



Board of Vascular Surgery
Royal Australasian College of Surgeons, Australian and New Zealand Society for Vascular Surgery



Training Regulations Handbook

For the SET Program in Vascular Surgery

Approved: 30 October 2020

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1 Introduction

1.1 Definitions and Terminology

The following terms, acronyms, abbreviations, and their associated definitions will be used throughout these Regulations:

Term	Definition
ANZSVS	Australian and New Zealand Society for Vascular Surgery
ASSET	Australian and New Zealand Surgical Skills Education and Training
Board (the)	Board of Vascular Surgery
BSET	Board of Surgical Education and Training
CCrISP	Care of the Critically Ill Surgical Patient
CE	Clinical Examination
College (the)	Royal Australasian College of Surgeons
DOPS	Direct Observation of Procedural Skills in Surgery
EMST	Early Management of Severe Trauma
Flexible Training	Flexible Training is a period of training undertaken on less than a full-time basis
Flexible Training Post	A training post accredited for Flexible Training by the Board
Mini-CEX	Mini Clinical Examination
Post	Training position accredited by the Board of Vascular Surgery
RACS	Royal Australasian College of Surgeons
Regulations	The Training Regulations Handbook for the SET Program in Vascular Surgery
Research Requirement	The Research Requirement means the research required to be completed by Trainees to successfully complete training.
SET	Surgical Education and Training
SET Program in Vascular Surgery	The SET Program in Vascular Surgery
SSE	Specialty Specific Sciences Examination
Supervisor of Training	The Supervisor of Training is a consultant surgeon in a hospital with accredited Trainees. The Supervisor of Training is appointed and approved by the Board and BSET and is a member of the ANZSVS.
Term	The training year consists of two terms. The first term is from 1 February – 31 July, and the second term is from the 1 August – 31 January.
Trainee Tutorial	Fortnightly webinar style on-line tutorials based on the Vascular Surgery curriculum. Tutorial discussion is led by trainees and facilitated by Supervisors of Training.
Trainer	A Trainer is a consultant surgeon in the unit of an accredited training post.
Training Year	Consists of two (2) six-month terms.

1.2 Overview of the Regulations for the SET Program in Vascular Surgery

- 1.2.1 These Regulations establish the processes and principles for the SET Program in Vascular Surgery. These Regulations are in accordance with the policies of RACS.
- 1.2.2 All Trainees, Supervisors of Training, Trainers, and Board Members are required to comply with these Regulations.
- 1.2.3 The training requirements of the SET Program in Vascular Surgery may be changed from time to time. Trainees will be given notice of changes which may affect them.

1.3 Ownership and Administration

- 1.3.1 The Royal Australasian College of Surgeons (RACS) is the body accredited by the Australian Medical Council and the Medical Council of New Zealand to conduct Surgical Education and Training in Australia and New Zealand.
- 1.3.2 The Board of Vascular Surgery (the Board) is a committee of RACS and is responsible for the delivery of the Surgical Education and Training (SET) program for Vascular Surgery in Australia and New Zealand. This includes the supervision and assessment of trainees, SET selection and hospital accreditation of Vascular surgical training posts.
- 1.3.3 The administration of the SET Program in Vascular Surgery is delegated to the ANZSVS in accordance with the Partnering Agreement.
- 1.3.4 RACS has approved policies and procedures that apply to all Trainees and should be read in conjunction with these Regulations.
- 1.3.5 Trainees wishing to challenge a decision made in conjunction with these Regulations should refer to the RACS Reconsideration, Review and Appeals Regulation.

2 SET Program in Vascular Surgery

2.1 Program Overview

- 2.1.1 The purpose of the SET Program in Vascular Surgery is to achieve proficiency and competency in the nine Surgical Competencies outlined by RACS. The SET Program in Vascular Surgery is designed to provide Trainees with clinical and operative experience to enable them to manage patients with conditions that relate to the specialty, including becoming familiar with the techniques related to the discipline. At the conclusion of the SET Program in Vascular Surgery Trainees will have a detailed knowledge of the surgery conditions recognised as belonging to the specialty of Vascular surgery and a less detailed knowledge of the surgery of those conditions recognised as belonging to super-specialist areas within Vascular surgery.
- 2.1.2 The SET Program in Vascular Surgery is normally for a period of five years.
- 2.1.3 The maximum period for completion of the SET Program in Vascular Surgery is the published expected minimum duration (5 years) of training as outline in 2.1.2 plus four (4) years.
- 2.1.4 The Board may, in consultation with the Trainee, extend the duration of a Trainee's SET Program in Vascular Surgery at any time if there is evidence of not achieved or borderline performance in one or more sections of the Trainee Assessment, if there

is any incident of sufficient concern, loss of training time, or failure to satisfactorily complete any of the requirements of these Regulations.

