



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 training website at www.neurosurgerytraining.org. 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 and in some regions of Asia. The Surgical Education and Training (SET) Program in Neurosurgery 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 in Neurosurgery 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 in Neurosurgery. Further information can be found in Section 2 of this Handbook.
- 1.1.3 The official website for the SET Program in Neurosurgery is www.neurosurgerytraining.org. 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. The official website for the NSA is www.nsa.org.au.
- 1.1.4 For assistance or information on the SET Program in Neurosurgery please contact:

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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 policies and strategic direction of the RACS. 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.
- 1.2.2 All trainees, surgical supervisors, accredited training units and Board Members are required to comply with the Regulations at all time.
- 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.neurosurgerytraining.org. 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, these Regulations shall prevail.

1.3 Terminology

In these Regulations, the following terminology shall have the following meanings:



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- 1.3.1 **Assessment Reports** are the in-training assessment forms which summarise a trainee's performance in each clinical rotation.
- 1.3.2 **ASSET Course** means the Australian and New Zealand Surgical Skills Education and Training (ASSET) Course delivered by the Royal Australasian College of Surgeons.
- 1.3.3 **Board** is the Board of Neurosurgery.
- 1.3.4 **Business Days** means Monday to Friday excluding public holidays.
- 1.3.5 **Censor in Chief** means the office-bearer responsible for the education portfolio of the Royal Australasian College of Surgeons.
- 1.3.6 **CCrISP Course** means the Care of the Critically Ill Surgical Patient (CCrISP) Course delivered by the Royal Australasian College of Surgeons.
- 1.3.7 **EMST Course** means the Early Management of Severe Trauma (EMST) Course delivered by the Royal Australasian College of Surgeons.
- 1.3.8 **RACS** is the Royal Australasian College of Surgeons.
- 1.3.9 **Regulations** are the rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in Neurosurgery only.
- 1.3.10 **SET Program** is the Surgical Education and Training Program in Neurosurgery only.
- 1.3.11 **NSA** is the Neurosurgical Society of Australasia.
- 1.3.12 **Supervisor** is a surgical supervisor of an accredited training position.
- 1.3.13 **Trainee** is a registered surgical trainee in the Royal Australasian College of Surgeons Surgical Education and Training Program in Neurosurgery.
- 1.3.14 **Training Seminars** means the training seminars specified in Section 7.2.

1.4 Duration and Structure

- 1.4.1 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.
- 1.4.2 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.
- 1.4.3 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.
- 1.4.4 The SET Program duration for individual trainees may be decreased or increased in accordance with these Regulations.

1.5 Registration and Training Fees

- 1.5.1 Trainees selected to the SET Program in accordance with [Section 11 of the Regulations](#) will be registered with the RACS in accordance with the RACS Trainee Registration Status Policy.



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- 1.5.2 Surgical training fees are approved by the RACS in October each year and published on the RACS website at 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.
- 1.5.3 Trainees who fail to pay outstanding monies owed to the RACS may be dismissed in accordance with the RACS Dismissal from Surgical Training Policy.

1.6 Leave

- 1.6.1 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.
- 1.6.2 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 in accordance with section 1.7.1.

1.7 Deferment, Interruption and Part Time Training

- 1.7.1 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 policy on Trainee Registration Status of Surgical Trainees.
- 1.7.2 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.

1.8 Completion of the SET Program

- 1.8.1 On successful completion of the SET Program the Chairman of the Board shall recommend to the 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.

1.9 Grievance and Appeal Process

- 1.9.1 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 Chairman to have the decision reviewed.
- 1.9.2 In submitting a written grievance the person must include the grounds for the grievance, the remedy sought and any relevant supporting documentation.
- 1.9.3 The person who submitted the written grievance may nominate a support person to accompany him or her at any stage of the grievance and appeal process. The support person must not be a legal practitioner or barrister.
- 1.9.4 The written grievance will be considered by the Board within ten (10) Business Days of its receipt.
- 1.9.5 The Board will provide a written response affirming the previous decision, modifying the decision, or reversing the decision, providing appropriate justification.
- 1.9.6 Where the Board overturns or varies the original decision the reasoning must fall into one of the following categories and must be justified:
 - (a) That the decision was based on a mistake of fact or law;
 - (b) That an error in due process occurred;



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- (c) That the relevant policies or procedures were not observed;
 - (d) That relevant and significant information was not appropriately considered in the decision;
or
 - (e) The grounds for special consideration as defined by the Board were established which justify the decision.
- 1.9.7 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 such decision, apply for reconsideration directly through the 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.
- 1.9.8 The decision of the Board under section 1.9.6 takes effect:
- (a) if the person does not apply for reconsideration through the Censor in Chief's Decisions Review Committee or appeal the Board's decision in accordance with the RACS Appeals Mechanism under Section 1.9.7, at the end of the one month period by which the Board's decision must be appealed under Section 1.9.1; or
 - (b) if the person does apply for reconsideration through the Censor in Chief's Decisions Review Committee or decides to appeal the decision in accordance with the RACS Appeals Mechanism under Section 1.9.7, when such appeal is finally decided.



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 Specialist Surgical Training and the Education Board.
- 2.1.2 The RACS is the body accredited and authorised to conduct surgical education and training in Australia and New Zealand and in some regions of Asia.
- 2.1.3 The administration and management of the SET Program is delegated to the NSA in accordance with the Service Agreements.
- 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 State of Australia, the Australian Capital Territory and New Zealand
 - (d) An elected Trainee Representative
 - (e) The Senior Examiner in Neurosurgery, *ex-officio*
 - (f) The President of the NSA, *ex-officio*
 - (g) The RACS Neurosurgical Councillor, *ex-officio*
 - (h) The past Chair of the Board, *co-opted*
 - (i) A jurisdictional representative
- 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 Chairman and Deputy Chairman 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

2.4 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 Chairman and Deputy Chairman

- 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 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 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 Specialist Surgical Training.
- 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.



