awarding of the RACS Fellowship in Neurosurgery. The Fellowship process once signed off by the Board is coordinated by the RACS.

## 1.8 Grievance and Appeal Process

- 1.8.1 Any person adversely affected by a decision made by the Board or a surgical supervisor may, within one month of being notified of the decision apply in writing to the Board Chair to have the decision reviewed by the full Board.
- 1.8.2 In submitting a written grievance the person must include the grounds for the grievance, the remedy sought and any relevant supporting documentation.
- 1.8.3 If the grounds for the written grievance rely on special consideration, the trainee should address this specifically. Special circumstances are defined by the Board as abnormal, rare or extreme events which are beyond the trainees' control, have a prolonged impact and which would not normally be expected or planned for.
- 1.8.4 The Board will make a decision on the basis of the evidence taking into account the quality and relevance of supporting documentation. It is the trainees' responsibility to ensure all the evidence available to support their submission accompanies the submission.
- 1.8.5 The written grievance will be considered by the Board within twenty business days of its receipt.
- 1.8.6 The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate justification. Where the original decision is varied or overturned the decision of the Board will take effect from the date of notification.
- 1.8.7 Notwithstanding the above any person adversely affected by a decision made by the Board or a surgical supervisor may, within three months' of receipt of notice of the decision, apply for reconsideration directly through the RACS Censor-in-Chief's Decisions Review Committee or appeal the decision in accordance with the RACS Appeals Mechanism. These policies can be found at [www.surgeons.org](http://www.surgeons.org).



## SECTION 2: BOARD OF NEUROSURGERY & GOVERNANCE

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### 2.1 SET Program in Neurosurgery Governance

- 2.1.1 The Board is responsible for the delivery of the SET Program and associated activities as delegated in the RACS policy Terms of Reference for Specialty Boards and their Regional Subcommittees. The Board is responsible for advising the RACS Council on training and accreditation via the RACS Board of Surgical Education and Training and the RACS Education Board.
- 2.1.2 The RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand.
- 2.1.3 The administration and management of the SET Program is delegated to the NSA in accordance with the Service Agreement.
- 2.1.4 The Board has dual reporting roles and represents both the RACS and the NSA on all matters relating to the SET Program.

### 2.2 Composition of the Board of Neurosurgery

- 2.2.1 As a minimum, the Board shall consist of the following members:
  - (a) An elected Chair of the Board
  - (b) An elected Deputy Chair of the Board
  - (c) An elected member resident from each region, including New Zealand, in which accredited training positions are located
  - (d) An elected Trainee Representative
  - (e) The Senior Examiner in Neurosurgery, ex-officio
  - (f) The Basic Science Examiner in Neurosurgery, ex-officio
  - (g) The President of the NSA, ex-officio
  - (h) The RACS Neurosurgical Councillor, ex-officio
  - (i) The past Chair of the Board, co-opted
- 2.2.2 At its own discretion the Board may co-opt additional members who are members of the NSA and Fellows of the RACS practicing in Neurosurgery.
- 2.2.3 The RACS Chief Executive Officer or his/her delegate may attend the meetings of the Board and the RACS President may Chair any meeting with appropriate notice.

### 2.3 Eligibility Criteria

- 2.3.1 Members must satisfy the following eligibility criteria for the duration of their tenure. If there is a change in circumstances and a Board Member no longer satisfies the eligibility criteria they may be removed from the Board and their position declared vacant.
- 2.3.2 The Chair and Deputy Chair identified in 2.2.1 (a) and (b) must:
  - (a) be a Fellow of the RACS practicing in Neurosurgery
  - (b) be a member of the NSA
  - (c) be an elected member of the Board at the time of their nomination



2.3.3 Elected members identified in 2.2.1 (c) must:

- (a) be a Fellow of the RACS practicing in Neurosurgery
- (b) be a member of the NSA
- (c) reside in the geographical location of the vacancy
- (d) remain in the geographical location for duration of their tenure

2.3.4 The Trainee Representative identified in 2.2.1 (d) must:

- (a) be registered in the SET Program
- (b) remain registered for the duration of their tenure
- (c) have the support of the supervisor of surgical training for the year of tenure
- (d) have no previous record of unsatisfactory performance in any area

2.3.5 The Basic Science Examiner in Neurosurgery identified in 2.2.1 (f) must:

- (a) be a Fellow of the RACS in Neurosurgery
- (b) be a member of the NSA

## 2.4 Nomination and Election Process

2.4.1 When a vacancy on the Board occurs, or an elected member or representative has completed a term of office, a call for nominations to all eligible persons will be circulated.

2.4.2 Nominations must be on the nomination form and must be received in hard copy prior to the communicated closing date. Nominations must be signed by two other eligible persons.

2.4.3 In the event that no nominations are received a second call for nominations will be conducted in accordance with 2.4.1 and 2.4.2.

2.4.4 In the event that the total number of eligible nominations received equals the number of vacancies to be filled the nominees shall be declared elected.

2.4.5 In the event that the total number of eligible nominations received exceeds the number of vacancies to be filled a ballot form, listing the names of the nominees in alphabetical order and voting instructions, shall be forwarded to all eligible persons.

2.4.6 Eligible persons, if they elect to vote, shall complete the ballot form in accordance with the voting instructions. Ballot forms must be returned prior to the communicated closing date. Any ballot forms received thereafter or that fail to comply with the voting instructions shall be deemed invalid and shall not be counted.

2.4.7 The votes shall be counted by the Board Chair and the Executive Director of the NSA.

2.4.8 The eligible nominee with the highest number of votes shall be declared elected. Where two or more nominees receive an equal number of votes the Board Chair shall make the casting vote.