- 2.1.5 The Board may grant an extension to the duration of training upon request from the Trainee.
- 2.1.6 The Board has the discretion to shorten an individual Trainee's SET Program in Vascular Surgery on the basis of a review of prior learning and experience, demonstration of attainment of the required knowledge, skills and competencies and exemplary performance as set out in 4.7 of these Regulations.

2.2 SET Program in Vascular Surgery Program Requirements

Trainees are expected to undertake the following as part of the SET Program in Vascular Surgery:

- 2.2.1 Successfully complete the EMST Course by the end of SET2.
- 2.2.2 Complete the ASSET Course by the end of SET1.
- 2.2.3 Successfully complete the CCrISP Course by the end of SET2.
- 2.2.4 Submit In Training Assessment Forms, Mini-CEX, DOPS, and logbooks on the following dates each year
 - 30 April (mid-term, formative)
 - 31 July and (end of term 1, summative)
 - 31 January (end of term 2, summative)

The Board expects all logbooks to be generated from the Australasian Vascular Audit (AVA).
- 2.2.5 Satisfactorily complete the Board of Vascular Surgery Research Requirement set out in section 2.3 of these Regulations.
- 2.2.6 Satisfactorily complete the Clinical Examination, the Surgical Science Examination in Vascular Surgery and the Fellowship Examination in Vascular Surgery in accordance with RACS policies.
- 2.2.7 Attend the annual Trainee Skills Course.
- 2.2.8 Satisfactorily attend and participate in trainee tutorials as outlined in section 2.5.

2.3 Research Requirement

- 2.3.1 Trainees must attain at least five (5) points as outlined in 2.3.2 of these Regulations to satisfy the Research Requirement for the SET Program in Vascular Surgery. The Research Requirement must be submitted prior to being approved to sit the Fellowship Examination in Vascular Surgery.
- 2.3.2 Points for the Research Requirement are awarded as follows:
 - a) Presentation at state registrar meeting (1 point)
 - b) Presentation at ANZSVS meeting, RACS ASC, or International meeting, 2 points (to a maximum of 4 points)

- c) Poster presentation at ANZSVS meeting, RACS ASC, or International meeting, 1 point (to a maximum of 2 points)
 - d) Publication in refereed medical journal 2 points (Max. 4 points)
 - e) Higher Degree: MS 2 points
 - f) Higher Degree PhD MD 3 points
 - g) Publication in non-refereed journal/online article (1 point)
 - h) Publication of a case study (0.5 points)
- 2.3.3 Approved research projects completed by the Australian and New Zealand Vascular Trial Network (ANZVTN) may be considered for research requirements. Points for an ANZVTN research project are awarded as follows:
- a) Presentation of ANZVTN project at state registrar meeting (1 point) (to a maximum of 1 point)
 - b) Presentation of ANZVTN project at ANZSVS meeting or RACS ASC (1 point) (to a maximum of 2 points)
 - c) Publication of ANZVTN project in refereed medical journal (first author) (2 points) (to a maximum of 2 points)
 - d) Publication in refereed medical journal (as collective author of ANZVTN project) (1 point) (to a maximum of 2 points)
- 2.3.4 Trainees presenting ANZVTN projects are required to have consensus and permission from the ANZVTN collective prior to submission of abstracts and nomination of the Trainee to present the project will be voted upon based on the relative merit and participation of the Trainee in that project.
- 2.3.5 At least one presentation or publication must be completed during the course of the SET program in Vascular Surgery.
- 2.3.6 Trainees are expected to provide documentary evidence of completion of the Research Requirement.

2.4 Ultrasound

- 2.4.1 Trainees must complete at least one hundred (100) hours of ultrasound scanning which must cover a wide variety of ultrasound examinations prior to being approved to sit the Fellowship Examination in Vascular Surgery.
- 2.4.2 No more than twenty (20) ultrasound hours can be procedure-based ultrasound. e.g. Ultrasound guided puncture, endovenous procedures, ultrasound guided sclerotherapy.
- 2.4.3 Before being approved to sit the Fellowship examination, Trainees must provide evidence of ultrasound hours in the form of a logbook and a casebook containing ten (10) cases.