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- 2.9.3 The elected Board members are responsible for providing feedback relating to their geographical jurisdiction and participating 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 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 NSA President is responsible for the relationship between the NSA and the RACS.
- 2.9.7 The RACS Neurosurgical Councillor is responsible for the relationship between the Board and the RACS.
- 2.9.8 The Jurisdictional Representative is responsible for providing advice and guidance from the perspective of Australian health jurisdictions. They represent all jurisdictions, not just those of their employer.



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 gradating 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.neurosurgerytraining.org.
- 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 learning outcomes which are aligned with the curriculum components for each year of the SET Program. The modules are available in the restricted access section of the training website.
- 3.2.2 The learning outcomes are delivered by a number of learning methods and opportunities as outlined in the curriculum including structured educational programs, skills courses, self directed learning and workplace hands on service learning and exploration.
- 3.2.3 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 that the trainee develop an understanding not encompassed by the syllabus.
- 3.2.4 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 trainees' 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 formative assessment tools and number of performance standards for each given year of the SET Program are summarised below. Detailed information is provided in the relevant sections of these Regulations.
- 3.3.3 The number of performance standards each year for individual trainees may increase or decrease in accordance with these Regulations.
- 3.3.4 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 11 of the Regulations](#).

Assessment Tools	Performance Standards					
	SET1	SET2	SET3	SET4	SET5	SET6
In Training Assessments Section 5 of the Regulations	4	2	2	0	2	2
Research Assessments Section 6 of the Regulations	0	0	0	2	1	0
Operative Requirements Section 5 of the Regulations	2	2	2	0	2	2
Paediatric Requirement Section 5 of the Regulations	0	0	0	0	1	0
Workplace Competency Assessments Section 5 of the Regulations	1	3	4	0	4	2
Training Seminars Section 7 of the Regulations	0	2	2	2	2	1
Skills Courses Section 7 of the Regulations	2	1	0	0	0	0
Examinations Section 8 of the Regulations	2	0	0	0	0	1
Total	11	10	10	4	12	8

3.4 Curriculum Components and Performance Standards for SET1

- 3.4.1 Satisfactorily complete four (4) three month clinical training rotations in accredited neurosurgical positions as allocated by the Board. This may include a maximum of two (2) three month clinical training rotations in another specialty or intensive care unit provided the trainee has a minimum 26 weeks neurosurgical experience; 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; and
- 3.4.4 Satisfactorily complete the RACS Basic Science Examination in Neurosurgery; and
- 3.4.5 Satisfactorily complete the RACS Clinical Examination; and



3.4.6 Satisfactorily complete the ASSET Course; and

3.4.7 Satisfactorily complete the CCrISP Course.

3.5 Curriculum Components and Performance Standards for SET2

3.5.1 Satisfactorily complete two (2) 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; and

3.5.3 Satisfactorily complete the EMST Course; and

3.5.4 Satisfactorily complete two Training Seminars; and

3.5.5 Satisfactorily complete three core workplace competency assessments.

3.6 Curriculum Components and Performance Standards for SET3

3.6.1 Satisfactorily complete two (2) 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; and

3.6.3 Satisfactorily complete two Training Seminars; and

3.6.4 Satisfactorily complete four core workplace competency assessments.

3.7 Curriculum Components and Performance Standards for SET4

3.7.1 Satisfactorily complete two (2) six month rotations in approved research activities; and

3.7.2 Satisfactorily complete two Training Seminars.

3.8 Curriculum Components and Performance Standards for SET5

3.8.1 Satisfactorily complete two (2) 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; and

3.8.3 Satisfactorily complete two Training Seminars; and

3.8.4 Satisfactorily complete four core workplace competency assessments; and

3.8.5 Satisfactorily complete the research requirement.

3.9 Curriculum Components and Performance Standards for SET6

3.9.1 Satisfactorily complete two (2) 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; and



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- 3.9.3 Satisfactorily complete one Training Seminar; and
- 3.9.4 Satisfactorily complete two elective workplace competency assessments; and
- 3.9.5 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
- 3.9.6 Satisfactorily complete the RACS Fellowship Examination in Neurosurgery.



SECTION 4: PROGRESSION AND PERFORMANCE

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4.1 Progression Regulations

- 4.1.1 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. Detailed information on the performance standards is provided in the relevant sections of these Regulations. Detailed information on probationary status is provided in [Section 4.2](#) and dismissal in [Section 10](#) of these Regulations.
- 4.1.2 Trainees must satisfactorily complete **each** performance standard for a given year to progress to the next year in good standing.
- 4.1.3 Failure to satisfactorily complete **one** performance standard for a given year will result in progression to the next year in a probationary status.
- 4.1.4 Failure to satisfactorily complete **two** performance standards for a given year will result in the repeat of that year in a probationary status.
- 4.1.5 Failure to satisfactorily complete **three** or more of the performance standards for a given year will result in dismissal.
- 4.1.6 Notwithstanding any of the above, failure to satisfactorily complete any performance standard or condition during a probationary period will result in dismissal.
- 4.1.7 Notwithstanding any of the above, failure to satisfactorily complete the same performance standard on three occasions at any time during training will result in dismissal.
- 4.1.8 Trainees may only repeat each given year on one occasion before dismissal occurs.
- 4.1.9 Notification of progression and performance decisions will occur in accordance with this [Section 4.1](#) where applicable and [Section 4.3](#) of these Regulations. If there is any inconsistency between this [Section 4.1](#) and [Section 4.3](#) of these Regulations, this [Section 4.1](#) prevails.

