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The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

# Training Regulation: Assessment of Clinical Training

## I. PURPOSE AND SCOPE

This document outlines the Australian Board of Plastic and Reconstructive Surgery (“**the Board**”) regulations for:

- 1.1. Outcomes of trainee assessment for trainees undertaking the Plastic and Reconstructive Surgery (“**PRS**”) Surgical Education and Training (“**SET**”) Program
- 1.2. Remediation for unsatisfactory trainee assessment
- 1.3. Corrective process for trainees on probation
- 1.4. Dismissal pathways for continued unsatisfactory assessment.

The assessment of a Trainee’s performance by the Surgical Supervisor is fundamental to their continuing progression through the surgical education and training program.

*Note: Trainee misconduct is covered in the Training Regulation: Trainee Misconduct.*

## 2. OVERVIEW

Each accredited training position has a Royal Australasian College of Surgeons (“**RACS**”) approved Surgical Supervisor nominated by the hospital and approved by the Board. Surgical Supervisors coordinate, and are responsible for, the management, education, training and assessment of trainees rotating through accredited training positions.

Surgical Trainers are surgeons or other medical specialists in the department who assist the Surgical Supervisor with monitoring, guiding and giving feedback.

In-training assessment is conducted during each Training Term using a variety of tools.

### **3. DEFINITIONS**

#### **3.1. Training**

A trainee registered in the PRS training program in full time clinical training, flexible clinical training, or not in clinical training (interrupted or deferred their training, or be exam pending ). A trainee must complete all program requirements before they are considered to have completed training.

#### **3.2. Flexible Training**

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

#### **3.3. Clinical Training Time**

Is training time in an accredited training post. Trainees are currently required to complete a minimum of 60 calendar months (or 10 Training Terms at the full time equivalent) of satisfactory clinical training.

Trainees may be required to complete additional terms based on performance and level of competency.

#### **3.4. Training Term**

Is a period in the SET training program in which a trainee occupies an accredited training post which results in a final (summative) PPA. A training term is six (6) calendar months. During a training term a trainee may work more than 0.5 full time equivalent (FTE) but less than 1.0 FTE and Clinical Training Time is accrued on a pro-rata basis in increments of three (3) months.

#### **3.5. Working Days**

In this regulation, the term 'working days' refers to Monday to Friday in New South Wales, excluding Public Holidays.

## 4. ASSESSMENT TOOLS

### 4.1. Professional Performance Assessment (“PPA”) Report

The Professional Performance Assessment (PPA) is the formative or summative assessment tool used to assess whether the trainee has demonstrated the expected level of skill and performance to accredit that period of training.

The views of all consultants on the unit must be sought, where possible, and reflected in the completed PPA. The Surgical Supervisor may also refer to any of the following assessments that have been completed during the term:

- Operative Feedback Form (OFF)
- Clinical Feedback Form (CFF)
- Case-based Discussion (CBD) Form
- Multisource feedback (MSF)
- Logbook

Supervisors and Trainers must provide examples to substantiate views that could lead to a decision about a trainee. Surgical Supervisors and Surgical Trainers must be willing for their views to be discussed with trainees who must be given the opportunity to acknowledge and respond to feedback and to improve performance.

Trainees must be informed at the earliest possible opportunity about performance issues. Performance is rated against the training standards for the nine (9) RACS competencies as either “Met”, “Borderline” or “Poor”. Where a trainee is rated as “Borderline” or “Poor”, the supervisor will record reasons for the rating on the PPA.

The 9 competencies are:

- Medical expertise
- Judgement & clinical decision making
- Technical expertise
- Professionalism & ethics
- Health advocacy
- Communication
- Collaboration & teamwork
- Management & leadership
- Scholarship & teaching
- Cultural competence and cultural safety

The completed assessment report should be signed and dated by both the trainee and the supervisor, following discussion of the ratings at a Performance Review Meeting. Signing the assessment report confirms the assessment report has been discussed but does not signify agreement with the assessment on the part of the trainee.

*Note: Trainees are required to keep a copy of the assessment report for their personal records and training portfolio.*

#### 4.1.1. PPA Frequency

The Surgical Supervisor will complete one interim PPA (formative assessment) and one final PPA (summative assessment) each six-month term for all SET trainees.