## 2.5 Method of Election for the Board Chair and Deputy Chair

2.5.1 The Chair and a Deputy Chair of the Board are elected from and by the Board membership in a secret ballot. If a nomination is uncontested the nominee will be declared elected without the need for a secret ballot.

## 2.6 Terms of Office

2.6.1 The Chair and Deputy Chair shall hold office for three years after appointment and shall be eligible for re-election for a further two periods of three years up to a maximum continuous



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period of nine years unless otherwise approved by the Board. The maximum term for each position is in addition to any previous term on the Board in another capacity.

- 2.6.2 Elected Members of the Board shall hold office for three years after appointment and shall be eligible for re-election for a further two periods of three years up to a maximum continuous period of nine years.
- 2.6.3 Members who sit on the Board ex-officio do so for the term of office of that position.
- 2.6.4 Members who are co-opted on the Board do so for a term determined by the Board Chair.
- 2.6.5 The Trainee Representative shall hold tenure for one year commencing in January and concluding in December. The trainee representative shall not be eligible for re-election.
- 2.6.6 Elected members of the Board who also hold an ex-officio position or the position of Deputy Chair may perform both roles simultaneously. The Board Chair cannot hold simultaneous roles.
- 2.6.7 The calculation of the maximum term for the position of an elected Member excludes any duration of time where simultaneous positions are held.
- 2.6.8 In calculating the terms of office for existing Board members at the time this policy was introduced, all previous terms of office shall be recognised.

## 2.7 Attendance and participation in meetings

- 2.7.1 Travel and expense reimbursements for attendance at meetings shall be in accordance with the NSA Travel and Expense Reimbursement Policy applicable to all Board members.
- 2.7.2 Board members may request for items to be placed on the Board agenda for discussion. The inclusion and discussion of such items is at the discretion of the Board Chair.
- 2.7.3 Members should attend all scheduled Board meetings during their tenure.
- 2.7.4 The NSA Conflict of Interest Policy will apply to all Board Members and Board meetings.

## 2.8 Voting and Decisions

- 2.8.1 Questions arising at a meeting of the Board shall be determined by a majority of the votes of members who are present at the meeting.
- 2.8.2 Each Member present at a meeting is entitled to one vote but, in the event of an equality of votes on any question, the person presiding may exercise a second or casting vote.
- 2.8.3 Notwithstanding the above, at the discretion of the Board Chair, in exceptional circumstances when sensitive issues are discussed relating to other trainees, the trainee representative may be excluded from participating in discussions and may be required to be absent from the meeting for the duration of the matters under consideration.
- 2.8.4 Notwithstanding the above, a member may be excluded from voting in accordance with the NSA Conflict of Interest Policy.

## 2.9 Duties and Responsibilities

- 2.9.1 The Chair is responsible for the oversight of the SET Program policies and the maintenance of surgical education, training, assessment standards and communication of decisions. The Chair is a member of, and reports to, the RACS Board of Surgical Education and Training.



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- 2.9.2 The Deputy Chair deputises for the Chair during absences, or as delegated by the Chair. The Deputy Chair may also have responsibility for the oversight of specific portfolios as delegated by the Chair.
- 2.9.3 The elected Board members are responsible for providing feedback relating to their geographical jurisdiction and participating in the review and development of all aspects relating to the SET Program.
- 2.9.4 The elected trainee representative is responsible for providing feedback from a trainee perspective and participating in the review and development of aspects relating to the SET Program.
- 2.9.5 The Senior Examiner in Neurosurgery is responsible for the relationship between the Board and the Neurosurgery Court of Examiners, and provides a report from the Court to each meeting.
- 2.9.6 The Basic Science Examiner in Neurosurgery is responsible for the relationship between the Board and the Basic Science Examination bodies, and provides a report to each meeting.
- 2.9.7 The NSA President is responsible for the relationship between the NSA and the RACS.
- 2.9.8 The RACS Neurosurgical Councillor is responsible for the relationship between the Board and the RACS.



## SECTION 3: CURRICULUM COMPONENTS AND STANDARDS

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### 3.1 Curriculum Philosophy and Objective

- 3.1.1 The overall objective of the SET Program is to produce competent independent specialist neurosurgeons with the experience, knowledge, skills and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical and comprehensive care and leadership.
- 3.1.2 To achieve the overall objective, competencies of a graduating trainee have been developed in the RACS competency areas of medical expertise, technical expertise, judgement, communication, collaboration, management and leadership, health advocacy, scholar and teacher and professionalism. The competencies are outlined in the Statement of Competence available on the training website [www.nsa.org.au](http://www.nsa.org.au).
- 3.1.3 The competencies have been integrated into specific learning outcomes at differing levels which are aligned with the syllabus modules and curriculum components.
- 3.1.4 The learning outcomes are delivered by a number of learning methods and opportunities as outlined in the curriculum including structured educational programs, skills courses, self-directed learning and workplace hands on service learning and exploration.
- 3.1.5 To assess the accomplishment of the learning outcomes multiple assessment tools and performance based standards are applied to determine the degree of progression towards the competencies and suitability to continue training.
- 3.1.6 To evaluate the effectiveness in achieving the overall objective the assessment of learning outcomes and other evaluation mechanisms provide direction on potential improvements to the curriculum, training activities and learning methods and opportunities.