4.2 Probationary Period and Status

- 4.2.1 The probationary period, during which a trainee has probationary status, is designed to provide trainees with the opportunity to learn from their mistakes and to improve their attitudes, behaviours, knowledge and skills where appropriate. Nevertheless, trainees with significant or uncorrected deficiencies assessed against performance standards are not benefited by being retained in the SET Program for which their performance or behaviour indicates they are not suited and ultimately will not qualify. The Board has an obligation to ensure patient safety and maintain standards by identifying deficient trainees in comparison to performance standards.
- 4.2.2 If the Board determines that a trainee has failed to meet a performance standard(s), the Board will formally notify the trainee, copied to the supervisor and the relevant employing authority, that the trainee will be subject to a probationary period and probationary status. Such notification will include the following:
 - (a) Identification of the performance standard(s) assessed as unsatisfactory
 - (b) Confirmation of a remedial action plan



- (c) Identification of the required performance standard(s) to be achieved and the time period by which the trainee must meet the performance standard(s) as determined by the Board
 - (d) Notification of the duration of the probationary period
 - (e) Notification of any addition performance standards or conditions
 - (f) Possible implications if the required standard of performance is not achieved
- 4.2.3 The probationary period set by the Board will usually be no less than three (3) months and no more than six (6) months and will take into account the areas of unsatisfactory performance and previous performance history.
- 4.2.4 During the probationary period the trainee's performance must be regularly reviewed by the supervisor and the trainee should be offered constructive feedback and support.
- 4.2.5 If the required performance standard identified in the probationary notification letter and any additional conditions have been met to the reasonable satisfaction of the Board, the Board will notify the trainee that probationary status will be removed at the conclusion of the probationary period.
- 4.2.6 Failure to satisfactorily complete any performance standard or condition for a probationary period will result in dismissal ([Section 10 of the Regulations](#)).

4.3 Notification of Progression and Performance Decisions

- 4.3.1 Performance guidance letters may be issued to any trainee at any time where the Board becomes aware that a trainee may not satisfy the required performance standards for a given year. The letter is for guidance only and is not an initiation of any formal proceeding.
- 4.3.2 A notice of pending action will be issued to any trainee subject to [Section 4.1.3 to 4.1.8](#). The trainee will have ten (10) Business Days to provide a written submission if they believe there are exceptional circumstances which warrant a review of the pending action.
- 4.3.3 Exceptional 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.
- 4.3.4 Where a submission is received, 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. Additional information will not be requested or accepted.
- 4.3.5 Where the final decision does not recommend dismissal the trainee will be notified in writing of the decision and any additional performance standards or conditions that must be satisfied by the trainee.
- 4.3.6 Where the final decision of the Board recommends dismissal the matter will be handled in accordance with [Section 10 of these Regulations](#).



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 [Section 12 of these Regulations](#).
- 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. The maximum a trainee may spend in any one training unit is two years, excluding SET1.
- 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 SET1 trainees are allocated a region in which they must undertake SET1 based predominately on preferences and ranking in the selection process. Trainees will be given the opportunity to indicate their preferences for the suitable accredited SET1 positions with the Board conducting the final allocation.
- 5.1.6 SET2+ trainees and supervisors will be given the opportunity to indicate their preferences for suitable accredited SET2+ positions on an annual basis with the Board conducting the final allocation before August in the year prior. In conducting the allocations consideration will be given to preferences, trainee seniority, clinical exposure requirements and geographical distributions.
- 5.1.7 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.

5.2 Assessment of Clinical Training Performance

- 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(s) in that position(s).
- 5.2.2 During training a trainees' 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 (see [Section 4 of the Regulations](#)) 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 signed by both the trainee and the supervisor to acknowledge that the content has been discussed. Signing the report does not indicate agreement with the assessment.
- 5.2.6 For each assessment area within the assessment report there are five criterion statements. The supervisor must tick one of the five criterion statements for each assessment area which they believe best describes the trainees' 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
 - (e) The fifth criterion statement is excellent
- 5.2.7 Where any area of performance within the report has been rated as unsatisfactory or marginal the remedial component of the assessment report must be completed.
- 5.2.8 The trainees are responsible for ensuring that the completed assessment report is submitted to the Board by the due date. Trainees are required to retain a copy for their records.
- 5.2.9 The 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 on one occasion 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; or
 - (d) has one or more ratings of unsatisfactory or marginal in any area while the trainee is on probation.
- 5.2.11 A trainee who has failed a minimum performance standard will automatically be handled in accordance with [Section 4 of these Regulations](#).

5.3 Assessment of Operative Experience

- 5.3.1 Appropriately supervised operative experience obtained during clinical training, including good case mixes and case loads, are essential learning opportunities for trainees to acquire the necessary technical skills and expertise to practice as an independent neurosurgical consultant.
- 5.3.2 A logbook summary, on the prescribed form, must be submitted at the end of each six month clinical training rotation during SET1, SET2, SET3, SET5 and SET6 and must be signed by the surgical supervisor as an accurate record.
- 5.3.3 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(s) in which the training position is located.
- 5.3.4 Major neurosurgical procedures are those identified on the logbook summary as such. Inaccurate recording of procedures in the logbook summary is classified as serious misconduct and cause for dismissal.
- 5.3.5 The trainee is responsible for ensuring that the completed logbook summary is submitted to the Board by the due date and is required to retain a copy for their records.
- 5.3.6 The 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.
 - (c) Prior to completion of SET6 trainees must participate in a minimum of 50 major paediatric neurosurgical procedures in positions accredited for paediatric neurosurgery.
- 5.3.7 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.
- 5.3.8 A trainee who has failed a minimum performance standard will automatically be handled in accordance with [Section 4 of these Regulations](#).

