
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.

SURGICAL EDUCATION & TRAINING

TRAINING AGREEMENT

Royal Australasian College of Surgeons

Background

The Royal Australasian College of Surgeons (“**RACS**”) is committed to ensuring that surgical training is undertaken in an appropriate environment, and that trainees understand both their rights and their duties as members of the training program. It is important that the training program is conducted in a manner that ensures transparency and accountability and achieves the required educational standards. This document sets out the Statement of Intentions of the trainee for the duration of the training program.

Acknowledgement by Trainee

I, agree and declare that:

(Name in block letters)

By accepting a place in the Surgical Education and Training (SET) program of the RACS I am beginning a pathway to fellowship of RACS, which will be awarded upon successful completion of the specified training and assessment requirements.

I have read all information relevant to my participation in the SET Program in Plastic & Reconstructive Surgery.

I have rights as a trainee that are implicit and explicit in the approved policies, procedures and regulations of RACS, its boards and committees.

I agree to comply with and fully observe all SET Program requirements.

I am not aware of any personal circumstances, apart from those declared in my application or subsequently advised to the Board, (including medical registration status, health and medical conditions, visa status, family or other responsibilities, personal values or beliefs) that may

now affect my eligibility for appointment to the SET program or which would prevent me from performing all requirements of the SET Program, and the work necessary to be undertaken (unless previously discussed with and explicitly acknowledged in writing by the Australian Board of Plastic & Reconstructive Surgery).

I understand that should I withdraw from SET, I have a 48 hour cooling off period during which I can rescind that decision, without prejudice. Following the cooling off period, should I then desire to return to SET, I must re-apply for selection as a former trainee in accordance with relevant RACS policies.

I will endeavour to achieve the objectives of surgical training, which are to acquire skills, knowledge and experience in the following competencies:

- Medical Expertise and Judgement & Clinical Decision Making
- Technical Expertise
- Communication
- Teamwork and Collaboration
- Health Advocacy (inc. Cultural Competence and Cultural Safety)
- Management and Leadership
- Scholarship and Teaching
- Professionalism and Ethics

I agree to be an active participant, optimising to my personal benefit the educational experiences and opportunities presented to me. Including but not limited to making all reasonable efforts to undertake clinical training rotations to which I am allocated.

I undertake to observe all relevant RACS policies in relation to surgical training and to comply with all regulations and reasonable directions of the RACS. I understand that failure to do so may result in my suspension or dismissal from the training program. It is my responsibility to ensure that I am aware of all RACS policies, procedures, and regulations (as amended from time to time), including the Privacy of Personal Information policy and the Privacy (Conduct Matters) policy, and that I will comply with these within all relevant time limits and deadlines notified.

I commit myself to the values of RACS and the Australian Society of Plastic Surgeons, which I will uphold and promote, and will observe the RACS Code of Conduct and the ASPS Code of Practice.

I agree that if I have concerns regarding my training, it is my responsibility to initiate the process to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from:

- My supervisor
- My mentor (if appointed)
- The Specialty Board Chair (or the Regional Subcommittee Chair in the first instance)
- The Executive General Manager Education RACS

I understand that if I chose to approach a member of the Board for advice and guidance that this will not by itself impact on that member's ability to exercise their board duties in accordance with RACS policies.

I agree and acknowledge that while I may seek advice and support, no Fellow of the RACS or member of staff is authorised to vary the conditions, rules, guidelines or policies of the RACS Training Program. Any change or variation of these conditions, rules, guidelines or policies or any extension of time must be confirmed to me in writing after appropriate approval has been received.

I agree to personally participate in RACS review processes in relation to my performance on the training program. I acknowledge that the RACS has a *Reconsideration Review and Appeal Policy* regarding any decision about my surgical training with which I disagree. I agree to seek and provide feedback about my training experience, as appropriate. If I have concerns, it is my responsibility to raise them.

I also acknowledge that while the RACS (and its agents) is the accredited educational provider they are not employers, and that I must abide by my employment conditions. I grant the RACS (and its agents) permission to release my contact details to the hospitals where I am allocated a training post, and to provide my supervisor access to my prior assessments so as to maximize my learning experiences. I acknowledge it is my responsibility to contact hospitals to which I am allocated no later than 4 weeks after notification to initiate employment procedures, and I understand that failure to do so may result in the hospital refusing employment.

Where there is conflict between my employment obligations and training requirements I will advise my supervisor accordingly.

I release my supervisor, the Board and the RACS (and its representatives) from all claims or liability arising from advice or assistance given in good faith.

I acknowledge that it is my responsibility to be fully informed and aware of all requirements of the RACS, particularly rules, guidelines, time limits, and policies in relation to the Training Program, including information available on the RACS and Society websites.

I agree to make all applications and provide all information required by the RACS within the time limit or deadlines stipulated by the RACS.

I agree to accept a training allocation other than in my preferred state and understand that the Board cannot provide any assurance of my transferring to my preferred training state over the duration of my training.

I certify that during the period of my training, every surgical case logged will be accurate.

I agree to the collection, storage and use of data submitted via my assessments for the

purposes of managing my progression through training and research into assessment tools.

I will ensure that I am acting at all times within legal and ethical guidelines regarding practices in and around assisting and billing in my state or region. I will check both the hospital policy and/or regional health or state health authority's guidelines and policies in relation to my billing for assistance with my consultants, both in the hospitals in which I work and other public or private hospitals off campus. This will also apply to all cases assisted under Workcover or Workers' Compensation. I am aware of my personal accountability in relation to the above circumstances.

I understand that I may be subject to dismissal from the SET Program if one or more of the following events take place:

- I knowingly provide false and/or misleading information in my application for selection into SET Plastic and Reconstructive Surgery training;
- I am reported to Australian Health Practitioner Regulation Agency (AHPRA);
- I receive a negative report from AHPRA.

I understand that the above list is not intended to be exhaustive.

In the event a complaint is made about me to RACS and/or ASPS I will cooperate fully in any inquiries and assist RACS and/or ASPS (as the case may be) as requested. Furthermore, should a complaint be made about me to my employer that in any way impacts on or involves this Training Agreement, I agree to notify RACS and ASPS of such a complaint and the steps being taken by my employer to resolve such a complaint.

Acceptance

I accept the rights and responsibilities of this Training Agreement.

Signed:

Trainee

Name in block letters

Date: ----- 20-----

RACS ID: -----