### 3.2 Syllabus Modules

- 3.2.1 There are twenty two syllabus modules, each encompassing differing levels of learning outcomes which are aligned with the curriculum components for each level of the SET Program. The modules are available on the training website [www.nsa.org.au](http://www.nsa.org.au).
- 3.2.2 Neurosurgery is a rapidly changing field and although the Board aims to provide a comprehensive, relevant and current syllabus there may be instances when major changes or new advances in neurosurgery require the trainee develop an understanding not encompassed by the syllabus.
- 3.2.3 The trainee is expected to develop independent learning skills. The syllabus should facilitate the development of those skills. The syllabus should direct but not limit the trainee's ongoing education.

### 3.3 Performance Standards

- 3.3.1 Each given year of the SET Program has minimum performance standards used to assess performance and make a determination on progression and suitability to continue training.
- 3.3.2 The number of performance standards each year for individual trainees may increase or decrease in accordance with these Regulations.



- 3.3.3 Where indicated in these Regulations, some performance standards can be completed at an earlier stage of training or exemption granted through recognition of prior learning in accordance with Section 9.

### 3.4 Training Requirements for SET1

- 3.4.1 Satisfactorily complete four (4) three month clinical training rotations in accredited neurosurgical positions as allocated by the Board which may include a maximum of two (2) three month clinical training rotations in another specialty or an intensive care unit; and
- 3.4.2 Satisfactorily participate in a minimum of 75 major neurosurgical procedures for each six months spent in clinical training rotations or equivalent; and
- 3.4.3 Satisfactorily complete one core workplace competency assessment as allocated (for trainees commencing on the SET Program prior to 2012 only); and
- 3.4.4 Satisfactorily complete the RACS Generic Surgical Science Examination; and
- 3.4.5 Satisfactorily complete the RACS Clinical Examination; and
- 3.4.6 Satisfactorily complete the ASSET Course.

### 3.5 Training Requirements for SET2

- 3.5.1 Satisfactorily complete two six month clinical training rotations in accredited neurosurgical positions as allocated by the Board; and
- 3.5.2 Satisfactorily participate in a minimum 100 major neurosurgical procedures during each six month clinical training rotation with the exception of a six month clinical rotation in paediatric neurosurgery only during which trainees must participate in a minimum of 75 major neurosurgical procedures; and
- 3.5.3 Satisfactorily complete three core workplace competency assessments (for trainees commencing on the SET Program prior to 2012 only) or the Basic Neurosurgical Competency Assessment (for trainees commencing on the SET Program from 2012 onwards only); and
- 3.5.4 Satisfactorily complete the Neurosurgery Surgical Science Examination; and
- 3.5.5 Satisfactorily complete two Training Seminars; and
- 3.5.6 Satisfactorily complete the CCrISP Course.

### 3.6 Training Requirements for SET3

- 3.6.1 Satisfactorily complete two six month rotations in accredited neurosurgical clinical rotations as allocated by the Board; and
- 3.6.2 Satisfactorily participate in a minimum 100 major neurosurgical procedures during each six month rotation with the exception of a six month clinical rotation in paediatric neurosurgery only during which trainees must participate in a minimum of 75 major neurosurgical procedures; and
- 3.6.3 Satisfactorily complete four core workplace competency assessments (for trainees commencing on the SET Program prior to 2012 only); and
- 3.6.4 Satisfactorily complete two Training Seminars; and
- 3.6.5 Satisfactorily complete the EMST Course.



### 3.7 Training Requirements for SET4

- 3.7.1 Satisfactorily complete two six month rotations in approved research activities; and
- 3.7.2 Satisfactorily complete two Training Seminars.

### 3.8 Training Requirements for SET5

- 3.8.1 Satisfactorily complete two six month rotations in accredited neurosurgical clinical rotations as allocated by the Board; and
- 3.8.2 Satisfactorily participate in a minimum 100 major neurosurgical procedures during each six month rotation with the exception of a six month clinical rotation in paediatric neurosurgery only during which trainees must participate in a minimum of 75 major neurosurgical procedures; and
- 3.8.3 Satisfactorily complete two Training Seminars; and
- 3.8.4 Satisfactorily complete four core workplace competency assessments (for trainees commencing on the SET Program prior to 2012 only) or the Intermediate Neurosurgical Competency Assessment (for trainees commencing on the SET Program from 2012 onwards only); and
- 3.8.5 Satisfactorily complete the research requirement.

### 3.9 Training Requirements for SET6

- 3.9.1 Satisfactorily complete two six month rotations in accredited neurosurgical clinical rotations as allocated; and
- 3.9.2 Satisfactorily participate in a minimum 100 major neurosurgical procedures during each six month rotation with the exception of a six month clinical rotation in paediatric neurosurgery only during which trainees must participate in a minimum of 75 major neurosurgical procedures; and
- 3.9.3 Satisfactorily participate in a minimum of 50 major paediatric neurosurgical procedures during accredited clinical rotations approved for paediatric experience prior to the end of SET6; and
- 3.9.4 Satisfactorily complete two elective workplace competency assessments (for trainees commencing on the SET Program prior to 2012 only) or the Intermediate Neurosurgical Competency Assessment (for trainees commencing on the SET Program from 2012 onwards only); and
- 3.9.5 Satisfactorily complete the RACS Fellowship Examination in Neurosurgery.



## SECTION 4: PROGRESSION AND PERFORMANCE

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### 4.1 Progression between SET Levels

- 4.1.1 The Board will automatically consider each trainee's progression from one SET Program level (year) to the next annually (following 1 March).
- 4.1.2 To progress from one SET Program level to the next the trainee must:
  - (a) have completed all the training requirements for their current SET Program level; and
  - (b) not be undertaking a period of probationary training.
- 4.1.3 If a trainee has failed a single training requirement or the trainee is on probation the Board may, at its discretion on consideration of the circumstances and trainee record, allow the trainee to progress to the next SET Program level.
- 4.1.4 If a trainee has failed two or more training requirements for a SET Program level the trainee will be required to repeat that SET Program level (training year).
- 4.1.5 Trainees may only repeat each SET Program level (training year) on one occasion before dismissal occurs. Notwithstanding the above dismissal may also occur at any time in accordance with the College policy on Dismissal from Surgical Training.
- 4.1.6 The Board will automatically notify trainees of the Board determination regarding progression annually (on or prior to 20 March).