5.4 Workplace Competency Assessments

- 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.neurosurgerytraining.org.
- 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, after direct observation of the trainee, is required to sign off 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.



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- 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; or
 - (b) the required number of cumulative satisfactory core and elective workplace competency assessment forms have not been satisfactorily completed or submitted by the end of training year.
- 5.4.7 A trainee who has failed a minimum performance standard will automatically be handled in accordance with [Section 4 of these Regulations](#).



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, trainees must prepare a paper and present at the NSA Annual Scientific Meeting prior to the end of SET5. Trainees must note that abstracts are subject to competitive selection.
- 6.1.2 A trainee who has failed this minimum performance standard will automatically be handled in accordance with [Section 4 of these Regulations](#).

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 of these Regulations](#).
- 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 or July in the year prior.
- 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.



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- 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 of these Regulations](#).



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 of these Regulations](#).
- 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) SET1 trainees must satisfactorily complete the CCrISP Course.
 - (c) SET2 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 of these Regulations](#).

7.2 Compulsory Training Seminars

- 7.2.1 The training seminars deliver topics, on a rotational basis which an emphasis on the competencies of medical expertise, technical expertise and judgement, and clinical decision making. The seminar topics are:
 - (a) Cerebrovascular and Radiosurgery
 - (b) Neurotrauma and Rehabilitation
 - (c) Paediatric Neurosurgery
 - (d) Peripheral Nerve, Pain and Epilepsy
 - (e) Neurosurgical Tumours
 - (f) Spinal Surgery
- 7.2.2 The training seminars will be held in venues throughout Australasia. Expenses incurred in attending the seminars are the responsibility of the trainee. Trainees are responsible for their own accommodation and travel arrangements.
- 7.2.3 Trainees may be required to submit presentations or reports for 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 optional but not compulsory.
- 7.2.5 The requirements and performance standards for Training Seminars are:
 - (a) Trainees must satisfactorily complete two compulsory training seminars for each year during SET2, SET3, SET4 and SET5.
 - (b) Trainees must satisfactorily complete one compulsory training seminar during SET6.
- 7.2.6 A trainee will be rated as unsatisfactory for seminar performance standard if the trainee:
 - (a) does not attend the seminar or part thereof; or
 - (b) does not present at the seminar if requested; or



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- (c) does not submit the presentation and/or abstract by the due date; or
- (d) attendance at the seminar was deemed unsatisfactory by the convenor.

7.2.7 A trainee who has failed a minimum performance standard will automatically be handled in accordance with [Section 4 of these Regulations](#).



SECTION 8: EXAMINATIONS

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8.1 Basic Science Examination in Neurosurgery

- 8.1.1 The emphasis of the Basic Science Examination in Neurosurgery is on the application of basic science knowledge and understanding and clinical practise relevant to surgery.
- 8.1.2 Trainees must satisfactorily complete the Basic Science Examination during SET1.
- 8.1.3 Recognition of Prior Learning may be considered in accordance with [Section 9 of these Regulations](#).
- 8.1.4 The Examination is coordinated by the RACS. The application and examination process is available from the RACS at www.surgeons.org.
- 8.1.5 A trainee who has failed to achieve this minimum performance standard by the end of SET1 will automatically be handled in accordance with [Section 4 of these Regulations](#).

8.2 Clinical Examination

- 8.2.1 The emphasis of the Clinical Examination is on the application of basic science knowledge and understanding and clinical practise relevant to surgery. Trainees spend five minutes at each of 16 assessed stations. 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.
- 8.2.2 Trainees must satisfactorily complete the Clinical Examination during SET1.
- 8.2.3 Recognition of Prior Learning may be considered in accordance with [Section 9 of these Regulations](#).
- 8.2.4 The Examination is coordinated by the RACS. The application and examination process is available from the RACS at www.surgeons.org.
- 8.2.5 A trainee who has failed to achieve this minimum performance standard by the end of SET1 will automatically be handled in accordance with [Section 4 of these Regulations](#).

8.3 Fellowship Examination in Neurosurgery

- 8.3.1 To present for the Fellowship Examination in Neurosurgery trainees must be:
 - (a) in SET6 and have successfully completed the requisite performance standards; and
 - (b) in an accredited training position as allocated by the Board; and
 - (c) in the opinion of the Chairman of the Board and the supervisor, prepared to present for the Fellowship Examination.
- 8.3.2 The Examination is coordinated by the RACS. The application and examination process is available from the RACS at www.surgeons.org. Past Examination papers are available from the training website www.neurosurgerytraining.org.
- 8.3.3 A trainee who has failed to achieve this minimum performance standard by the end of SET1 will automatically be handled in accordance with [Section 4 of these Regulations](#).



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 in terms of learning outcomes, competency outcomes and standards. 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.

9.2 Compulsory Examinations

9.2.1 Trainees who have satisfactorily completed the RACS Basic Science Examination or overseas equivalent as assessed by the Board may be eligible for credit for this component.

9.2.2 Trainees who have satisfactorily completed the RACS Clinical Examination or overseas equivalent as assessed by the Board may be eligible for credit for this component.

9.3 Compulsory Courses

9.3.1 Trainees who have satisfactorily completed the ASSET Course or the Intercollegiate Basic Surgical Skills (BSS) 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 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** both RACS Basic Surgical Training Examinations or an overseas equivalent as assessed by the Board may be eligible for credit for the SET1 clinical rotations **provided** they are successful in securing a SET2 position during selection.

9.5 Research Year

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.

