



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.

2025 Selection Regulations

2025 Regulations for Selection into 2026 Plastic & Reconstructive Surgical Education and Training.

Approved Version 1

STB Approved Version 1
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1. Introduction

1.1. Definitions of Terms

- 1.1.1. **AMC** means the Australian Medical Council.
- 1.1.2. **Applicant** means an individual who applies for selection into the Australian Plastic and Reconstructive Surgical Education and Training Program.
- 1.1.3. **ASPS** means the Australian Society of Plastic Surgeons.
- 1.1.4. **AQF** means the Australian Qualifications Framework.
- 1.1.5. **Board** means The Australian Board of Plastic and Reconstructive Surgery.
- 1.1.6. **College or RACS** means the Royal Australasian College of Surgeons.
- 1.1.7. **P&RS** means Plastic and Reconstructive Surgery.
- 1.1.8. **RRA** means the Reconsideration Review and Appeals
- 1.1.9. **Selection** means selection into the accredited Plastic and Reconstructive Surgical Training Program.
- 1.1.10. **SET** means Surgical Education and Training.

1.2. Selection Rationale

The Australian Board of Plastic and Reconstructive Surgery selects surgical trainees annually. Two separate selection processes are conducted, one occurs in Australia, the other in New Zealand. Applicants who are applying to the New Zealand training program are not eligible to apply to the Australian training program in the same year.

The aim of the College and the Board is to select surgical trainees who possess the attributes outlined in the College Competencies. The Competencies are as follows:

- Professionalism
- Scholar/Teacher
- Health Advocacy
- Cultural Competence and Cultural Safety
- Management and Leadership
- Collaboration
- Communication
- Medical Expertise
- Judgment and Clinical Decision Making
- Technical Expertise

The selection of Plastic and Reconstructive Surgery Trainees in Australia is conducted by ASPS, as a component of the service agreement between RACS and ASPS.

We endeavour to maintain the fairest possible best practice selection process for the benefit of patients, applicants and the training program. This is accomplished through the Board's annual review and refinement of the process.

1.3. Purpose of Regulations

These Selection Regulations and relevant Training Regulations, in combination with the relevant RACS Regulations and Policies are the final authority governing the Selection Process.

2. Application Process Overview

2.1. Relevant dates - Unless otherwise stated, all references to dates within these Selection Regulations refer to dates published in clauses 2.1.1. through 2.1.9.:

- 2.1.1. **Registration opening date** means Tue. 7 January 2025 12:00 AEDT.
- 2.1.2. **Registration closing date** means Fri. 31 January 2025 12:00 AEDT.
- 2.1.3. **Application opening date** means Mon. 24 February 2025 12:00 AEDT.
- 2.1.4. **Application closing date** means Mon. 24 March 2025 12:00 AEDT.
- 2.1.5. **Offer date** means no later than Fri. 25 July 2025.
- 2.1.6. **Last five (5) years** means 23 March 2020 to 22 March 2025, inclusive.
- 2.1.7. **Last two (2) years** means 23 March 2023 to 22 March 2025, inclusive.
- 2.1.8. **Last three (3) years** means 23 March 2022 to 22 March 2025, inclusive.
- 2.1.9. **Referee valid till date** means 30 April 2025, inclusive.
- 2.1.10. **Notification date** means the date that correspondence is sent either by ASPSP staff or a system used to manage the selection process.

2.2. Step 1 – Registration to RACS

- 2.2.1. To be eligible to apply for selection, an applicant must first register online at the RACS website between **Registration opening date** (see 2.1) and **Registration closing date** (see 2.1) and satisfy the RACS generic eligibility requirements published by RACS and in the Regulation *Registration for Selection into SET (ETA-SET-004)* available on RACS website www.surgeons.org.
- 2.2.2. RACS will provide details to ASPSP of eligible registrants who indicate an intention to apply to SET in Plastic and Reconstructive Surgery (Australia).

