Training Regulation:
Variations to Training

1. OVERVIEW

The Australian Board of Plastic and Reconstructive Surgery (“The Board”) recognises that some trainees may have a need to work part-time or defer, interrupt or extend their training at some point during the Plastic and Reconstructive Surgery (“PRS”) Surgical Education and Training (“SET”) program.

This document outlines the maximum duration of training and regulations for:

1.1. deferral of training;
1.2. flexible training;
1.3. interrupted training; and
1.4. extension of training,

Application and relevant documentation (evidence) in support of the application should be submitted via education@plasticsurgery.org.au.

In this regulation, FTE means Full Time Equivalent.

In this regulation, the terms ‘flexible clinical training’ or ‘flexible training’ are interchangeable and refer to training that is less than 1.0 FTE or similar concepts such as less than full time training (LTFT), job share, fractional or part time training.

2. MAXIMUM DURATION OF TRAINING

2.1. The maximum duration of the SET Program is the expected minimum duration of training, being five (5) years of SET, plus four (4) years. This equates to a total maximum of nine (9) years.

2.2. Trainees who have had a period of clinical experience recognised as prior learning will have their maximum duration of training reduced by that period.

2.3. A trainee who does not complete all training requirements by the end of their maximum duration of training will be dismissed from the training program.

2.4. In accordance with the RACS Former Trainees Seeking to Reapply policy any trainee who has been dismissed as per clause 2.3 will not be eligible to reapply to any SET Program.
3. **DEFERRAL OF TRAINING**

It is expected that applicants selected to the SET program will be ready to commence training in the year after selection.

3.1. Application for deferral of commencement of training in the PRS SET program must be made at the time of accepting the training offer. An application for deferral must be made in writing to the Board.

3.2. Deferral of commencement of the PRS SET Program is usually for a period of 12 months, however, applicants may request an extended period of up to an additional 12 months.

3.3. Where a 12 month period of deferral is granted, the maximum duration of training is not affected.

3.4. Where an extended period of deferral is granted, the maximum duration of training (see 2.1) will be reduced by the additional time granted for deferral (i.e. time in excess of 12 months).

3.5. Where a trainee has been selected into PRS SET training and has been awarded a research scholarship, the Board will grant an automatic deferment of training to take up the research scholarship for the period of the scholarship.

4. **FLEXIBLE TRAINING**

4.1. The Board supports flexible training subject to the availability of flexible training positions. The Board will assist applicants to identify potential flexible training positions, however, negotiations for flexible employment are a matter for trainee and employer.

4.2. An application for flexible training must be made prospectively, in writing to the Board and accompanied by appropriate documentation, including a letter from the Regional Training Subcommittee Chair in support of the application. To minimise the time period between application and appointment, trainees are encouraged to seek a training position that is suitable for less than full-time training prior to submitting an application.

4.3. The trainee commitment must be no less than 0.5 full time equivalent (FTE) and include pro-rata minimum logbook numbers, on call duties and participation in regional teaching activities.

4.4. The trainee must still complete the formative and summative assessment requirements for each training term and attend the Registrar’s conference each year and other training activities defined by the Regional Subcommittee.

4.5. The trainee will be required to satisfactorily complete all components of the SET Program within the maximum duration of training, to be eligible for Fellowship (refer to 2.1).

4.6. The SET 1 training year must be completed on a full-time basis (1.0 FTE), including any training time extended due to unsatisfactory performance.

4.7. Clinical training time is accredited on a pro rata basis in minimum blocks of 3 months. (i.e. 6 months of training at 0.5 FTE will be accredited as 3 months of clinical training time)
5. INTERRUPTION OF TRAINING

5.1. Continuity of training may be interrupted to allow for family commitments, illness, research or other reasons.

5.2. An application for interruption of training must be:
   a) In writing to the Board
   b) Accompanied by appropriate documentation to support the application
   c) Submitted as soon as possible before the period of intended leave or for unanticipated interruption of training as soon as practicable after the start of the period of leave.
   d) Submitted only after the first six months of training in the case of anticipated leave.

5.3. Interruption of training should be in multiples of three calendar months, preferably six calendar months, and return to training is aligned with training terms, where possible. However, the Board can require that the interruption cover a longer period than that requested if there would be an adverse logistical impact on other trainees.

5.4. With the exception of interruption of training due to approved full time research study that includes a clinical workload, no clinical training time can be completed during a period of interrupted training.

5.5. If the application for interrupted training is due to illness or family leave:
   5.5.1. Supporting documentation must include medical evidence.
   5.5.2. The maximum duration of training is automatically extended by the same amount as the period of leave.

6. RETURNING FROM A PERIOD OF INTERRUPTED TRAINING

6.1. The Board may require that the trainee take a longer period of interruption than that applied for. Reasons for this may include the availability of a suitable post, or the minimisation of disruption to other trainees.

6.2. On returning to the SET Program from a period of interruption, the Board may:
   6.2.1. Require that trainees demonstrate currency of their skills before returning to active training, and/or
   6.2.2. Assess the trainee to determine the appropriate SET level for re-entry to the program.

6.3. The Board will inform the trainee of what activities are required to demonstrate and/or monitor currency of skills. These activities may include but are not limited to:
   6.3.1. Successful completion of one of more standard formative and/or summative SET assessments, such as PPAs, Mini-CEXs or DOPS.
   6.3.2. Monthly performance review meetings with the Surgical Supervisor.
   6.3.3. A period of time under a performance management plan.
6.4. Where the Board requires the trainee be assessed to determine the trainee's appropriate SET level, this will be completed in the first term after returning to training. Possible outcomes of this assessment include:

6.4.1. Trainee is at expected standard (a grade of met against every competency assessed by PPA) – SET progression will continue as normal.

6.4.2. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be accredited and the trainee will recommence active training at the start of the following term. This outcome is the same as the time referred to in 6.2.1.

6.4.3. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be accredited, the trainee’s SET level will be reassessed, and the trainee will recommence active training at the start of the following term. The intention of this outcome is to allow the trainee enough time to redevelop their skills without recording unnecessary unsatisfactory terms.

6.4.4. Trainee is not at expected standard (a grade of borderline or poor against any competency assessed by PPA) – the training term will not be accredited, however the trainee will follow the standard remedial process outlined in the Training Regulation: Assessment of Clinical Training. Further activities are required to demonstrate or monitor currency of skills. See 6.2

7. EXTENSION OF TRAINING

7.1. In extenuating medical or other circumstances, trainees may prospectively apply for an extension of training time.

7.2. An extension of training will not be considered for trainees who have failed to complete training requirements other than the Fellowship Exam.

7.3. Trainees should apply for an extension of training as early as possible before they reach their maximum duration of training time. Retrospective applications will not be considered.

7.4. An extension of training may be approved for up to 12 months.

8. APPEALING A DECISION

Decisions relating to requests for variations to training may be reconsidered by ASPS or reviewed or appealed in accordance with the RACS Appeals Mechanism.

9. ASSOCIATED DOCUMENTS

RACS Policy ETA-SET-010: Trainee Registration and Variation
RACS Policy ETA-SET-003: Former Trainees Seeking to Reapply to Surgical Training
RACS Policy REL-GOV-011: Appeals Mechanism
Training Regulation: Assessment of Clinical Training
Training Regulation: Research during SET