9.6 Applications for Recognition of Prior Learning

9.6.1 Trainees wishing to submit an application for recognition of prior learning must do so at the time of selection or within the first six months of training using the form available from the training website.



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- 9.6.2 Applications for recognition of prior learning will only be considered following selection to the SET Program.
- 9.6.3 Requests for recognition of prior learning may only be made for those components identified in Section 9.2 to 9.5 of these Regulations.
- 9.6.4 Trainees will be notified in writing by the Board of the outcome of their recognition of prior learning application within fifteen (15) Business Days of receipt of the application form.
- 9.6.5 SET Program components for which credit has been granted will appear on the Trainee Transcript as "exempt".

9.7 Transition Arrangements for Neurosurgical Training

- 9.7.1 Trainees enrolled in the Specialist Surgical Training (SST) Program as of 31 December 2007 will be transfer into the SET Program at a level determined by the Board and given credit where applicable for the SET Program components that were not applicable to the SST Program.



SECTION 10: DISMISSAL FROM THE TRAINING PROGRAM

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10.1 Dismissal for Unsatisfactory Progression or Performance

- 10.1.1 Trainees may be dismissed in accordance with [Section 4 and this Section 10.1 of these Regulations](#) for unsatisfactory progression or performance.
- 10.1.2 If the Board determines that a trainee should be dismissed, the trainee will be notified in writing of the Board's intention to dismiss the trainee and the process by which the trainee is entitled to appeal this decision as set out in this Section 10.1.
- 10.1.3 The trainee will have ten (10) Business Days from the date of the notification to request in writing an interview with Board representatives to give their perspective verbally. The trainee will receive at least ten (10) Business Days written notice for the interview date and will have the opportunity to provide the Board with a further written submission or documentation provided it is received at least five (5) Business Days prior to the scheduled interview.
- 10.1.4 The interview panel, as determined by the Board, will include no more than three (3) and no less than two (2) members which may include members of the Board or the RACS. The Board will not have legal representation at the interview.
- 10.1.5 The trainee is permitted to have a support person at the interview. This person may support and advise the trainee and may be a Fellow, colleague, friend or family member but not a legal practitioner or barrister. The support person is not permitted to make representations on behalf of the trainee during the interview or provide a submission to the interview, written, verbal or otherwise.
- 10.1.6 The interview panel and Board shall be entitled to any information which it believes is relevant to the possible grounds for dismissal.
- 10.1.7 The interview will be recorded and a transcript of the interview will be kept and provided to the trainee, the RACS, the supervisor and the Board. A secretariat will be present to record the minutes.
- 10.1.8 The interview panel will provide a written recommendation to the Board on whether or not the trainee should be dismissed or any additional conditions for training if dismissal is not recommended. In considering this recommendation the Board will review the information provided to the interview panel and the interview transcript.
- 10.1.9 The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.
- 10.1.10 Where dismissal is recommended the Board will seek ratification from the Chair of the RACS Board of Specialist Surgical Training who will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.
- 10.1.11 The trainee will be notified of the outcome within fifteen (15) Business Days of the interview date. Where dismissal occurs the notification will be from the Chair of the RACS Board of Specialist Surgical Training.



10.2 Medical Registration

- 10.2.1 Trainees who, for any reason, do not have valid medical registration from the applicable Medical Board or Council in their jurisdiction which enables full participation in the SET Program may be dismissed immediately by the Board.

10.3 Employment Requirements

- 10.3.1 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located may be automatically interrupted or suspended. Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training positions are located may be dismissed immediately by the Board.

10.4 Misconduct or Serious Misconduct

- 10.4.1 Serious misconduct includes but is not limited to the following events if engaged in by the trainee at any time the trainee is participating in the SET Program:
- (a) Discrimination, harassment or bullying;
 - (b) Abusive, violent, threatening or obscene behaviour;
 - (c) Being found guilty of a serious criminal offence;
 - (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, logbook summaries, 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 Program;
 - (i) Bringing the RACS and/or NSA name into disrepute;
 - (j) Abandonment of employment or the allocated training position; and
 - (k) Academic misconduct (as set out in the RACS Academic Misconduct Policy).
- 10.4.2 As soon as the trainee's supervisor becomes aware that the trainee may have engaged in serious misconduct, the supervisor must set out the particulars of the trainee's conduct in a written report. The particulars of the incident of serious misconduct must be discussed with the trainee prior to the written report being finalised.
- 10.4.3 The report of the incident or behaviour must summarise the discussions held during the meeting between the supervisor and trainee and include the facts associated with the incident. This report must be submitted to the Board within ten (10) Business Days of the alleged incident or behaviour of the trainee. A copy of the report must also be provided to the trainee.
- 10.4.4 If the Board determines that the trainee's behaviour does not constitute serious misconduct the Board may direct that the trainee receive appropriate counselling and be given a remedial period in which to improve their behaviour.
- 10.4.5 If the Board determines that the trainee's behaviour may constitute serious misconduct, the Board may investigate the allegations set out in the written report. The Board may suspend a trainee from participating in the SET Program until the investigation is completed. The Board must ensure that each party involved in the investigation is afforded procedural fairness including the following requirements:
- (a) The Board must appoint an impartial investigator;
 - (b) The trainee must be given an adequate opportunity to consider and respond to the alleged misconduct set out in the written report. This will be determined by the Board but may be through an interview with the investigator or may be through the trainee providing a written submission responding to the allegations set out in the written report;



- (c) The investigator may interview any person who either witnesses the incident or behaviour of the trainee that may have constituted serious misconduct. The investigator must record any information from any interviews in a written document;
- (d) Prior to making a final recommendation to the Board, the investigator must provide the trainee with sufficient information for the trainee to understand the evidence provided by any interviewees excluding any personal information in relation to the interviewees; and
- (e) The investigator must provide the Board with a copy of his or her report including a recommendation whether the trainee should be dismissed. This report must be provided within fifteen (15) Business Days from the date of the investigator's appointment by the Board.