2.5 Curriculum and tutorials

- 2.5.1 Trainees must satisfactorily demonstrate competency in each section of the Vascular Surgery curriculum for the SET program in Vascular Surgery. The Board may extend a Trainee's SET program in Vascular Surgery duration if insufficient progression is evident.
- 2.5.2 The Vascular Surgery curriculum is designed to provide Trainees and Supervisors of Training with a guide to the scope and competency levels required at the end of each year of the SET program in Vascular Surgery.

- 2.5.3 Webinar style online tutorials are conducted fortnightly for all SET 1-4 Trainees, commencing in March each year. Tutorials are presented by Trainees and discussions facilitated by Supervisors of Training and consultant vascular surgeons. Trainees will be expected to present up to three tutorials per year on allocated topics. Learning objectives for these tutorials are provided, based on the Vascular Surgery curriculum.
- 2.5.4 Participation in 80% of tutorials is mandatory. Trainees are expected to arrange with their allocated hospitals to ensure their clinical and on-call commitments allow participation. Tutorials will be recorded so Trainees can review the topics at a later date, but this does not equate to participation.
- 2.5.5 Satisfactory participation in the Trainee Tutorials is defined as participation in the question.

Online tutorials will be recorded, and these recordings listed on the ANZSVS website www.anzsvs.org.au/education-training/trainee-tutorials/. The online Trainee tutorial presentations and recordings are available to Trainees, SIMGs, Supervisors of Training, and Trainers in units accredited for training in the SET Program in Vascular Surgery for a period of two years, after which they will be removed from the website and replaced with updated recordings.

2.6 Fellowship Examination in Vascular Surgery

- 2.6.1 Candidates must have satisfactorily completed the EMST, ASSET, and CCRISP course, Clinical Exam, Specialty Specific Exam, the tutorial program, the ultrasound requirement, and the research requirement prior to seeking approval from the Board to sit the Fellowship Examination. Trainees must also have submitted all training documentation, including evidence of satisfactory participation in online tutorials, the ultrasound requirement, and must submit a support letter from his or her supervisor to confirm their preparedness for the Examination and independent consultancy practice.
- 2.6.2 Completion of 600 major vascular operative cases in accredited terms and an overall satisfactory primary operator rate as defined in the vascular in-training assessment form.
- 2.6.3 Satisfactory completion of any probationary period.

3 Training Post Administration

3.1 Accredited Training Posts and Rotations

- 3.1.1 Hospitals are accredited to the standards set by RACS. Training in the SET Program in Vascular Surgery is undertaken exclusively in accredited training posts.
- 3.1.2 The SET Program in Vascular Surgery is a bi-national program and Trainees are expected to spend at least one year in an interstate or overseas post. Trainees may be assigned to an accredited post anywhere in Australia or New Zealand.
- 3.1.3 In consultation with the Trainee the Board will devise a training plan.
- 3.1.4 Trainees may spend a maximum of one (1) year at any one institution from SET 2 – 5.

- 3.1.5 Each Trainee is allocated to one accredited training post per term.
- 3.1.6 Each training year consists of two six-month terms with three assessments periods (2.2.4). The April assessment is a mid-term assessment.
- 3.1.7 These requirements may be modified by the Board in accordance with each Trainee's experience and individual requirements.

3.2 Allocation to Accredited Training Posts

- 3.2.1 The Board reviews the Trainee's progress within the SET program in Vascular Surgery specifically with regard to addressing deficiencies and in relation to the Regulations. If particular deficiencies must be addressed by training at a certain Post, this will be identified by the Board and communicated to the Trainees during their interview with Board member/s during the Trainee Skills Course.
- 3.2.2 Trainees may advise the Board of their training preferences for the remaining years of their SET program in Vascular Surgery during their interview with Board at the Trainee Skills Course.
- 3.2.3 Trainees may be allocated to Posts anywhere in Australia or New Zealand. Allocations may be amended prior to the commencement of the Training Year. Consideration may be made for training requirements, Trainee's performance and available Posts.
- 3.2.4 The Trainee and Supervisor of Training will be notified of allocations for the following year by July of the previous year.
- 3.2.5 Every endeavor will be made to accommodate the Trainee's Post preference, however this may not always be possible due to limitations in the number of posts available.
- 3.2.6 While posted at a hospital, the Trainee becomes an employee of the hospital and must adhere to the hospital's rules and regulations.

It is the Trainee's responsibility to contact the relevant Supervisor of Training and medical administration department to arrange employment documents and employment start dates.
- 3.2.7 The Trainee portfolio, which consists of all previous assessment forms, logbooks, and performance management plans will be provided to the Supervisor of Training each year.