2.3. Step 2 – Application to ASPSP

- 2.3.1. Applications will be accessed online via an email link sent by ASPSP. General selection information is available on ASPSP website www.plasticsurgery.org.au. See 2.1 for **Application opening date** and **Application closing date**.
- 2.3.2. The Board applies three selection tools in assessing an applicant's suitability for the training program: the Structured Curriculum Vitae, the Referee Report, and the Semi-Structured Interview. The weighting of each of these tools is:
 - 2.3.2.1. Structured CV = 20%
 - 2.3.2.2. Referee Reports = 35%
 - 2.3.2.3. Interview = 45%Refer to the relevant sections of this document for further information.

2.3.3. The maximum possible composite score for selection is 1,000 points.

2.4. Step 3 – Interviews

2.4.1. The minimum standard for being offered an interview is defined in 7.3.3. All shortlisted applicants are entitled to an interview.

2.4.2. Interviews will be held in **June / July**.

2.4.3. Interview notifications will be sent out at least five (5) working days prior to the interview date.

2.4.4. Applicants may not necessarily be interviewed in their state of residence.

2.5. Step 4 – Minimum Standard for Selection

2.5.1. Applicants will be considered to have met the minimum standard for selection where it can be demonstrated that the applicant has progressed through each selection tool and achieved at least the minimum weighted score of 65% (650 points) out of the maximum possible score in 2.3.3.

2.6. Step 5 – Outcome

2.6.1. Interviewed applicants will be informed of the outcome of their application via email. For further information, refer to the Applicant Feedback section of this document.

2.6.2. Announcement of offers will be made on the **offer date** (see 2.1).

2.6.3. The number of training positions offered in Australia is determined by the number of available training positions available in the following year, and is subject to change during the selection process. It is estimated that between approximately twelve (12) to sixteen (16) training positions will be offered annually.

2.7. Selection Administration

2.7.1. All Selection correspondence will be by email. Applicants are responsible for providing a correct and secure email address.

2.7.2. The following Australian Board of Plastic and Reconstructive Surgery members participate in and are responsible for all Australian selection decisions:

2.7.2.1. Chair of the Board

2.7.2.2. Five (5) Regional Subcommittee Chairs

2.7.2.3. Executive of the Board

2.7.2.4. Other Board members as determined appropriate by the Board

2.7.3. The Board grants ASPS management the right to appoint application assessors as determined appropriate for the selection process.

2.7.4. The persons identified in 2.7.2. may consult other persons, including administrative Assessors, as determined appropriate for the selection process.

- 2.7.5. Applicants are responsible for the submission of all supporting documentation requested prior to the application deadline. Insufficient supporting documents may result in a reduced selection score or the exclusion of the application from the selection process.
- 2.7.5.1. All documentation must be retrospective, except where noted.
 - 2.7.5.2. Evidence must be on letterhead and dated, and should be signed where applicable.
 - 2.7.5.3. All documentation must be in English, or be accompanied by a certified English translation. Translation services are available from the National Accreditation Authority for Translators and Interpreters.
 - 2.7.5.4. Further information regarding documentation can be found in *Section 5: Curriculum Vitae (CV)*.
- 2.7.6. By submitting the application, the applicant certifies that the information is correct to the best of his or her knowledge. Any misleading or false information will result in the application being excluded from the selection process.
- 2.7.7. The Board has the right to contact all past and current supervisors, any employers and organisations connected with evidence submitted by applicants to confirm that the information provided in the application is correct, true, genuine and original.
- 2.7.8. Applicants must notify the ASPS office, via education@plasticsurgery.org.au, of any changes during the selection process.
- 2.7.9. Feedback to applicants is provided in accordance with *Section 8*.
- 2.7.10. These Regulations may be changed from year to year and can only be relied on for the specified intake. These Regulations cannot be relied on for intakes conducted in future years nor can any Regulations from any previous years be relied on for meeting the SET program requirements for the next intake unless specifically stated in these Regulations.
- 2.7.11. Harassment of any kind is a serious matter and may result in an applicant being deemed unsuitable for section. Harassment includes but is not limited to repeated requests by an applicant to any person a reference is collected from, Board member or ASPS staff member involved in the selection process. Inappropriate, aggressive or bullying behaviour will not be tolerated.