10.4.6 If the investigator recommends to the Board to dismiss the trainee for serious misconduct, the Board will seek ratification from the Chair of the RACS Board of Specialist Surgical Training who will review the decision making process and substantiating documentation to ensure that due diligence and appropriate processes have been followed.

10.4.7 The trainee will be notified of the outcome within ten (10) Business Days from the date the investigator submits his or her report to the Board under Section 10.4.5(e). Where dismissal occurs, the notification will be from the Chair of the RACS Board of Specialist Surgical Training.

10.5 Other Dismissals

10.5.1 As the accredited training authority, trainees are required to comply with any direction of the RACS or its agents pertaining to training activities including the Board and the NSA. Repeated failures to comply with directions within the nominated timeframes will constitute a dismissible offence. Trainees will receive warnings, the second of which will advise that any further breach during the life of the SET Program may result in immediate dismissal by the Board.

10.6 Review of Dismissals

10.6.1 The Board will retain adequate documentation to enable external scrutiny, audit and evaluation of any dismissal decision. Such documentation will enable the accurate reconstruction of the original detail and process.



SECTION 11: SELECTION PROCESS REGULATIONS

Available as a separate document on the training website at www.neurosurgerytraining.org



SECTION 12: TRAINING POSITION ACCREDITATION REGULATIONS

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Remember: Important information may be included in other sections of the Regulations, so check before printing.

12.1 Introduction

- 12.1.1 The purpose of these Regulations are to set forth and establish the terms and conditions for the inspection and accreditation of training positions for the Royal Australasian College of Surgeons Surgical Education and Training Program in Neurosurgery.
- 12.1.2 These Regulations must be read in conjunction with the Royal Australasian College of Surgeons Accreditation of Hospitals and Posts for Surgical Education and Training guidelines which are available from www.surgeons.org.
- 12.1.3 The overall and ultimate responsibility for the inspection, assessment and accreditation of training positions for Surgical Education and Training in Neurosurgery rests with the Board of Neurosurgery who advise the Council of the College through the Censor in Chief.

12.2 The Application Process

- 12.2.1 There are four types of training positions outlined in section 12.3. Each type has specific minimum accreditation criteria outlined in section 12.8. Applications can be submitted for single position or a combination of positions. Each position will be assessed against the accreditation criteria for that type of position.
- 12.2.2 All applications for accreditation must be submitted to the Board on the appropriate accreditation forms (application forms) which are available from the SET Program website www.neurosurgerytraining.org. Only applications on the prescribed form will be considered. The completed forms must be received via email at college.nsa@surgeons.org and must be accompanied by the logbook summary form.
- 12.2.3 To be considered for the accreditation of a training position for the following year applications must be received no later than 1 February in the year prior to allow completion of the accreditation process prior to the final allocation of trainees which occurs during July each year.
- 12.2.4 For the routine re-accreditation of an existing training position the Board will review the accreditation schedule on an annual basis and identify the training positions due for re-accreditation in the following calendar year. The hospitals in which training positions due for re-accreditation are located will be notified and must submit the application forms prior to the communicated due date.
- 12.2.5 For the accreditation of a new training position the Board will conduct a paper based assessment of the application against the minimum accreditation criteria. Applications which meet the minimum accreditation criteria during the paper based assessment may progress to an accreditation inspection. The Board will send formal notification of the outcome of the paper based assessment within twenty (20) Business Days of receipt of the application forms.
- 12.2.6 For ad-hoc inspections for continued accreditation of an existing training position, the hospital in which any training position is located may apply in writing at any time for an inspection, or an inspection may be conducted outside the schedule if an incident of sufficient concern occurs or if there has been a major change in circumstances. The hospital in which the training position is located must submit the application forms prior to the communicated due date.
- 12.2.7 Where an accreditation inspection is to be conducted the hospital will be notified of the inspection time and composition of the Board appointed inspection team at least twenty (20)



Business Days prior to the scheduled inspection date. The hospital must submit the hospital inspection schedule form provided by the Board at least ten (10) Business Days prior to the scheduled inspection date.

12.3 Types of Training Positions

- 12.3.1 The Board only approves training positions within a hospital. It does not approve hospitals as such for the SET Program.
- 12.3.2 There are four types of accredited positions for the SET Program:
- A **Standard SET1 Position** which is a resident or registrar position located in a primary teaching hospital which already has an existing accredited Standard SET2+ Position for a 12 month trainee placement. The maximum trainee placement in the accredited SET1 position is 12 months. The rotational structure can be 12 months in neurosurgery or 6 months in neurosurgery and 6 months in other approved rotations.
 - A **Standard SET2+ Position** which is a registrar or senior registrar neurosurgical position located in a primary teaching hospital. There are two types of Standard SET2+ Positions, those for a maximum trainee placement of 12 months and those for 6 months. To be eligible for a 6 month position the training unit must have an existing and ongoing arrangement for a 6 month rotation with a unit already accredited for a 12 month SET2+ Position.
 - A **Combined SET2+ Position** which is a registrar or senior registrar neurosurgical position which encompasses two hospitals simultaneously, a primary and a secondary. The primary hospital must be a public teaching hospital and the secondary hospital can be a public, private or paediatric hospital. The trainee must spend a minimum of 75% of their time in the primary hospital. The maximum trainee placement in the accredited position is 12 months.
 - A **Paediatric Position** is a registrar or senior registrar neurosurgical position located in a teaching hospital dedicated to paediatrics. The maximum trainee placement in an accredited Paediatric Position is 12 months.