### 4.2 Unsatisfactory Progression or Performance

- 4.2.1 A trainee in the SET Program may be placed on probation for any one of the following reasons:
  - (a) Failure to submit a training form in the prescribed format by the identified due date
  - (b) An unsatisfactory Professional Performance Assessment or In Training Assessment Report
  - (c) Misconduct
  - (d) Failure to complete SET Program training requirements
  - (e) Failure to comply with RACS directions
  - (f) Failure to pay outstanding monies
  - (g) Failure to satisfy medical registration or employment requirements
- 4.2.2 The probationary period is designed to provide the trainees with the opportunity to learn from their mistakes and to improve their attitudes, behaviours, knowledge and skills where appropriate. A trainee undertaking a probationary period will be classified as probationary status.
- 4.2.3 Where the Board determines that a trainee is to undergo a probationary period the Board will formally notify the trainee, copied to the surgical supervisor and the relevant employing authority, that a probationary period has been applied. Such notification should include:
  - (a) Identification of the reason for the probationary period
  - (b) Confirmation of the remedial action plan
  - (c) Identification of the conditions to be satisfied during the probationary period
  - (d) Notification of the duration of the probationary period
  - (e) Possible implications if any one of the conditions are not satisfied



- 4.2.4 The probationary period set by the Board will usually be no less than three months and no more than six months. In the event of misconduct or where there have been previous probationary periods, the probationary period may be up to twelve months.
- 4.2.5 During the probationary period the trainee's performance should be regularly reviewed by the surgical supervisor and the trainee should be offered constructive feedback and support.
- 4.2.6 If performance has improved and all the conditions have been satisfied at the conclusion of the probationary period the probationary status will be removed and the trainee will be notified in writing.
- 4.2.7 If performance has not improved to the required standard or a condition has not be satisfied at the conclusion of the probationary period the Board may proceed with dismissal in accordance with the RACS policy on Dismissal from Surgical Training.

### 4.3 Dismissal from the SET Program

- 4.3.1 Trainees may be considered for dismissal in accordance with the RACS policy on Dismissal from Surgical Training at any time for any one of the following reasons:
  - (a) Misconduct
  - (b) Unsatisfactory performance
  - (c) Failure to complete training requirements
  - (d) Failure to comply with RACS direction
  - (e) Failure to pay outstanding monies
  - (f) Failure to satisfy medical registration or employment requirements
- 4.3.2 Trainees may be considered for dismissal in accordance with the RACS policy on Dismissal from Surgical Training for unsatisfactory performance at any time for any one of the following reasons:
  - (a) the trainee's performance has been rated as unsatisfactory during a probationary period
  - (b) the trainee has failed to satisfy a condition of a probationary period
  - (c) the trainee's performance has been rated as unsatisfactory for three or more In Training Assessments or Professional Performance Assessments at any time during their SET Program
- 4.3.3 Trainees may be considered for dismissal in accordance with the RACS policy on Dismissal from Surgical Training for failure to complete training requirements at any time. This includes but is not limited to where a trainee fails to successfully complete a RACS examination within the timeframe or number of attempts specified in the relevant RACS policy.
- 4.3.4 Any person adversely affected by a decision made by the Board or a surgical supervisor may, within one month of being notified of the decision apply in writing to the Board Chair to have the decision reviewed by the full Board in accordance with Clause 1.8.
- 4.3.5 Decision relating to dismissal from surgical training may be appealed in accordance with the RACS Appeals Mechanism Policy.



## SECTION 5: CLINICAL TRAINING AND ASSESSMENT

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### 5.1 Clinical Training Positions

- 5.1.1 Clinical training positions facilitate workplace hands on service learning and exploration in a range of training environments providing the opportunity for the trainee to develop, with supervision, the requisite experience, knowledge, skills and attributes necessary to become a competent independent specialist neurosurgeon.
- 5.1.2 Clinical training positions are accredited in accordance with the Training Position Accreditation Regulations available on the NSA website at [www.nsa.org.au](http://www.nsa.org.au).
- 5.1.3 Each training unit has its own profile for patient case mixes, supervision, staffing levels, working requirements for trainees and equipment. The Board believes it is essential for trainees to be exposed to varied working environments during training.
- 5.1.4 The Board conducts the allocation of trainees to accredited positions during all clinical training years. Trainees must be prepared to be assigned to a position anywhere in Australia and New Zealand. Singapore trainees must be prepared to be assigned to the positions in Singapore for SET1, SET2 and SET3.
- 5.1.5 It may not be possible to allocate trainees to their preferences, even if support has been secured from the supervisor of that position. The decision of the Board is final and trainees are not permitted to swap.
- 5.1.6 Each training position has an accreditation duration (length of time a trainee can spend in the position) of up to 12 months. The maximum time that can be spent in a single training unit is determined by the number of accredited training positions and the accreditation duration of each.