2.8. Maximum attempt limit

- 2.8.1. Every applicant who submits an eligible application, with the exception of applicants who satisfy 2.8.3, via the ASPS application platform will have that attempt counted towards a maximum limit (2.8.2).

Eligible means an application that has satisfied the minimum eligibility criteria for selection (refer to section 5.6).

- 2.8.2. The maximum attempt limit is three (3) eligible attempts. Thereafter, an applicant will become ineligible for future selection rounds, except where an applicant satisfies clause 2.8.3.

- 2.8.3. Any applicant whose overall score falls within the cut-off band as defined in 8.3.2, in any application made since 2020, and remains classified as Unsuccessful in the same application round (see definition in 8.5), would have the attempt count waived in that application round.
- 2.8.4. A fourth attempt is not permitted.
- 2.8.5. Applications made prior to 2020 will not count towards the maximum limit.

2.9. Research into Selection Tools and Processes

- 2.9.1. To improve the quality and efficacy of selection into surgical training, RACS and ASPS may conduct research and evaluate the performance of selection instruments and processes, Research and evaluation may include 'pilot' implementation of selection instruments or processes to study their utility in the RACS context. Applicants to SET may be invited or mandated to participate in selection research or evaluation.

3. Regional Training Nomination

- 3.1. Regional training nominations form part of the application to the Australian SET Program in Plastic and Reconstructive Surgery. Regional training nominations are not scored.
- 3.2. Applicants to the Australian SET Program in Plastic and Reconstructive Surgery may indicate their preferences for up to two (2) of the following training regions:
 - 3.2.1. New South Wales (includes Australian Capital Territory)
 - 3.2.2. Victoria (includes Tasmania)
 - 3.2.3. Queensland
 - 3.2.4. South Australia (includes Northern Territory)
 - 3.2.5. Western Australia
- 3.3. Applicants will be considered for available training posts in all regions. The Board endeavours to give successful applicants their first preference of training region but cannot guarantee this.
- 3.4. Applicants must be willing to accept a post in any region and are expected to accept a post in any region offered, even if not listed as a preference.
- 3.5. Regional training nominations cannot be altered after the application has been submitted.

4. Inclusion and Diversity

4.1. Aboriginal and Torres Strait Islander Selection Initiative

- 4.1.1. RACS Council approved the Aboriginal and Torres Strait Islander (ATSI) Surgical Trainee Selection Initiative Policy (ETA-SET-046). The Australian Board of Plastic and Reconstructive Surgery implemented the initiative for the selection process.
- 4.1.2. It is expected that there will be no less than one (1) initiative post and no more than 10% of the available training posts set aside for each annual intake.
- 4.1.3. An Applicant will be considered for the initiative post if:
 - 4.1.3.1. They have identified themselves as Aboriginal and/or Torres Strait Islander during the RACS registration process, and
 - 4.1.3.2. They have satisfied the eligibility requirements for membership of Australian Indigenous Doctors' Association, and
 - 4.1.3.3. They have satisfied the minimum standard for selection as per Selection Regulation 2.5.1.; and
 - 4.1.3.4. They have achieved an overall score below the cut-off band defined in 8.3.3.
- 4.1.4. Where there are more applicants eligible for an initiative post than posts available, those applicants shall be ranked against each other based on their composite selection score out the maximum points in 2.3.3. The applicant who is ranked highest will be considered for this initiative post. The remaining applicants will be considered for selection in accordance with *Section 8*.
- 4.1.5. Any initiative posts unfilled under this initiative will be returned to the general pool and offered to applicants in accordance with these Selection Regulations.