12.4 Inspection Team

- 12.4.1 The Board appointed inspection team will consist of a minimum of two members of the Board who should not, where possible, reside within the same state or region where the training position is situated.
- 12.4.2 The inspection team may include a recent graduate within five (5) years of gaining their FRACS in Neurosurgery, preferably from the state or region where the training position is situated.
- 12.4.3 The opportunity will be made available for one jurisdictional representative from the state or region where the training position is situated to participate in the inspection. The Board will request from the College the appropriate name and contact details of the applicable jurisdictional representative to participate in the inspection.
- 12.4.4 It is preferable that Board appointed inspectors who have not previously participated in an inspection team attend an inspection as an observer as a method of induction and training. They will be provided with the same information and correspondence as the appointed inspection team.

12.5 Conducting the Inspection

- 12.5.1 The inspection team should receive the application forms and accreditation documentation at least ten (10) Business Days prior to the inspection date.



- 12.5.2 The inspection should run for approximately three hours in duration.
- 12.5.3 The hospital must submit the hospital inspection schedule to the Board at least ten (10) Business Days prior to the scheduled inspection date. The inspection schedule must include:
- (a) Interviews with consultant surgeons and hospital administration.
 - (b) Interviews with the current trainees (in a private area).
 - (c) Interviews with neurosurgical support service employees.
 - (d) Inspections of wards, theatres, support services and administrative areas.
 - (e) Inspection of library facilities, research facilities and laboratories.

12.6 The Inspection Report

- 12.6.1 Following the inspection the team members should discuss the inspection and appoint one member to prepare the draft interim report.
- 12.6.2 The interim report must be completed on the form provided by the Board and should be forwarded to all members of the inspection team and the Board Chairman for input and confirmation within ten (10) Business Days of the inspection. The interim report must reflect the opinion of the inspectors. Areas within the interim report where consensus has not been reached must reflect all the opinions of the inspectors.
- 12.6.3 On confirmation by all members of the inspection team that the content reflects the opinions of the inspectors, the interim report must be submitted to the Board Chairman. This should occur within fifteen (15) Business Days of the inspection date.
- 12.6.4 The interim report will be forwarded by the Board Chairman to the hospital for comment and correction of matters of fact. A confirmation form will be included which must be returned confirming receipt of the interim report. A ten (10) Business Day due date will be stated during which feedback must be received in writing.
- 12.6.5 After this review period has concluded any corrections of fact provided by the hospital will be included in the interim report and investigated if required.

12.7 Recommendation and Ratification of the Accreditation Outcome

- 12.7.1 The Board will consider the interim inspection report together at the next scheduled Board Meeting, usually held during February, May, July and November each year.
- 12.7.2 The Board recommendation will be added to the interim report which will then become the final inspection report. The final inspection report will be forwarded to the College Board of Specialist Surgical Training who will in turn advise Council for the final decision.
- 12.7.3 The Board will notify the hospital of the outcome and provide a copy of the final report. This correspondence will be accompanied by a confirmation form which must be returned confirming receipt of the final report and the outcome.
- 12.7.4 The inspection process must be completed within five months of receiving the completed application forms unless otherwise agreed with the hospital
- 12.7.5 Hospitals may appeal the decision through the College appeals process.



12.8 Accreditation Criteria

12.8.1 Please note this accreditation criteria may refer to the Royal Australasian College of Surgeons Accreditation of Hospitals and Posts for Surgical Education and Training guidelines which are available from www.surgeons.org.

Standard 1 - Education Facilities and Systems	
1. Computer facilities with IT support	RACS Accreditation Criteria
2. Tutorial room available	RACS Accreditation Criteria
3. Access to private study area	RACS Accreditation Criteria
4. General educational activities within the hospital	RACS Accreditation Criteria; and Appropriate medical library facilities available readily accessible to all trainees 24 hours a day 7 days a week including current neurosurgical text books and journals.
Standard 2 - Quality of Educational Training and Learning	
5. Coordinated schedule of learning experiences	Trainees participate in the following schedule of learning experiences: <ul style="list-style-type: none"> • Ward rounds a minimum of five days a week with a neurosurgeon; and • Four hours of neuro-radiological sessions per month; and Two hours of case presentations per month; and • Two hours of structured tutorials per month; and • One hour of neuropathology sessions per month; and • One hour of Journal Club face to face meeting per month.
6. Access to simulated learning environment	RACS Accreditation Criteria
7. Access to external educational activities for trainees	Trainees are given negotiated educational leave to attend: <ul style="list-style-type: none"> • Compulsory skills courses • Compulsory trainee seminars • The NSA Annual Scientific Meeting • Examinations
8. Opportunities for research inquiry and scholarly activity	An opportunity to participate in neuroscience research in the hospital.
9. Supervised experience in patient resuscitation	Not required.
10. Supervised experience in an Emergency Department	RACS Accreditation Criteria



11. Supervised experience in Intensive Care Unit (ICU) or High Dependency Unit (HDU)	RACS Accreditation Criteria
Standard 3 – Surgical Supervisors and Staff	
12. Designated supervisor of surgical training	<p>The supervisor must:</p> <ul style="list-style-type: none"> • Be a current FRACS in Neurosurgery • Be a member of the Neurosurgical Society of Australasia • Spend a minimum of 20 hours per week in the unit including after hours operating but not on-call hours • Take responsibility for the educational program and supervision of trainees <p>For Combined SET2+ Positions the supervisor must be on staff at both the primary and secondary unit with a minimum 20 hours per week spent in both units combined.</p>
13. Supervisor's role/responsibilities	<p>The supervisor must:</p> <ul style="list-style-type: none"> • Demonstrate compliance with the SET Program Regulations in Neurosurgery. • Participant in the neurosurgical supervisor's training meeting at least once every 2 years.
14. Specialist surgical staff appropriately qualified to carry out surgical training	<p>In addition to the supervisor:</p> <ul style="list-style-type: none"> • For one position there must be a minimum of two other FRACS in Neurosurgery in the unit, spending a combined minimum total of 30 hours per week in the unit. • For two positions there must be a minimum of three other FRACS in Neurosurgery in the unit, spending a combined minimum total of 45 hours. • For three positions there must be a minimum of four other FRACS in Neurosurgery in the unit, spending a combined minimum total of 60 hours per week. • For four positions there must be a minimum of four other FRACS in Neurosurgery in the unit, spending a combined minimum total of 75 hours per week. <p>These requirements apply regardless of the position classification.</p>