### 5.2 Assessment of Clinical Training Performance (for trainees commencing prior to 2012 only)

- 5.2.1 The assessment of performance by the supervisor is fundamental to continuing satisfactory progression. Each accredited position has an approved surgical supervisor. The supervisor is responsible for the supervision and assessment of the trainee in that position.
- 5.2.2 During training a trainee's performance should be regularly reviewed by the supervisor including a three monthly performance assessment meeting.
- 5.2.3 Completion of the in training assessment report, on the prescribed form, must be undertaken at the conclusion of each three month rotation during SET1 and each six month rotation during SET2, SET3, SET5 and SET6.
- 5.2.4 The assessment reports may also be completed more frequently at the request of the Board or at any time as determined by the supervisor where any area of unsatisfactory or marginal performance is identified.
- 5.2.5 The trainee and the supervisor must have a performance assessment meeting to discuss the content of the assessment report completed by the supervisor. The assessment report should be verified by both the trainee and the supervisor to acknowledge that the content has been discussed. Verifying the report does not indicate agreement with the assessment.



- 5.2.6 For each assessment area within the assessment report there are four criterion statements. The supervisor must tick one of the four criterion statements for each assessment area which they believe best describes the trainee's demonstrated attitude, behaviour or skill. The following rating scale applies to the criterion statements:
- (a) The first criterion statement is unsatisfactory
  - (b) The second criterion statement is marginal
  - (c) The third criterion statement is satisfactory
  - (d) The fourth criterion statement is above average
- 5.2.7 Where any area of performance within the report has been rated as unsatisfactory or marginal the remedial plan component of the assessment report must be completed. If the written comments within the report and the criterion statements selected are not consistent the Board may return the report for revision and resubmission within a specified time frame.
- 5.2.8 Trainees' are responsible for ensuring that the completed assessment reports are submitted to the Board in the prescribed manner by the due date. Trainees' are required to retain a copy for their records.
- 5.2.9 The training requirements and clinical training performance standards are as follows:
- (a) SET1 trainees must satisfactorily complete four three month clinical training rotations as allocated by the Board.
  - (b) SET2, SET3, SET5 and SET6 trainees must satisfactorily complete two six month clinical rotations in neurosurgery per year as allocated by the Board including one clinical rotation in paediatric neurosurgery during the four nominated years.
- 5.2.10 A trainee will be rated as unsatisfactory for a clinical training performance standard if the assessment report:
- (a) has not been received or completed in accordance with the Board instructions; or
  - (b) has one or more ratings of unsatisfactory in any area; or
  - (c) has two or more ratings of marginal in any area.
- 5.2.11 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.

### 5.3 Assessment of Operative Experience

- 5.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mixes and caseloads, are essential learning opportunities for trainees to acquire the necessary technical skills and expertise to practice as an independent neurosurgical consultant.
- 5.3.2 Trainees must maintain an operative experience log of all procedures they participate in as part of the SET Program in accredited training positions using the RACS online logbook system available at [www.surgeons.org](http://www.surgeons.org).
- 5.3.3 A logbook summary report must be submitted at the end of each six month clinical training period and must be verified by the surgical supervisor as an accurate record.
- 5.3.4 For each operative case where more than one surgical procedure is undertaken only one procedure may be recorded. For a procedure to be recorded the trainee must have been involved in the performance of the surgery and the pre and post-operative management of the patient in the unit in which the accredited training position is located.
- 5.3.5 When completing the logbook summary report the following classifications apply:



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- (a) Primary Surgeon is when the trainee performs all of the principal procedure (eg clipping the aneurysm, removing tumour, inserting both ends VP shunt). There may be an experienced assistant/supervisor scrubbed.
  - (b) Secondary Surgeon is when the trainee performs a significant part of the principal procedure (eg exposure of aneurysm, exposure and part resection of tumour, one end of VP shunt), or performs one of procedures classified as being performed by conjoint surgeons (eg performing laminectomy where conjoint surgeon performs fusion). This would be more than simple opening/closure of simple craniotomy/spinal cases.
  - (c) Assistant Surgeon includes basic opening/closure of a routine case performed by another surgeon and other standard surgical assistant tasks.
- 5.3.6 When considering the logbook summary report the Board will exclude minor and miscellaneous neurosurgical procedures from the total major neurosurgical procedures performed. Inaccurate recording of procedures in the logbook summary report is classified as misconduct and cause for dismissal.
- 5.3.7 The trainee is responsible for ensuring that the completed logbook summary report is submitted to the Board by the due date and is required to retain a copy for their records.
- 5.3.8 The training requirements and operative experience performance standards are as follows:
- (a) SET1 trainees' must participate in a minimum of 75 major neurosurgical procedures or equivalent for each six months in clinical training rotations.
  - (b) SET2, SET3, SET5 and SET6 trainees' must participate in a minimum of 100 major neurosurgical procedures for each six month clinical training rotation with the exception of a six month clinical rotation in paediatric neurosurgery only during which trainees' must participate in a minimum of 75 major neurosurgical procedures.
  - (c) Prior to completion of SET6 trainees' must participate in a minimum of 50 major paediatric neurosurgical procedures in positions accredited for paediatric neurosurgery.
- 5.3.9 A trainee will be rated as unsatisfactory for a minimum operative experience performance standard if the logbook summary:
- (a) has not been received or completed in accordance with the Board instructions; or
  - (b) does not satisfy the minimum major operative procedure case numbers required.
- 5.3.10 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.

### 5.4 Workplace Competency Assessments (for trainees commencing prior to 2012 only)

- 5.4.1 The Board has introduced core and elective workplace competency assessment forms as a mechanism for the continuous assessment of the suitability and progression of trainees'. The competencies are focused on the assessment of skills that a generalist, undifferentiated neurosurgeon should possess and test the workplace application of the necessary knowledge, skills and behaviours.
- 5.4.2 The workplace competency assessment forms can be accessed in the restricted access section of the training website [www.nsa.org.au](http://www.nsa.org.au).
- 5.4.3 The trainee and the supervisor or nominee must have a performance assessment meeting to discuss the workplace competency assessment form. The supervisor or supervisors' nominee, after direct observation of the trainee, is required to verify that the required standard of competence has been achieved.