#### 4.1.2. PPA Outcomes

A rating of “Met” against each competency results in an overall PPA grade of satisfactory.

A rating of “Poor” against any competency, or “Borderline” against two or more competencies, results in an overall PPA grade of unsatisfactory.

Where the outcome of a trainee’s *interim PPA* is satisfactory, the trainee will continue with their clinical training.

Where the outcome of a trainee’s *interim PPA* is unsatisfactory, the trainee will be required to follow a Remedial Action Plan for the remainder of the training term.

Where the outcome of a trainee’s *final PPA* is satisfactory, training time for the term will be accredited provided that the Board is satisfied that the trainee has achieved ALL assessment and training requirements. The requirements for each term can be found in the current Training Handbook.

Where the outcome of a trainee’s *final PPA* is unsatisfactory, the SET term will also be recorded as unsatisfactory, and training time for the term will not be accredited. In addition, the trainee will be placed on probation for the following term, and will be required to follow a Remedial Action Plan.

Please refer to Section 5 of this document onwards for the Corrective Process for Unsatisfactory Assessment.

Should a trainee be absent for more than six calendar (6) weeks during any term, or pro rata for those in flexible training, the Board may, in its absolute discretion, record the term as ‘Not Assessed’ and not counted towards total accredited training time. Alternatively, and at the discretion of the Board, training time for the term may be partially accredited (where a minimum of three-month continuous clinical training with satisfactory PPA grade can be demonstrated).

#### 4.2. Operative Feedback Form (“OFF”)

The OFF is a focused observation or “snapshot” of a trainee undertaking a surgical procedure. The trainee selects the procedure to be observed, noting that the surgical procedure selected should be appropriate to the trainee’s SET level as found in the P&RS Curriculum. In the case of a deficiency, the supervisor selects the procedure to be observed.

The consultant selected to observe the procedure must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the OFF to the consultant prior to the procedure.

The consultant records the trainee’s performance based on the provided scale, and gives feedback following the procedure on their performance. During the short post-procedure meeting, the consultant also answers any questions that the trainee may have.

The trainee records the OFF results via email to [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au), and is responsible for maintaining a copy of the completed assessment.

#### 4.2.1. Operative Feedback Frequency

SET 1 and SET 2 trainees **must** complete a minimum of one (1) OFF per clinical term.

SET 3, SET 4 and SET 5 trainees **are encouraged** complete a minimum of one (1) OFF per year.

The Board recommends that trainees initiate OFF evaluations more frequently than required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more OFF as part of a remedial action plan. The requirement to complete an OFF in either of these situations will be based on the professional judgement of the Surgical Supervisor.

#### 4.2.2. Operative Feedback Outcomes

If performance is rated below the SET level commensurate for the operation, the consultant will record reasons for the rating on the OFF and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

### 4.3. Clinical Feedback Form (“CFF”)

The CFF is designed to provide competency-based feedback in the assessment of a trainee's skill and in conducting a clinical examination of a patient. The trainee selects the clinical scenario to be observed from scenarios found in the P&RS Curriculum, noting that the scenario selected should be appropriate to the trainee's level.

The consultant selected to observe the clinical scenario must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the CFF to the consultant prior to the procedure.

The consultant records the trainee's performance based on the provided scale, and gives feedback following the procedure on their performance. During the short post-procedure meeting, the consultant also answers any questions that the trainee may have.

The trainee records the CFF results via email to [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au), and is responsible for maintaining a copy of the completed assessment.

#### 4.3.1. Clinical Feedback Frequency

SET 1 and SET 2 trainees **must** complete a minimum of one (1) CFF per clinical term.

SET 3, SET 4 and SET 5 trainees **are encouraged** complete a minimum of one (1) CFF per year.

The Board recommends that SET trainees initiate CFF evaluations more frequently than

required as this accelerates the learning process and enables the consultant to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more CFF as part of a remedial action plan. The requirement to complete a CFF in either of these situations will be based on the professional judgement of the Surgical Supervisor.

#### **4.3.2. Clinical Feedback Outcomes**

If performance is rated below the SET level commensurate for the clinical scenario, the consultant will record reasons for the rating on the CFF and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

#### **4.4. Case-Based Discussion ("CBD") Form**

The Case Based Discussion (CBD) assessment is designed to provide competency-based feedback in the assessment of a trainee's global approach to managing and treating a patient. The procedures are aligned to Entrustable Professional Activities (EPA) for trainee's SET level. The trainee selects the clinical scenario to be observed from scenarios found in the P&RS Curriculum, noting that the scenario selected should be appropriate to the trainee's SET level.