3.3 Supervisors of Training

- 3.3.1 Each accredited Post has a Board and RACS approved Supervisor of Training responsible for the supervision and assessment of each Trainee rotating through the post.
- 3.3.2 Supervisors of Training are required:
 - a. To coordinate the management, education and training of Trainees;
 - b. To conduct assessment meetings and complete assessment reports as required.
 - c. To monitor the Trainee's operative experience and regularly review the operative logbook summary.
 - d. To identify, document and advise the Trainee and the Board of any under-performance at the earliest possible opportunity.

- e. Understand, apply, and communicate RACS polices relevant to the SET Program in Vascular Surgery.
 - f. Conduct themselves in accordance with the RACS Standards for Supervision.
- 3.3.3 As per delegation by the Board, Supervisors of Training are required:
- a. To participate in the hospital accreditation process.
 - b. To participate in the Trainee Tutorial program.
 - c. To notify the Board of any change in circumstances which may impact on the accreditation status of the training Post(s).
 - d. To make a recommendation to the Board regarding the eligibility of Trainees to present for the Fellowship Examination.
 - e. To make a recommendation to the Board regarding the eligibility of Trainees to be recommended for admission to Fellowship.
- 3.3.4 Inform hospital management and operating theatre management about the credentialing status of registrars and their capacity to open operating theatres without direct supervision.
- 3.3.5 Supervisors of Training must be current Fellows of RACS, must be compliant with RACS continuing professional development program, and must be a member of the ANZSVS.
- 3.3.6 Supervisors of Training must complete the following RACS courses:
- Supervisors and Trainers for SET (SAT SET)
 - Keeping Trainees on Track (KTOT)
 - Foundation Skills for Surgical Educators
 - Operating with Respect advanced course
- 3.3.7 Institutions with accredited training Posts must nominate a Supervisor of Training to the Board who satisfies the eligibility requirements.
- 3.3.8 Nominations must be received when a new Post is accredited or when an existing Supervisor of Training resigns or is time expired.
- 3.3.9 The Board will make a recommendation to the Board of Surgical Education and Training (BSET) for approval.
- 3.3.10 Supervisors of Training shall hold the position for three years after appointment and are eligible for reappointment for two further periods of three years up to a maximum continuous period of nine years.
- 3.3.11 Where consultant numbers on the unit allow, it is the Boards preference that the Supervisor of Training is not also the Head of Unit.

4 Assessment of Clinical Training

4.1 Conducting Assessments

- 4.1.1 An in-training assessment report must be completed by a Supervisor of Training for each Trainee in an accredited training post:
- a. on the communicated due date, and

- b. at the end of a probationary period or at more frequent intervals where requested by the Board or Supervisor of Training.
- 4.1.2 The Trainee and the Supervisor of Training must have a performance assessment meeting to discuss the in-training assessment report.
- 4.1.3 The completed in-training assessment report must be signed and dated by the Trainee, the Supervisor of Training, and, where practical all surgeons on the unit and reflect the discussions held during the performance assessment meeting. Signing the assessment report confirms the assessment report has been discussed, but does not signify, on the part of the Trainee, agreement with the assessment.
- 4.1.4 The Trainee is responsible for forwarding the completed assessment report to the Board by the communicated due date or within one week of the signing of the in-training assessment report, whichever is sooner.
- 4.1.5 A Trainee is required to keep a copy of the assessment report for their personal records.
- 4.1.6 At the commencement of a Term the Supervisor of Training will be provided with a Trainee portfolio that comprises of all in-training assessments, mini-CEX, DOPS, and logbook summaries.

4.2 Assessment of Operative Experience during Clinical Training

- 4.2.1 Accurate reporting of the operative experience by each Trainee in an accredited Post is required. The operative logbook (the logbook) provides details about the Trainee's level of supervised and independent surgical operative experience.
- 4.2.2 The logbook must be reviewed by the Supervisor of Training and be an accurate record of the operative, endovascular and ultrasound experience and must be entered on the in-training assessment form.
- 4.2.3 The Trainee is responsible for forwarding the completed logbook to the Board by the due date.
- 4.2.4 The Trainee is required to keep a copy of his/her logbook for their personal records.
- 4.2.5 Inaccurate recording of procedures in the operative logbook is treated as misconduct and may form grounds for dismissal in accordance with these Regulations and the RACS SET Misconduct Policy.