4.2. Rural Selection Initiative

- 4.2.1. Rural origin is defined as the Modified Monash Model equal to MM2 or above. The Health Workforce Locator, available on the Department of Health website, can be used to determine rural origin by selecting the filter for 'Modified Monash Model' (MMM) and the most up to date version of the MMM.
- 4.2.2. Credit will be awarded, as defined in Section 5.8 of these regulations, for applicants who can demonstrate Australian:
 - 4.2.2.1. rural origin; or
 - 4.2.2.2. rural medical school experience; or
 - 4.2.2.3. rural pre-SET experience; or
 - 4.2.2.4. a combination of all of the above.

5. Curriculum Vitae (CV)

- 5.1.** The Curriculum Vitae (CV) forms an important part of the application to the Australian SET program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 220 points which is weighted out of 200 points for the purpose of 2.3.2 and 2.3.3.
- 5.2.** The CV scoring process is designed to capture the applicant's surgical experience, publications and presentations, research and educational qualifications, and special skills.
- 5.3.** Evidence claimed in the wrong section of the online application will not be counted towards the correct activity. Applicants are responsible for uploading their documentation correctly.
- 5.4.** Applicants who are unsure whether an activity will attract points, or where to claim an activity to attract maximum points, should contact the ASPS office via education@plasticsurgery.org.au.
- 5.5.** CVs are scored independently by at least two (2) scorers (ASPS employees) and marks are compared for discrepancy. In the instance of a discrepancy of more than five (5) points between the scores by scorers, the final scoring decision will be made by a person specified in 2.7.2.

5.6. Minimum Eligibility Criteria

5.6.1. Applicants who meet the minimum eligibility criteria will be considered competitive in the selection process. The minimum eligibility criteria do not receive points.

5.6.2. Emergency or Critical Care Rotation

Applicants must complete a rotation that meets the following criteria:

Emergency/ Critical Care Rotation	Evidence required:
Post-graduate level (PGY1+) rotation in Emergency or Critical Care prior to the Application closing date (see 2.1). The term must be at least eight (8) working weeks in length.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.6.3. The following conditions apply for Emergency and Critical Care experience:

5.6.3.1. Applicants will be exempt from this requirement who are in year 3 SET or higher of a non-Plastic & Reconstructive SET training program.

5.6.3.2. Emergency or Critical Care includes the following:

- Emergency Department (ED)
- Intensive Care Unit (ICU)

5.6.3.3. Trauma, Burns, Cardiothoracic and Vascular unit experience does not satisfy the requirements of an Emergency or Critical Care rotation.

5.6.3.4. Emergency or Critical Care experience may be acquired within Australia or overseas.

- 5.6.3.5. No credit will be given for any Emergency or Critical Care experience acquired after **the Application closing date** (see 2.1).
- 5.6.3.6. Combination and part-time terms will be adjusted pro-rata for the purposes of establishing the Emergency or Critical Care Rotation for the purposes of 5.6.2. For example, 20 weeks 0.5FTE in a part-time Emergency rotation will be credited as 10 weeks of Emergency experience.

5.6.4. **Plastic and Reconstructive Surgery Rotation**

Applicants must complete a rotation that meets the following criteria:

P&RS Rotation	Evidence required:
Post graduate level (PGY1+) rotation in Plastic & Reconstructive Surgery within the last five (5) years (see 2.1). The term must be at least ten (10) working weeks in length, including a minimum of five (5) continuous weeks.	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.6.5. The following conditions apply for surgical experience:

- 5.6.5.1. Surgical experience may be acquired within Australia or overseas.
- 5.6.5.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).
- 5.6.5.3. Combination and part-time terms will be adjusted pro-rata for the purposes of establishing an applicant's Plastic & Reconstructive Surgery Rotation for the purposes of 5.6.4. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.6.6. Applicants will be exempt from this requirement who are:

- 5.6.6.1. In year 3 SET or higher of a non-Plastic & Reconstructive SET training program.
- 5.6.6.2. Possess a non-Plastic & Reconstructive Surgery FRACS.
- 5.6.6.3. Possess an overseas specialist surgical qualification.