The consultant selected to observe the clinical scenario must be a FRACS surgeon who is a trainer in the Plastic Surgery rotation.

The trainee must provide the CBD Form to the consultant prior to the procedure.

The consultant records the trainee's performance based on the provided scale, and gives feedback in a meeting following the case observed. During the post-case meeting, the consultant also answers any questions that the trainee may have.

The trainee records the CBD results via email to [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au), and is responsible for maintaining a copy of the completed assessment.

##### **4.4.1. Case-Based Discussion Frequency**

SET 1 and SET 2 trainees **are encouraged** to complete a minimum of one (1) CBD per clinical term.

SET 3, SET 4 and SET 5 trainees **must** complete a minimum of one (1) CBD per term.

The Board recommends that SET trainees initiate CBD evaluations more frequently than required as this accelerates the learning and development. Furthermore, it enables consultants to better facilitate the learning experience.

A Surgical Supervisor may initiate this assessment at any time if there are concerns about a trainee's performance. In addition, trainees who are on probation may be required to complete one or more CBD as part of a remedial action plan. The requirement to complete a CBD in either of these situations will be based on the

professional judgement of the Surgical Supervisor.

#### **4.4.2. Case-Based Discussion Outcomes**

If performance is rated below the SET level commensurate for the clinical scenario, the consultant will record reasons for the rating on the CBD Form and provide this information to the trainee. In addition, the trainee must repeat the assessment monthly until a favourable outcome is observed or until the end of the current term.

### **4.5. Multi Source Feedback (“MSF”)**

**An MSF form is to be used for trainees who are on probation or undergoing performance management, or for voluntary self-assessment.**

The MSF is a tool to assess capabilities within the areas of communication, collaboration, professionalism and management. It is not an assessment of clinical knowledge or practical skills.

The MSF is completed online by a minimum of six (6) and maximum of twelve (12) people who work with the trainee (including consultants, nurses, and administrative staff). The trainee and the Surgical Supervisor each choose half of the assessors. The Trainee must also complete a self-assessment. The Surgical Supervisor must also complete an assessment. Each respondent is asked to rate the trainee on six questions on a 9-point scale ranging from unsatisfactory to above expected.

All responses are confidential. Ratings will be collated into an MSF report by ASPs staff, showing the range and mean of all scores submitted. Individual responses will not be provided to the trainee or the Surgical Supervisor.

#### **4.5.1. MSF Frequency**

An MSF is to be used for trainees who are on probation or undergoing performance management. If MSF is determined as a condition of probation by the Board, the MSF must be completed for review and feedback by the Surgical Supervisor at the interim and final PPA meetings.

#### **4.5.2. MSF Outcomes**

The MSF report will provide the range and mean of all scores submitted.

A rating of four (4) and above is considered satisfactory.

A rating of below four (4) is considered unsatisfactory, and the Surgical Supervisor will discuss options for improvement with the trainee. An unsatisfactory rating may be taken into consideration by the Board when deciding that a Trainee be considered for dismissal from training.

## **4.6. Logbook**

The logbook is used to record information on surgical procedures undertaken by trainees.

The trainee must provide information/detail on all surgical procedures performed, via the online logbook system. The procedures are then reviewed and approved by the supervising consultants.

### **4.6.1. Logbook Frequency**

A procedure must be entered into the online logbook within two weeks of it being completed. All logged procedures for a term must be entered and approved prior to the final PPA for that term.

The Board expects most trainees will log in excess of 500 procedures (pro rata) per six calendar month rotation. A minimum of one hundred (100) procedures must be logged per three (3) calendar months. The minimum number of procedures for trainees in Flexible Training would be pro-rata. The minimum number may change based on the nature of the procedures performed at the training site. A change to the minimum number must be approved by the Board or Regional Subcommittee.

### **4.6.2. Logbook Outcomes**

Submission of the minimum number of procedures for each term is viewed as a satisfactory outcome.

Failing to log the minimum number of procedures may be taken into consideration when rating the trainee's performance on the PPA.