- 5.4.4 The trainee will be responsible for ensuring that the satisfactorily completed workplace competency assessment form is submitted to the Board within two weeks of completion and must retain a copy for their records.
- 5.4.5 The requirements and performance standards for workplace competency assessments, noting that they may be completed at an earlier point if desired, are:
- (a) SET1 trainees must complete the 'Performing a Neurological Examination' core workplace competency assessment.
  - (b) SET2 trainees must complete a cumulative total of four core workplace competencies.
  - (c) SET3 trainees must complete a cumulative total of eight core workplace competencies.
  - (d) SET5 trainees must complete a cumulative total of twelve core workplace competencies.
  - (e) SET6 trainees must complete two elective workplace competencies.
- 5.4.6 A trainee will be rated as unsatisfactory for the workplace competency assessment performance standard if:
- (a) the required SET1 core workplace competency assessment form has not been satisfactorily completed or submitted by the communicated due date; or
  - (b) the required number of cumulative satisfactory core and elective workplace competency assessment forms have not been satisfactorily completed or submitted by the communicated due date.
- 5.4.7 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.

## 5.5 Professional Performance Assessment (for trainees commencing from 2012 onwards only)

- 5.5.1 The standards in the Professional Performance Assessment (PPA) Report are the minimum standards the Board would expect trainees' to have prior to entering the SET Program. These minimum standards must be maintained or exceeded at all times during the SET Program.
- 5.5.2 Completion of the PPA Report, on the prescribed form, must be undertaken quarterly during each year of training as part of the SET Program or more frequently where requested by the Board or where the supervisor identifies unsatisfactory performance.
- 5.5.3 The trainee and the supervisor should have a meeting to discuss the PPA Report which is completed by the supervisor. The PPA Report should be verified by both the trainee and the supervisor to acknowledge that the content has been discussed. Verifying the PPA Report does not indicate agreement with the assessment.
- 5.5.4 For each assessment area within the PPA Report, guidelines of what would be considered the minimum acceptable standard of performance are provided. The guidelines are some common examples and are not exhaustive. Unsatisfactory performance includes all unethical or improper conduct and also includes the types of honest mistakes, errors of judgement and poor standards in service delivery which give rise to legitimate concern. The rating scale is as follows:
- (a) S – Satisfactory
  - (b) U – Unsatisfactory
- 5.5.5 If any area of the PPA Report has been rated as unsatisfactory a letter from the supervisor is required outlining the reasons giving rise to the unsatisfactory assessment.
- 5.5.6 Trainees are responsible for ensuring that the completed PPA Report is submitted to the Board in the prescribed manner by the due date. Trainees are also required to retain a copy of the PPA Report for their records.



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- 5.5.7 A PPA Report will be recorded as unsatisfactory if any area within the PPA Report has been rated as unsatisfactory or if the PPA Report is not submitted by the due date in accordance with instructions from the Board. In such instances a probationary period or dismissal will be considered in accordance with Section 4.

### 5.6 Neurosurgical Competency Assessments (for trainees commencing from 2012 onwards only)

- 5.6.1 There are three competency assessment reports during the SET Program, each one aligned to a SET Program level. The assessments are focused on the workplace application of the necessary knowledge, skills and behaviours for that particular SET Program level.
- 5.6.2 Completion of the competency assessment report applicable to the trainees SET Program level, on the prescribed form, must be undertaken half yearly during each year of training as part of the SET Program.
- 5.6.3 The trainee and the supervisor should have a performance assessment meeting to discuss the competency assessment report. The supervisor is required to provide an assessment of the trainees' progression towards competence.
- 5.6.4 For each area within the competency assessment report, guidelines of what would be considered competence are provided. The guidelines are some common examples and are not exhaustive. The supervisor is rating the trainee based on their direct observations of the trainees' ability to consistently perform as the primary operator with supervision. The rating scale is as follows:
- (a) Not yet competent
  - (b) Not yet competent but progressing well
  - (c) Competent
- 5.6.5 The SET Program training requirements are as follows:
- (a) Assessment as competent in all areas of the Basic Neurosurgical Training competency assessment report at the conclusion of SET2; and
  - (b) Assessment as competent in all areas of the Intermediate Neurosurgical Training competency assessment report at the conclusion of SET5; and
  - (c) Assessment as competent in all areas of the Advanced Neurosurgical Training competency assessment report at the conclusion of SET6.
- 5.6.6 Recognising that trainees can deskill for a number of reasons during their SET Program, the most recent competency assessment report submitted in accordance with the Board instructions will be used for decisions relating to progression, probation and dismissal.
- 5.6.7 Trainees are responsible for ensuring that the completed competency assessment report is submitted to the Board in the prescribed manner by the due date. Trainees are also required to retain a copy of each competency assessment report for their records.
- 5.6.8 Failure to submit any competency assessment report by the due date in accordance with instructions from the Board may result in a probationary period or dismissal in accordance with Section 4.



## SECTION 6: RESEARCH TRAINING AND ASSESSMENT

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### 6.1 Research Presentation Requirement

- 6.1.1 In addition to the compulsory research year (see clause 6.2), trainees must prepare a neurosurgical paper and present at the NSA Annual Scientific Meeting or at an alternate national or international meeting approved by the Board which is subject to competitive abstract selection prior to the end of SET5.
- 6.1.2 Recognition of prior learning for the research presentation requirement may be considered in accordance with Section 9.
- 6.1.3 A trainee who has failed this minimum performance standard will automatically be handled in accordance with Section 4.