5.6.7. **Surgery In General Rotation**

Applicants must complete a rotation that meets the following criteria:

Surgery in General Rotation	Evidence required:
Post graduate level (PGY2+) rotation in any surgical specialty within the last five (5) years (see 2.1). The rotation/s must be at least twenty-six continuous (26) working weeks in length and must be completed prior to the Application Closing date (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

- 5.6.8. The following conditions apply for surgical experience:
- 5.6.8.1. Surgical experience may be acquired within Australia or overseas.
 - 5.6.8.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).
 - 5.6.8.3. Combination and part-time terms will be adjusted pro-rata for the purposes of establishing an applicant's Surgery In General Rotation for the purposes of 5.6.7. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.
 - 5.6.8.4. The same surgical rotation may be claimed for more than one minimum requirement. For example, a 26 week full time rotation in Plastic and Reconstructive Surgery would satisfy both the "Plastic and Reconstructive Surgery Rotation" and the "Surgery In General Rotation" requirements.
- 5.6.9. Applicants will be exempt from this requirement who are:
- 5.6.9.1. In year 3 SET or higher of a non-Plastic & Reconstructive SET training program.
 - 5.6.9.2. Possess a non-Plastic & Reconstructive Surgery FRACS.
 - 5.6.9.3. Possess an overseas specialist surgical qualification.

5.6.10. **Surgical Examinations**

Applicants for selection must pass the following examination(s) prior to the **Application closing date** (see 2.1):

Examination	Evidence required:
RACS Generic Surgical Sciences Examination (GSSE)	Certificate of completion or letter on organisation letterhead. Prospective evidence is not valid.
RACS Clinical Examination (CE)	Certificate of completion or letter on organisation letterhead. Prospective evidence is not valid.

5.6.11. **Surgical & Nurse Contacts**

Applicants must nominate the minimum number of contacts in the valid date range as per selection regulation 6.3.1 and 6.3.2.

5.7. Surgical Experience & Qualifications Section

5.7.1. The maximum available score for this section is 60 points.

5.7.2. Surgical Experience

Points will be awarded for the following surgical experience, not including experience counted towards the minimum eligibility criteria:

Surgical Experience	Evidence required:
Accredited SET experience NOT in P&RS over the last five (5) years (see 2.1).	SET Transcript from RACS or correspondence from the appropriate Specialty Society. Evidence must identify location of training, length of employment and specialty working in. Prospective evidence is not valid.
Resident level or higher (PGY2+) experience in P&RS over the last five (5) years (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.
Registrar level or higher (PGY3+) experience NOT in P&RS and NOT in SET, over the last five (5) years (see 2.1).	Statement of Service from hospital administration identifying level of employment, length of employment and specialty working in. Prospective evidence is not valid.

5.7.3. The following conditions apply for surgical experience:

5.7.3.1. Surgical experience may be acquired within Australia or overseas.

5.7.3.2. No credit will be given for any surgical experience acquired after the **Application closing date** (see 2.1).

5.7.3.3. Credit will only be given for experience in excess of the minimum weeks required for eligibility.

5.7.3.4. Credit will not be given for experience which is surgical night rotations longer than 2 weeks in any appointment.

5.7.3.5. Combination and part-time terms will be adjusted pro-rata for Surgical Experience for the purposes of 5.7.2. For example, three months in a Plastic and Reconstructive and ENT Surgical rotation will be credited as 1.5 months of Plastic and Reconstructive experience.

5.7.3.6. Maximum credit available for surgical experience not already used for minimum eligibility is:

5.7.3.6.1. fifteen (15) points per half year in accredited non-P&RS SET experience up to the maximum published in 5.7.1.

5.7.3.6.2. fifteen (15) points per half year in resident (PGY2+) or higher P&RS experience up to a maximum of 45 points.

5.7.3.6.3. fifteen (15) points per half year in unaccredited non-P&RS experience up to a maximum of 30 points.

5.7.3.6.4. three (3) points per 10 week rotation in P&RS (PGY2+).