## **5. CORRECTIVE PROCESS FOR UNSATISFACTORY ASSESSMENT**

### **5.1. Unsatisfactory Interim PPA Meeting**

The trainee is required to arrange a meeting with their supervisor to discuss the ratings received on the formative or interim PPA.

At this meeting, the Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as “Poor” or “Borderline”. The trainee is then required to make a Remedial Action Plan for each competency assessed as “Poor” or “Borderline”, including strategies to achieve the expected standard.

The trainee must submit the Remedial Action Plan to the Surgical Supervisor and to ASPS staff within ten (10) working days of the notification of the outcome of the PPA meeting.

The trainee is also reminded at this meeting that they are required to attend Monthly Performance Review Meetings with their Surgical Supervisor.

### **5.2. Monthly Performance Review Meetings**

Within ten (10) working days of notification of the outcome of the PPA Meeting, a meeting schedule will be determined for monthly Performance Review Meetings for the remainder of the term.

At each Monthly Performance Review Meeting, the Surgical Supervisor and trainee will discuss the trainee’s performance, including the trainee’s progress in completing the Remedial Action Plan. The Surgical Supervisor may also choose to use the meeting to review the trainee’s logbooks, update the Remedial Action Plan, and/or review the trainee’s completion of training requirements to date.

Each meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or Deputy Chair. A copy of the minutes will be saved with the trainee’s files in the ASPS office.

### **5.3. Unsatisfactory Final PPA Meeting**

The trainee is required to arrange a meeting with the Surgical Supervisor to discuss the ratings on the summative or final PPA.

A summative or final PPA grade of satisfactory means the trainee will continue with quarterly assessments and the term remains accredited.

Where the summative or final PPA grade is unsatisfactory, the Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as “Poor” or “Borderline”. The trainee is then required to formulate a Remedial Action Plan for discussion with their next Surgical Supervisor. The Surgical Supervisor from the trainee’s next term may also attend the meeting.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all

attendees, and may also be forwarded to the Regional Subcommittee Chair or nominee, and the Chair of the Board. A copy of the minutes will be saved with the trainee's files in the ASPS office.

Within ten (10) working days of the Final PPA Meeting, the Board will be notified of the assessment outcome. A formal letter will subsequently be sent to the trainee from the Board Chair notifying them of the Board's decision.

A summative or final PPA grade of unsatisfactory means the trainee may be advised that the clinical training time will be not accredited towards their training, and that their training will be extended for the relevant time to meet the Clinical Training Time requirement (see Section 3.3).

Further requirements may include, but are not limited to, a return to full-time training for those in Flexible Training at the time of the unsatisfactory assessment.

In accordance with the *Assessment of Clinical Training Policy*, the trainee is informed that they will be placed on probation for the following term (\*) including any consequences for an additional unsatisfactory term.

#### **5.3.1. (\*) Multiple Unsatisfactory Terms**

If this is the trainee's third non-consecutive or second consecutive unsatisfactory term, the trainee will be informed that in accordance with section 7 of this Training Regulation the Board may consider dismissal proceedings.

If no such decision is made, the trainee remains on probation for the following term.

## **6. CORRECTIVE PROCESS FOR TRAINEES FOLLOWING UNSATISFACTORY ASSESSMENT**

There are a variety of circumstances that may result in a trainee being placed on probation. These circumstances include but are not limited to:

- An unsatisfactory term;
- Continuation of probation as an alternative to dismissal.

### **6.1. At Start of Term**

A meeting schedule will be determined for monthly Performance Review Meetings with the Surgical Supervisor, including dates and locations of each meeting.

The trainee must ensure that their new Surgical Supervisor has a copy of their Remedial Action Plan.

### **6.2. Monthly Performance Review Meetings**

At each Monthly Performance Review Meeting, the Surgical Supervisor and trainee will discuss the trainee's performance including the trainee's progress in completing the Remedial Action Plan. The Surgical Supervisor may also choose to use the meeting to review the trainee's logbooks, update the Remedial Action Plan, and/or review the trainee's completion of training requirements to date.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or Deputy Chair, or nominee. A copy of the minutes will be saved with the trainee's files in the ASPS office.

### **6.3. Final PPA Meeting**

The Surgical Supervisor and trainee will meet to discuss the ratings on the final PPA. At this meeting, the results of the trainee's MSF may also be discussed.