4.3 Accreditation of Clinical Training Rotations

- 4.3.1 A clinical rotation will be recorded as satisfactory when the in-training assessment and logbook have been submitted to the Board by the communicated due date and satisfy the Board's performance standards.
- 4.3.2 A clinical rotation will be recorded as not achieved when an in-training assessment or logbook is not submitted by the due date or in accordance with instructions from the Board.
- 4.3.3 A clinical rotation will be recorded as not achieved when an in-training assessment or logbook does not satisfy the Board's performance standards.

- 4.3.4 A clinical rotation may be recorded as not achieved if leave exceeds four weeks in any six-month Term.

4.4 Mid-term Assessment – Competency at SET level Borderline or Not Achieved

- 4.4.1 Where a mid-term assessment report identifies competency is borderline or not achieved, the Board must notify the Trainee in writing, copied to the Supervisor of Training stating that a performance management plan is to be applied. Notification should include:
- a. Identification of the areas of under performance
 - b. Confirmation of the performance management plan
 - c. Identification of the required standard of performance to be achieved
 - d. The frequency at which assessment reports must be submitted
 - e. Possible consequences if the required standard of performance is not achieved
- 4.4.2 The Board may meet with the Trainee to discuss the mid-term assessment and the performance management plan requirements.
- 4.4.3 During the period in which the performance management plan is applied, the Trainee's performance should be regularly reviewed by the Supervisor of Training in accordance with the performance management plan.

4.5 Borderline End of Term Assessment

- 4.5.1 Where an end of term in-training assessment is rated as borderline the Board will meet with the Trainee and Supervisor of Training to review the assessment and determine if competency at SET level is achieved or not achieved.
- 4.5.2 The Trainee will be invited to make a submission for the Board's consideration.
- 4.5.3 The Board will confirm the final rating in writing.
- 4.5.4 Trainees who have borderline assessments that are rated as 'not achieved' by the Board will have a performance management plan implemented and will be placed on probation in accordance with regulation 4.6.
- 4.5.5 The Board may implement a performance management plan for borderline assessments rated as 'achieved' to support the Trainee during the next Term.

4.6 Probationary Status for Competency Not Achieved at End of Term Assessment

- 4.6.1 Where an end of term in-training assessment reports competency is 'not achieved', the Board must notify the Trainee in writing, copied to the Supervisor of Training stating that probationary status has been applied. Such notification should include:
- a. Identification of the areas of under-performance
 - b. Confirmation of the performance management plan
 - c. Identification of the required standard of performance to be achieved
 - d. Notification of the duration of the probationary period
 - e. The frequency at which assessment reports must be submitted
 - f. Possible consequences if the required standard of performance is not achieved
- 4.6.2 The Board may meet with the Trainee to discuss the end of term assessment and the performance management plan requirements.

- 4.6.3 If the probationary period will be undertaken in a different training Post, the new Supervisor of Training will be included in the notification set out in 4.5.1 and 4.6.1.
- 4.6.4 The probationary period will be applied for the Term following the assessment.
- 4.6.5 During the probationary period the Trainee's performance should be regularly reviewed by the Supervisor of Training in accordance with the performance management plan.
- 4.6.6 A Term that has been recorded as competency 'not achieved' will not be accredited and the Trainee will be placed on probation for the following term. The Trainee will be required to repeat the term until competency is achieved.
- 4.6.7 If the Trainee has achieved competency at the conclusion of the probationary period, the probationary status will be removed.
- 4.6.8 If the Trainee has not achieved competency at the conclusion of the probationary period, the Board may instigate dismissal proceedings in accordance with section 7 of these Regulations.

4.7 Management of Exceptional Performance

- 4.7.1 Trainees may request reduction of time (2.1.2) on the SET training program in Vascular Surgery for achieving competency or reclassification of SET level based on exceptional performance.
- 4.7.2 To be eligible, as a minimum all competency standards must be either achieved or exceeds as set out in the in-training assessment performance descriptors for a SET level. A Trainee may make a written request for a performance review based on exceptional performance to the Board. The supporting documentation should include:
 - a. A current in-training assessment indicating exceptional performance and letter of support from the current Supervisor of Training, co-signed by all trainers in the unit.
 - b. In-training assessments, a summary of total logbook data demonstrating the breadth and scope of clinical practice performed during the previous twelve-month period that adequately encompasses the competencies set out in the in-training assessment
 - c. Research requirement as set out in section 2.3
 - d. Ultrasound requirement as set out in section 2.4
- 4.7.3
 - a. A current in-training assessment indicating exceptional performance and letter of support from the current Supervisor of Training, co-signed by all trainers in the unit.
 - b. In-training assessments, a summary of total logbook data demonstrating the breadth and scope of clinical practice performed during the previous twelve-month period that adequately encompasses the competencies set out in the in-training assessment
 - c. Research requirement as set out in section 2.3
 - d. Ultrasound requirement as set out in section 2.4
- 4.7.4 The Board will review the request and may recommend:
 - a. A reduction of time in the SET program
 - b. Reclassification of SET level
 - c. Reconfirmation of current SET level and time requirement