5.7.4. Surgical Qualifications

Points will be awarded for the following surgical qualifications:

Surgical Qualification	Evidence required:
Non P&RS FRACS	FRACS certificate / Correspondence from RACS verifying award of Fellowship
FRACDS	FRACDS certificate / Correspondence from RACDS verifying award of Fellowship

5.7.4.1. Maximum credit available for surgical qualifications listed above is sixty (60) points.

5.7.5. Gaps in Surgical Experience

No points are awarded for gaps in surgical experience.

5.7.5.1. Gaps in surgical experience, following graduation from undergraduate medical degree, must be accounted for and must include evidence in support of the gap in surgical experience:

Type	Evidence required:
Non-surgical employment over the last five (5) years (see 2.1) including medical experience and other work experience.	Statement of Service from employer identifying type of employment, length of employment. Prospective evidence is not valid.
Periods of full time or part time study over the last five (5) years (see 2.1)	A signed letter from a supervisor of research or head of faculty identifying the name of the education provider and their contact information, the name of the course and the length of study including whether study was full time or part time (include contact and research hours). Prospective evidence is not valid.
Medical need, family commitments, or primary carer commitments.	A medical certificate evidencing any periods of unfitness for surgical practice, or periods of caring for others.
Professional sporting commitments	A letter signed by the director or senior manager of a related organisation attesting to the main activity, or activities, with reasonable detail identifying the period of time and locations, where relevant.
Each of the above	A statutory declaration signed by the application attesting to the main activity, or activities, with reasonable detail identifying the period(s) of time, location(s) and contact(s) information of any person responsible for your supervision, where relevant.
Personal time	A statutory declaration signed by the application attesting to the period(s) of time.

5.8. Australian Rural Origin, Study and Experience

5.8.1. The maximum available score for this section is 20 points

5.8.2. Points will be awarded for demonstrating:

Type of exposure	Evidence required:	Maximum Points
Rural origin with residence as a school student for 3 or more years (cumulative)	Primary or secondary school transcript or letter from school's principal.	Five
Rural origin with residence with tertiary study for 2 or more years (cumulative)	Transcript to document rural base and residence. Evidence of address information must be attached to the application.	Five
Post graduate residency with full time rural medical school experience OR Post graduate residency with full time or part time rural pre-SET experience of at least 12 months (cumulative)	Certification of Rural Origin is required from an independent source, or multiple sources, and must be on a signed letterhead from the educational institution and must include a current telephone number. Evidence of address information must be attached to the application.	Five
All categories described above	Evidenced as described above	Five

5.8.3. The following conditions apply for rural origin, study and experience:

5.8.3.1. Evidence of address information and Monash Modified Model category must be attached to the application, using the Government's Health Workforce Locator website. Rural Origin is defined in 4.2.1.

5.8.3.2. Maximum points (20) may be achievable when an applicant has demonstrated all three types of exposure in the table at 5.8.2.

5.9. Publications & Presentations Section

5.9.1. The maximum available score for this section is 60 points.

5.9.2. Research Publications

Points will be awarded for the following publications:

Publication	Evidence required:
Article in a listed P&RS journal	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.9.4.
Article in other journals meeting the conditions below	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.9.4.
Case report in either a listed P&RS journal, or another journal meeting the conditions listed below	A letter of acceptance from the journal or journal article front page with full bibliographic details including the journal impact factor in 5.9.4.
Chapter in a medical or surgical textbook	A letter from the publisher showing level of contribution, plus a copy of the book chapter or full bibliographic details.

5.9.3. Articles and case reports published in a recognised peer reviewed Plastic and Reconstructive Surgery Journal will attract full points. The list of recognised P&RS journals is:

- Aesthetic Plastic Surgery
- Aesthetic Surgery Journal
- Annals of Plastic Surgery
- ANZ Journal of Surgery
- Archives of Facial Plastic Surgery
- Australasian Journal of Plastic Surgery
- The Breast Journal
- Burns
- Clinics in Plastic Surgery
- European Burn Journal
- European Journal of Plastic Surgery
- Hand
- Journal of Burn Care and Research
- Journal of Craniofacial Surgery
- Journal of Hand Surgery (European)
- Journal of Hand Surgery (US)
- Journal of Plastic, Reconstructive and Aesthetic Surgery (formerly British Journal of Plastic Surgery)
- Journal of Plastic Surgery and Hand Surgery
- Journal of Reconstructive Microsurgery
- JPRAS Open
- Microsurgery
- Ophthalmic Plastic and Reconstructive Surgery
- Oral and Maxillofacial Surgery
- Plastic and Reconstructive Surgery