A summative or final PPA grade of satisfactory means the trainee has successfully completed the period of probation and the term will be also be accredited towards their total training time.

A summative or final PPA grade of unsatisfactory, means the trainee's term will not be accredited and their training time may be extended for six months.

The Surgical Supervisor will discuss the expected standard for each competency for which the trainee has been rated as "Poor" or "Borderline". In addition and where relevant, the Surgical Supervisor from the trainee's next term may also attend the meeting.

The meeting will be attended by an ASPS staff member, either in person or by teleconference, for the purpose of taking minutes. The minutes will be disseminated to all attendees, and may also be forwarded to the Regional Subcommittee Chair or nominee, and the Chair of the Board. A copy of the minutes will be saved with the trainee's files in the ASPS office.

The trainee will be informed that the Board may consider their training status including whether or not to recommend the trainee for dismissal proceedings in accordance with Section 7.

If no such recommendation is made, the trainee remains on probation for the following term.

Within ten (10) working days of the Final PPA Meeting, the Board will be notified of the outcome from the meeting. A formal letter will be sent to the trainee from the Board Chair notifying them of the outcome.

## **7. DISMISSAL FROM SET PROGRAM FOR UNSATISFACTORY ASSESSMENT**

### **7.1. Dismissal Pathways**

Where a trainee has two consecutive unsatisfactory terms, or has three unsatisfactory terms in total, they may be considered by the Board for dismissal from the SET program.

*Note: The following matters may also lead to consideration of dismissal:*

- a) *Failure to complete training requirements within specified timeframes*
- b) *Failure to pay training related fees by due deadlines*
- c) *Failure to maintain general medical registration or general scope registration*
- d) *Failure to achieve or maintain employment in accredited training posts*
- e) *Gross insubordination or wilful disobedience in carrying out lawful requirements of the PRS SET Program.*

### **7.2. Dismissal Process**

The employing authority should be kept informed throughout the process and be provided with the opportunity to contribute where necessary.

#### **7.2.1. Recommendation for Dismissal**

Within ten (10) working days of a final PPA meeting, the Regional Subcommittee Chair will make a recommendation about the rotation status in writing to the Board.

The Board may decide to consider a trainee for dismissal from the PRS SET Program if the trainee has been assessed as unsatisfactory in two consecutive terms, or three terms in total. The decision to recommend dismissal must include the reasons for recommending dismissal.

Such a recommendation for dismissal will be considered at a meeting of the Board within ten (10) working days of the Regional Subcommittee Chair's recommendation of rotation status. The Board may accept or reject the recommendation.

Within ten (10) working days of the Board decision, the trainee will be notified in writing whether or not the Board has recommended their dismissal.

If the recommendation is to dismiss the trainee, the Board will refer the recommendation for consideration by a Hearing Panel to be constituted as stipulated in this document. In addition, the trainee will be notified in writing of the case for their dismissal from the SET program, and will be provided with copies of any supporting documentation.

If the recommendation is not to dismiss the trainee, the Board will advise the trainee whether their probation will continue for the remainder of the term.

#### **7.2.2. Hearing Panel Meeting**

A Hearing Panel to consider the dismissal of the trainee from the SET program will be convened, no later than forty (40) working days after the Board has accepted the recommendation. The Panel will consist of two (2) PRS consultants and one (1) non-PRS surgical consultant. Members of the hearing panel will have had no prior close personal or professional involvement with the trainee. The trainee will be given adequate notice (at

least ten (10) working days, unless agreed otherwise by the trainee), of the date, time, location and composition of the hearing panel. The trainee may attend the hearing in person and/or make written submissions. Written submissions must be provided to ASPS staff no later than two (2) working days prior to the Hearing Panel.

The trainee may bring a support person, who is not a practicing lawyer, to the Hearing Panel meeting. All documented evidence on the matter will be made available to the Hearing Panel members and the trainee.

**7.2.3.** The Hearing Panel will consider the documented evidence and any oral submissions from the trainee. Within two working days, the Hearing Panel will advise the Board in writing that either:

**7.2.3.1.** The panel agrees with the recommendation to dismiss the trainee from the SET program, including reasons for their recommendation, OR

**7.2.3.2.** The panel recommends that the trainee be permitted to remain on the SET program, with or without provisional conditions, including reasons for their recommendation.