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15. Surgeons committed to the training program	RACS Accreditation Criteria
16. Regular supervision, workplace-based assessment and feedback to trainees.	Demonstrate compliance with the SET Program Regulations in Neurosurgery.
17. Hospital support for surgeons involved in training	RACS Accreditation Criteria
18. Hospital response to feedback convened by the College on behalf of trainees	RACS Accreditation Criteria
Standard 4 – Support Services for Trainees	
19. Hospital support for trainees	RACS Accreditation Criteria
20. Trainees' professional responsibilities – Duty of Care	RACS Accreditation Criteria
Standard 5 – Clinical Load and Theatre Sessions	
21. Supervised consultative clinic in consultative practice	<p>Trainees must:</p> <ul style="list-style-type: none"> Attend a minimum of one out patient clinic per week Be involved in the management decisions, pre-operative assessment and post-operative monitoring of patients in the hospital Where a Combined SET2+ Position involves a private hospital the trainees role must not be limited to assisting
22. Beds available for relevant speciality	A defined neurosurgical unit of sufficient beds to enable adequate turnover. As a guide fifteen neurosurgical beds would be sufficient.
23. Consultant led ward rounds	Trainees must participate in ward rounds a minimum of two days a week with a neurosurgeon.
24. Caseload and casemix (for the unit)	<p>Each unit must be able to provide all the core workplace competencies.</p> <p>For each SET1 Position there is no additional caseload and caesmix required however to be eligible for a SET1 position the unit must already have an existing accredited 12 month SET2+ position.</p> <p>For each Standard SET2+ Position the unit must:</p> <ul style="list-style-type: none"> Have a minimum of 400 major neurosurgical procedures performed annually for a 12 month position; or



	<ul style="list-style-type: none"> • Have a minimum of 300 major neurosurgical procedures performed annually for a 6 month position and have a six month rotational structure in place with a unit with an accredited 12 month SET2+ Position in neurosurgery; and • Have a minimum of 50 histopathologically verified tumours or 25 surgically treated aneurysms annually. <p>For each Combined SET2+ Position the:</p> <ul style="list-style-type: none"> • Primary unit must have a minimum of 300 major neurosurgical procedures performed annually; and • Secondary unit must have a minimum of 100 major neurosurgical procedures performed annually; and • The primary unit must have a minimum of 50 histopathologically verified tumours or 25 surgically treated aneurysms annually. <p>For each Paediatric Position the unit must:</p> <ul style="list-style-type: none"> • Have a minimum of 200 major paediatric neurosurgical procedures performed annually. <p>A major neurosurgical procedure for this purpose excludes:</p> <ul style="list-style-type: none"> • Those classified in the logbook summary as minor/miscellaneous; and • Endovascular procedures; and • Peripheral nerve procedures.
25. Operative experience for trainees	<ul style="list-style-type: none"> • Each trainee in SET2+ must participate in a minimum of 100 major cases per six month rotation and a minimum of 3 half day operating sessions per week plus operating theatre time for emergencies. • Each trainee in SET1 must participate in a minimum of 75 major cases per six month rotation and a minimum of 2 half day operating sessions per week plus operating theatre time for emergencies.
26. Experience in perioperative care	RACS Accreditation Criteria
27. Access to ambulatory care surgery	RACS Accreditation Criteria
28. Involvement in acute / emergency care of surgical patients	RACS Accreditation Criteria



Standard 6 – Equipment and Clinical Support Services	
29. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	See criteria 30 to 33
30. Imaging – diagnostic and intervention services	The following services must be available in the hospital: <ul style="list-style-type: none"> • CT with 24 hour access • Digital subtraction angiography with 24 hour access • MRI access with 24 hour access
31. Diagnostic laboratory services	The following services must be available in the hospital: <ul style="list-style-type: none"> • General pathology with 24 hour access • Neuropathology access
32. Theatre Equipment	The following equipment must be available in the hospital: <ul style="list-style-type: none"> • Stereotactic equipment • Modern operating microscopes • Operative Ultrasonic Aspirator
33. Support/ancillary services	The following services must be available in the hospital: <ul style="list-style-type: none"> • Rehabilitation services • Neuropsychology and neuropsychiatry access • Dedicated secretarial support and office space • Radiology • Medical neurology
Standard 7 – Clinical Governance, Quality And Safety	
34. Hospital accreditation status	RACS Accreditation Criteria
35. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	RACS Accreditation Criteria
36. Head of Surgical Department and governance role	RACS Accreditation Criteria
37. Hospital credentialing or privileging committee	RACS Accreditation Criteria
38. Surgical audit and peer review program	Trainee must participate in one hour of surgical audit review of morbidity and



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	mortality attended by all surgical staff per month.
39. Hospital systems reviews	RACS Accreditation Criteria
40. Experience available to trainees in root cause analysis	RACS Accreditation Criteria
41. Occupational safety	RACS Accreditation Criteria