5 Training Program Administration

5.1 Registration and Training Fees

- 5.1.1 Trainees on the SET Program in Vascular Surgery will be registered with RACS in accordance with the RACS *Trainee Registration and Variation Policy*.
- 5.1.2 RACS is responsible for invoicing and collecting fees. All enquiries regarding fees can be submitted to SET Enquiries via email SETenquiries@surgeons.org
- 5.1.3 Trainees who fail to pay outstanding fees to RACS may be dismissed from training in accordance with the *RACS Dismissal from Surgical Training Policy*.

5.2 Deferral of Training

- 5.2.1 It is expected that applicants to the SET Program in Vascular Surgery will be ready to commence training in the year after selection.
- 5.2.2 The Board can approve deferral of commencement of a SET Program in Vascular Surgery by a fixed period of one year. Trainees who have already commenced on the SET Program in Vascular Surgery cannot apply for deferral and may only apply for interruption of training.
- 5.2.3 In exceptional circumstances the Board may approve a variation to the standard period of deferral. Approval will only be given where it can be demonstrated that the varied period will not result in another applicant being prevented from commencing training, and that any resulting vacancy is supported by the training hospital.
- 5.2.4 Where an extended period of deferral is granted the maximum period of completion (2.1.3) will be reduced by the extra time granted for deferral (i.e. time in excess of 1 year).
- 5.2.5 Applicants offered a position on a SET Program in Vascular Surgery who wish to defer entry must apply for deferral at the time the offer of the position is accepted.
- 5.2.6 Where an applicant has been awarded a RACS research scholarship an application for deferral must be made at the time of acceptance. The deferral will be automatically approved. Where the scholarship is for more than one year, approval required in 5.2.3 will be automatic.
- 5.2.7 Existing Trainees on a SET Program offered a position on the SET Program in Vascular Surgery may defer commencement of the program by one year to complete their current SET Program. Notification of deferral must be made at the time of accepting the offer.
- 5.2.8 Trainees are not permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of deferral.
- 5.2.9 An approved period of deferral does not preclude the applicant from being employed in a non-training clinical rotation.

5.3 Interruption of Training

- 5.3.1 Interruption is a period of approved absence by a Trainee from the SET Program in Vascular Surgery following commencement.

- 5.3.2 A period of interruption approved by the Board does not compel an employer to grant leave. Trainees must apply for appropriate leave from their employer.
- 5.3.3 With the exception of leave for medical or family reasons, Trainees cannot apply for leave in the first six months of their SET program in Vascular Surgery.
- 5.3.4 Trainees must apply to the Board by 1 June in the year prior to the proposed commencement of the training in which the interruption will commence. Trainees applying for interruption due to medical reasons (illness, family leave) may do so at any time if supported by medical evidence.
- 5.3.5 Trainees who have applied to, or may apply to, undertake an activity that would require interruption to training (e.g. research) must apply to the Board for provisional approval to interrupt training.
- 5.3.6 Applications for interruption must be for a period of one Training Year.
- 5.3.7 In order to minimise vacancies on the SET program in Vascular Surgery and to not disadvantage other Trainees and applicants, the Board may require the period of interruption to be greater than that applied for.
- 5.3.8 Trainees will not be permitted to apply for retrospective accreditation of clinical or research work undertaken during any period of interruption.
- 5.3.9 Where a Trainee has returned from a period of interruption and has not demonstrated retention of the competencies commensurate with their SET level prior to the interruption, the Board may adjust the Trainee SET level.
- 5.3.10 Interruption will not be granted if the Trainee has received notice of dismissal.
- 5.3.11 Trainees approved for interruption will be registered with RACS as interrupted and will be required to pay an applicable fee in accordance with the RACS *Trainee Registration and Variation Policy*.