**7.2.4.** The trainee will be provided with a copy of the Panel's recommendation, along with written reasons for the recommendation and a copy of the minutes from the Hearing Panel.

#### **7.2.5. Board Meeting**

Within ten (10) working days of the Hearing Panel, the Board will hold a meeting (either in person or by teleconference) to consider the recommendation(s) made by the Hearing Panel.

If the Board decides to not dismiss the trainee, the trainee will be notified of this decision within five (5) working days of the Board Teleconference. The trainee will also be notified of any additional conditions placed on their training, such as continued probation, additional training, and/or continuation of the Remedial Action Plan. Other conditions may also be stipulated by the Board.

If the Board decides to dismiss the trainee, a final dismissal letter is issued to the trainee within five (5) working days of the Board meeting. The trainee will be provided with a copy of the documentation relied on in approving the recommendation for dismissal. In addition, the Board will notify the Chair of the RACS Board of Surgical Education & Training ("**BSET**") within five (5) working days of their decision to dismiss the trainee.

## **8. OTHER CIRCUMSTANCES THAT MAY LEAD TO SUSPENSION OR DISMISSAL FROM THE PRS SET PROGRAM**

The following matters may result in an unsatisfactory term, suspension or dismissal from the SET Program. The Board in its discretion may consult with RACS on these matters for consideration of dismissal.

### **8.1. Failure to complete training program requirements**

**8.1.1.** Failure to complete training program requirements within the relevant timeframes may result in automatic dismissal from the SET program. This includes but is not limited to requirements such as courses and exams.

**8.1.2.** Failure to complete the PRS SET program within the maximum duration of training will result in automatic dismissal from the PRS SET program. Refer to Training Regulation: Variations to Training.

### **8.2. Failure to comply with College Direction, including failure to pay outstanding fees**

**8.2.1.** As the accredited training authority, trainees are required to comply with any policy direction of RACS or the ASPS pertaining to training activities.

**8.2.2.** Breaches of RACS or ASPS Code of Conduct that are not misconduct are considered to be a failure to comply with College or ASPS direction.

**8.2.3.** Repeated failure to comply with directions during the life of the training program may result in dismissal.

**8.2.4.** Trainees will receive written warnings, the second of which will advise that any further breach during the life of the training program may result in dismissal.

### **8.3. Failure to satisfy medical registration**

**8.3.1.** Trainees who fail to maintain registration as specified in the Medical Registration for the Surgical Education and Training Policy may be dismissed.

### **8.4. Failure to meet employment obligations**

**8.4.1.** Trainees who fail to be employed by, or are dismissed from, the institution in which their allocated training position is located (as notified by the CEO, HR Director or equivalent) may be automatically suspended from the training program. If required, the trainee may be investigated under the misconduct process outlined in this document.

**8.4.2.** Where a trainee is refused employment, the Board is not obliged to reallocate the trainee or other trainees for that training year.

**8.4.3.** The trainee must inform the Board within ten working days of their failure to meet employment obligations, and provide with copies of the employer's correspondence to the Board.

**8.4.4.** If the trainee is refused employment, or dismissed from the employing institution, for

a second instance, the Board may commence dismissal proceedings against the trainee. These dismissal proceedings must commence within thirty (30) days of the trainee providing notification to the Board.

## **9. RECONSIDERATION, REVIEW AND APPEAL**

Trainees have options available to them to challenge all decisions regarding their training. Challenges are governed by the RACS Policy “Reconsideration Review and Appeal”, available to download from [www.plasticsurgery.org.au](http://www.plasticsurgery.org.au).

## **10. ASSOCIATED DOCUMENTS**

RACS Policy ETA-SET-007: Dismissal from Surgical Training  
RACS Policy ETA-SET-026: SET Misconduct  
RACS Policy ETA-SET-016: Assessment of Clinical Training  
RACS Policy ETA-SET-027: Natural Justice: Guidelines for Decision Makers  
RACS Policy FES-PST-005: Admission to Fellowship  
RACS Policy: Reconsideration, Review and Appeal (ETA-SET-061)  
Training Regulation: Trainee Misconduct  
Training Regulation: Variation to Training Form: Professional Performance Assessment  
Form: Operative Feedback  
Form: Clinical Feedback  
Form: Case Based Discussion