### 6.2 Compulsory Research Year

- 6.2.1 The Board is committed to increasing trainee exposure to research. SET4 is a compulsory research year to provide the necessary skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices.
- 6.2.2 Recognition of prior learning for the research year may be considered in accordance with Section 9.
- 6.2.3 The Board may, at their discretion and in exceptional circumstances, approve a revised program to allow the research year to be undertaken at an alternate stage of training, particularly for those trainees who have already commenced a research degree prior to selection.
- 6.2.4 The research year has been designed to be educationally enriching with trainees required to undertake a neurosurgical research project in a properly supervised program. The Board may also, at their discretion, consider applications for a period of elective fellowship training as part of a properly supervised and accredited program in a related discipline such as the Pain Fellowship.
- 6.2.5 Overseas research or elective programs may be considered however the Board notes that trainees may experience difficulty in obtaining such programs during their training. The Board suggests that overseas training is best undertaken as a post fellowship activity. This would increase the opportunity of securing a more senior posting and the learning experience is likely to be more worthwhile and productive.
- 6.2.6 It is the responsibility of the trainee to make all applicable arrangements for their research year. Trainees will not be permitted to occupy accredited training positions during their research year.
- 6.2.7 The research year must be full time. The maximum time that trainees may engage in additional non research activities during the year is 20% of a full time equivalent. All trainees undertaking their research year will be required to submit a time table of their activities in an average week with their mid year and end of year assessment reports.
- 6.2.8 Prior approval for the research year activities must be granted by the Board. Trainees must submit their research proposal and supervisor details on the prescribed form prior to the communicated due date, usually June in the year prior.



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- 6.2.9 Proposals not approved by the Board must be resubmitted. Any component of the research year undertaken prior to approval being granted may not be accredited.
- 6.2.10 Trainees must undertake the activities outlined in the proposal approved by the Board. Any modifications, including changes in supervisors, institutions, higher degrees or the research study must be fully documented and have the Board's prior approval.
- 6.2.11 Completion of the research assessment report, on the prescribed form, must be undertaken prior to July and February. The assessment reports may also be completed more frequently at the request of the Board or at any time as determined by the supervisor where any area of unsatisfactory or marginal performance is identified.
- 6.2.12 The trainee and the supervisor must have a performance assessment meeting to discuss the content of the assessment report. The assessment report should be signed by both the trainee and the supervisor to acknowledge that the content of the assessment report has been discussed during the applicable performance assessment meeting. Where any area has been rated as unsatisfactory or marginal the remedial component of the assessment form must be completed.
- 6.2.13 The trainee will be responsible for ensuring that the completed assessment report is submitted to the Board by the due date and is required to retain a copy for their records.
- 6.2.14 The research year is assessed as two six month periods. A trainee will be rated as unsatisfactory for a research period performance standard if:
- (a) the assessment report has not been received in accordance with the Board instructions; or
  - (b) has one or more ratings of unsatisfactory in any area; or
  - (c) has two or more ratings of marginal in any area; or
  - (d) there has been any violation of the research Regulations.
- 6.2.15 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.



## SECTION 7: COURSES AND SEMINARS

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### 7.1 Compulsory Courses

- 7.1.1 The ASSET Course, CCrISP Course and EMST Course are compulsory during training. Trainees are advised to register as soon as is practical after appointment. Registration and delivery of the courses are managed by the RACS with a fee charged.
- 7.1.2 Recognition of prior learning for the ASSET Course, CCrISP Course and EMST Course may be considered in accordance with Section 9.
- 7.1.3 The requirements and performance standards for compulsory courses, noting that they may be completed at an earlier point, are:
  - (a) SET1 trainees must satisfactorily complete the ASSET Course.
  - (b) SET2 trainees must satisfactorily complete the CCrISP Course.
  - (c) SET3 trainees must satisfactorily complete the EMST Course.
- 7.1.4 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.

### 7.2 Training Seminars

- 7.2.1 The training seminars deliver topics, on a rotational basis which place an emphasis on the competencies of medical expertise, technical expertise and judgement, and clinical decision making. The seminar topics may include:
  - (a) Cerebrovascular Surgery
  - (b) Neurotrauma and Rehabilitation
  - (c) Paediatric Neurosurgery
  - (d) Pain, Epilepsy and Functional Neurosurgery
  - (e) Spinal Tumours and Peripheral Nerve Conditions
  - (f) Cranial Tumours
  - (g) Spinal Surgery
- 7.2.2 The location of the training seminars will be determined by the Board. Expenses incurred in attending the training seminars are the responsibility of the trainee. Trainees are responsible for their own accommodation and travel arrangements. A fee may be charged.
- 7.2.3 Trainees may be required to submit presentations or abstracts for training seminars. All submissions must be received prior to the due date in the format requested.
- 7.2.4 Attendance at training seminars during SET1 is strongly encouraged but not compulsory.
- 7.2.5 The requirements and performance standards for training seminars are that trainees must satisfactorily complete two compulsory training seminars for each year during SET2, SET3, SET4 and SET5.
- 7.2.6 If, due to illness or other Board approved reason, a trainee misses a training seminar during SET2, 3, 4 or 5 they will be required to make up that training seminar during SET6.