5.4 Flexible Training

- 5.4.1 Flexible training is training undertaken at a minimum of 50% full time equivalent. The Board can only approve requests for Flexible Training for a fixed period of one Training Year. Trainees approved for periods of Flexible Training are required to complete all requirements of the SET Program in Vascular Surgery (2.2) within the maximum term for completion (2.1.3).
- 5.4.2 Flexible Training is available to Trainees after satisfactory completion of 12 months of training.
- 5.4.3 Trainees must apply to the Board in writing by 1 June in the year prior to the proposed commencement of Flexible Training.
- 5.4.4 Applications for Flexible Training must have a training commitment of at least 50% of a full-time Trainee in any one Training Year. Twelve (12) months of part-time training will be accredited as one (1) Term if it is rated as achieved.
- 5.4.5 Trainees approved for a period of Flexible Training are required to participate in pro rata out of hours worked and surgical teaching programs.

- 5.4.6 Trainees approved for a period of Flexible Training will be registered with RACS as part time and will be required to pay the applicable pro rata training fee.
- 5.4.7 Flexible Training Posts will be available only where there is a vacancy in a Board approved accredited Flexible Training Post.
- 5.4.8 Trainees undertaking a period of Flexible Training are required to complete the SET Program in Vascular Surgery requirements as set out in 2.2 of these Regulations, including attending the annual Trainee Skills Course.

6 Misconduct

- 6.1 For the purposes of these Regulations, misconduct has the same meaning as the definition of misconduct in clause 3.1 of the RACS *SET Misconduct Policy*.
- 6.2 Incidents of alleged misconduct must be documented and verified as soon as possible. Once the Supervisor of Training, Fellow or other person has identified the misconduct, it should be reported to the Board via the Supervisor of Training.
- 6.3 The allegation should be put to the Trainee, in writing, by the Board, for an initial response, including relevant facts, reasoning and documentation.
- 6.4 If initial consideration by the Board determines that the alleged conduct is not misconduct, or if the Trainee's response is viewed as adequate, no further action will be taken.
- 6.5 If the Trainee's response is viewed by the Board as inadequate, or a response is not received, the process set out in the following regulations will be followed.
- 6.6 The Board will establish a committee to interview the Trainee at a hearing. The general purpose of the hearing will be to determine whether the allegations against the Trainee are proven on the basis of the evidence.
- 6.7 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.
- 6.8 The Trainee will be provided with a minimum ten (10) working days' notice of the hearing and the proceedings will cover the following:
 - a. Details of the allegation including all relevant facts, reasoning and evidence
 - b. Hear the response of the Trainee
 - c. Possible consequences
 - d. Process following hearing.
- 6.9 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 6.10 The Trainee will be given the opportunity prior to the hearing to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.
- 6.11 Where the Trainee has been duly notified of the hearing and declines or fails to attend, the committee will consider the allegation of misconduct on the basis of the documentation before the committee and make a finding and recommendation as to the misconduct and any penalty, and written reasons.

- 6.12 The Trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the hearing.
- 6.13 The committee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the process:
- a. the allegations need to be amended
 - b. new allegations are added
 - c. new evidence or facts emerge
- 6.14 Following the hearing, the committee will make a finding as to whether misconduct occurred, and if it did will make a recommendation as to penalty, supporting both the finding and the recommendation with written reasons. The finding, recommendation, and written reasons, together with all documentation relied on, will be given to the Board by the committee. The Trainee will be provided with a copy of the finding, recommendation, and written reasons of the committee.
- 6.15 Possible penalties for misconduct may be, but are not limited to:
- a. formal censure, warning or counselling; and/or
 - b. limitation of progression to the next level of training for up to one year; and/or
 - c. suspension of the Trainee for a period of up to one year; and/or
 - d. prohibition from sitting the Fellowship Examination for a period of up to one year;
 - e. Probationary Term with a performance management plan; or
 - f. Dismissal from the SET Training Program in Vascular Surgery.
- 6.16 The Board will make the decision on the penalty to be imposed on the Trainee. If the Board takes any new material into consideration a copy must be given to the Trainee and the Trainee given an opportunity to respond.
- 6.17 The Trainee will be notified of the Board's decision within ten (10) working days of the Board meeting.
- 6.18 The Board will inform the RACS Chair of BSET of the decision.

7 Dismissal

7.1 Competency Not Achieved

- 7.1.1 A Trainee will be considered for dismissal if:
- a. the Trainee has not achieved competency during a probationary period applied in accordance with the RACS Assessment of Clinical Training Policy and these Regulations.
 - b. the Trainee has not achieved competency for three or more end of term assessment periods at any time during their SET Program in Vascular Surgery.
- 7.1.2 The Board will establish a committee to interview the Trainee prior to a decision being made regarding the Trainee's continued participation on the SET program in Vascular Surgery. The general purpose of the

interview is to provide the Trainee with the opportunity to give their perspective in writing and verbally.