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- 7.2.7 A trainee may be rated as unsatisfactory for the training seminar performance standard if the trainee:
- (a) does not attend the training seminar or part thereof; or
  - (b) does not present at the training seminar if requested or given the opportunity; or
  - (c) does not submit the presentation and/or abstract by the due date; or
  - (d) attendance at the training seminar was deemed unsatisfactory by the convenor.
- 7.2.8 A trainee who has failed a minimum performance standard will automatically be handled in accordance with Section 4.



## SECTION 8: EXAMINATIONS

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### 8.1 Compulsory Examinations

- 8.1.1 The SET Program training requirements include successful completion of four examinations:
- (a) Clinical Examination
  - (b) Generic Surgical Science Examination
  - (c) Neurosurgery Surgical Science Examination
  - (d) Fellowship Examination in Neurosurgery
- 8.1.2 The Clinical Examination and Generic Surgical Science Examination must be successfully completed by the end of SET1.
- 8.1.3 The Neurosurgery Surgical Science Examination must be successfully completed by the end of SET2.
- 8.1.4 The Fellowship Examination in Neurosurgery must be successfully completed by the end of SET6.
- 8.1.5 To present for the Fellowship Examination in Neurosurgery trainees must be in SET6 and, in the opinion of the Chair of the Board and the supervisor, appropriately prepared.
- 8.1.6 Recognition of prior learning for the examinations may be considered in accordance with Section 9.

### 8.2 Examination Information

- 8.2.1 Registration and delivery of the examinations is managed by the RACS with a fee charged. There are strict closing dates with full details available on the RACS website [www.surgeons.org](http://www.surgeons.org).
- 8.2.2 The Clinical Examination has an emphasis on the application of basic science knowledge and understanding and clinical practise relevant to surgery. Examples of tasks include patient history taking and examination, demonstration of practical technical skill, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills. The recommended reading list and advice is available on the RACS website at [www.surgeons.org](http://www.surgeons.org).
- 8.2.3 The Generic Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to surgery. The recommended reading list and advice is available on the RACS website at [www.surgeons.org](http://www.surgeons.org).
- 8.2.4 The Neurosurgery Surgical Science Examination has an emphasis on the application of basic science knowledge and understanding and clinical practice relevant to neurosurgery. The recommended reading list and advice is available on the NSA website at [www.nsa.org.au](http://www.nsa.org.au). The pass mark required for the Neurosurgery Surgical Science Examination is 75%.
- 8.2.5 The Fellowship Examination in Neurosurgery comprises 7 separate segments: 2 written papers and 5 clinical/viva segments. Further advice is available on the RACS website at [www.surgeons.org](http://www.surgeons.org). Previous Fellowship Examination papers are available on the NSA website at [www.nsa.org.au](http://www.nsa.org.au).



## SECTION 9: RECOGNITION OF PRIOR LEARNING

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### 9.1 Introduction

- 9.1.1 Recognition of prior learning involves the assessment of prior training or experience obtained which is comparable to components of the SET Program. The principle of this recognition of prior learning policy is to avoid unnecessary duplication of training and experience which is equivalent to that delivered within the SET Program.
- 9.1.2 There is no automatic entitlement to recognition of prior learning. Applications must be submitted on the prescribed application form available on the website at [www.nsa.org.au](http://www.nsa.org.au).
- 9.1.3 Trainees will be notified in writing by the Board of the outcome of their recognition of prior learning application within twenty business days of receipt of the application form.

### 9.2 Compulsory Examinations

- 9.2.1 Trainees who have satisfactorily completed the RACS Clinical Examination prior to commencement on the SET Program will be granted credit for this component.
- 9.2.2 Trainees who have satisfactorily completed the RACS Generic Surgical Science Examination prior to commencement on the SET Program will be granted credit for this component.
- 9.2.3 Trainees who have satisfactorily completed the RACS Neurosurgery Surgical Science Examination prior to commencement on the SET Program will be granted credit for this component.
- 9.2.4 Trainees who have satisfactorily completed the RACS Basic Science Examination or overseas equivalent as assessed by the RACS may be eligible for credit for the RACS Generic and Neurosurgery Surgical Science Examinations.

### 9.3 Compulsory Courses

- 9.3.1 Trainees who have satisfactorily completed the ASSET Course or Intercollegiate Basic Surgical Skills Course may be eligible for credit for this component.
- 9.3.2 Trainees who have satisfactorily completed the CCrISP Course may be eligible for credit for this component.
- 9.3.3 Trainees who have satisfactorily completed the CLEAR Course may be eligible for credit for this component.
- 9.3.4 Trainees who have satisfactorily completed the EMST Course or the equivalent Advanced Trauma Life Support (ATLS) Course may be eligible for credit for this component.

### 9.4 SET1 Clinical Rotations

- 9.4.1 Trainees who have satisfactorily completed a minimum 26 weeks in neurosurgical rotations post graduate **and** who have been granted credit for the RACS Generic Surgical Science Examination and Clinical Examination in accordance with section 9.2 of these Regulations may be eligible for credit for the SET1 clinical rotations.



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### 9.5 Research Requirements

- 9.5.1 Trainees who have satisfactorily completed a 12 month period of full time research in a neurosurgical field resulting in the awarding of a higher research degree as specified in Section 9.5.2 may be eligible for credit for this component.
- 9.5.2 A higher research degree for the purpose of these Regulations includes an MS, MD or PhD at an accredited Australian or New Zealand university. The Board may also consider at its discretion applications for higher research degrees undertaken in an overseas country.
- 9.5.3 Trainees who have satisfactorily prepared a neurosurgical paper and presented at the NSA Annual Scientific Meeting or at an alternate national or international meeting approved by the Board which is subject to competitive abstract may be eligible for credit for this component.