- 7.1.3 The committee will consist of a maximum of five (5) and a minimum of three (3) members of the Board. A quorum of the committee is three (3) members. The Board will appoint one of the members of the committee as Chair.
- 7.1.4 The Trainee will be provided with a minimum ten (10) working days notice of the interview and the proceedings will cover the following:
 - a. Details of under-performance including all relevant facts, reasoning and evidence
 - b. The response of the Trainee
 - c. Process following hearing.
- 7.1.5 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.
- 7.1.6 The Trainee will be given the opportunity prior to the interview to make a written submission to the committee. The submission must be received by the Board at least five (5) working days prior to the hearing.
- 7.1.7 The Trainee will be provided with all documentation to be considered by the committee at least five (5) working days prior to the interview.
- 7.1.8 Where the Trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision on the basis of the documentation before the committee and will make a finding in accordance with section 7.1.10.
- 7.1.9 Minutes of the meeting must be kept. The minutes must be provided to the Trainee within ten (10) working days and prior to any recommendation to the Board.
- 7.1.10 Following the interview, the committee will make a finding as to whether dismissal is warranted and with written reasons. The finding, recommendation and written reasons, together with all documentation relied on, will be given to the Board by the committee. The Trainee will be provided with a copy of the finding, recommendation and written reasons of the committee.
- 7.1.11 The Board will make the recommendation on whether or not the Trainee should be dismissed or any additional probationary periods or conditions that should be applied if dismissal is not recommended.
- 7.1.12 Where dismissal is recommended the Trainee may be suspended from SET program in Vascular Surgery pending the Board's consideration of the recommendation.
- 7.1.13 The final dismissal letter must be issued to the Trainee under the signature of the Chair of the Board of Vascular Surgery.
- 7.1.14 The employing authority should be advised of the dismissal of the Trainee from the SET Program in Vascular Surgery.

7.2 **Dismissal - Failure to complete the SET Program in Vascular Surgery requirements**

- 7.2.1 A Trainee will be dismissed for failure to complete the examination requirements within the maximum timeframes outlined the respective examination policy (2.2.6).
- 7.2.2 A Trainee who fails to complete all other training requirements within the maximum timeframe (2.1.3) may be dismissed by the Board.
- 7.2.3 Where a Trainee has failed to complete training requirements, the Board will follow the process outlined in 7.1.2 -7.1.14. Should dismissal not be recommended, the committee will recommend any probationary periods or conditions that should be applied.
- 7.2.4 The Board must be satisfied that the recommendation can be substantiated and that the relevant processes have been followed and documented.
- 7.2.5 In all instances the final dismissal letter must be issued to the Trainee under the signature of the Chair of the Board of Vascular Surgery.

7.3 **Failure to pay outstanding monies**

- 7.3.1 A Trainee who does not pay outstanding fees owed to RACS or the Board of Vascular Surgery will be dismissed in accordance with the RACS *Specialty Surgical Education and Training Fee policy*.

7.4 **Failure to satisfy medical registration and employment requirements**

- 7.4.1 Trainees who, for any reason, do not have valid medical registration from the applicable Medical Board or Council in their jurisdiction that enables full participation in the SET program in Vascular Surgery will be dismissed.
- 7.4.2 Valid medical registration is defined as general medical registration without restriction or conditions in Australia, and unrestricted, unconditional general scope registration (including restricted general scope registration in Vascular Surgery) in New Zealand.
- 7.4.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated Post is located (as notified by the CEO or HR Director or equivalent) may be suspended from the SET program in Vascular Surgery.
- 7.4.4 Where employment is refused, the Trainee must be informed and provided with copies of the employer's correspondence to the Board.
- 7.4.5 Trainees who fail to satisfy the employment requirements of two or more institutions in which allocated training posts are located may be eligible for dismissal by the Board.
- 7.4.6 After thirty (30) working days of the date of notification to the Trainee of any second refusal of employment, the Board may commence dismissal proceedings as outlined above in 7.1.2-7.1.14.

7.4.7 The final dismissal letter must be issued to the Trainee under the signature of the Chair of the Board.

8 ANZSVS

8.1 Trainees are considered provisional members of the Australian and New Zealand Society for Vascular Surgery (ANZSVS) and are afforded relevant membership rights as set out by the ANZSVS constitution.

9 Contact Details

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