- Plastic and Reconstructive Surgery – Global Open
- Scandinavian Journal of Plastic and Reconstructive and Hand Surgery

5.9.4. Articles and case reports published in other medically-related, peer-reviewed printed journals will also attract points, provided that the Journal Impact Factor is 2.5 or greater, as published in Journal Citation Report.

5.9.5. The following conditions apply for all research publications:

5.9.5.1. Full credit will be given for eligible publications where the applicant is the principal author. Credit may be given in increments of five (5) points to a maximum of fifteen (15) points per publication.

5.9.5.2. Partial credit will be given for eligible publications where the applicant is a subsequent author. Credit may be given in increments of two and a half (2.5) points to a maximum of seven and a half (7.5) points per publication.

5.9.5.3. An article is considered creditworthy if it is medically related and peer-reviewed containing critically assessed data and results. Book reviews, study protocols, letters to journals and abstracts will not be scored and must not be submitted.

5.9.5.4. Multiple publications with duplicate or similar topics or content will only attract credit for one (1) publication or presentation.

5.9.5.5. Publications that have been accepted for publication will be scored as if they have been published, if written proof of acceptance for publication is submitted.

5.9.6. **Research Presentations**

Points will be awarded for the following presentations:

Presentation	Evidence required:
Oral or poster presentation at a conference (*) listed below.	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference. Evidence must include the topic of the presentation.
Oral or poster presentation at an international medical and surgical science conference, other than those listed below. <i>(determined by the type of event, not the location)</i>	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference. Evidence must include the topic of the presentation.
Oral presentation at another Australian or New Zealand surgical science conference, including all RACS specialties and Obstetricians and Ophthalmologists.	Correspondence from the conference certifying acceptance of presentation, or a copy of the program listing full details of the presenter and name of conference. Evidence must include the topic of the presentation.

- 5.9.7. (*) Accepted events for row 1 of the table above include:
- ASPS Plastic Surgery Congress (PSC)
 - Australasian Society of Aesthetic Plastic Surgery (ASAPS) annual conference
 - Australian and New Zealand Burn Association (ANZBA) annual conference
 - Australian Hand Surgery Society (AHSS) annual conference
 - Australasian Cleft Lip and Palate Association
 - Australian & New Zealand Head and Neck Cancer Society Meeting
 - Asian Pacific Craniofacial Association
 - International Perforator Flap Course
 - New Zealand Association of Plastic Surgeons Annual Scientific Meeting (NZAPS ASM)
 - Plastic Surgery, The Meeting (American ASPS' annual meeting)
 - RACS Annual Scientific Congress (ASC)
- 5.9.8. The following conditions apply for all research presentations:
- 5.9.8.1. Applicants will receive credit for presentations and posters at events that involve competitive selection over the **last five (5) years** (see 2.1) only.
 - 5.9.8.2. Where the same article has been used as a journal article and also as a presentation or poster presentation it must be submitted once only, either as a publication or a presentation. It will be allocated points once only either as a journal article, presentation or poster presentation.
 - 5.9.8.3. A presentation is considered creditworthy if it is medically-related. No points will be awarded for presentations at in-house hospital meetings, Hospital Grand Rounds, Morbidity Meetings, Unit Audits or similar "domestic" venues.
 - 5.9.8.4. The applicant must be the first author of the presentation or poster and deliver the presentation. Presentation may be given a maximum of eight (8) points credit, and poster may be given a maximum of four (4) points credit.
 - 5.9.8.5. Presentations and posters must be directly relevant to medicine for credit to be granted.
 - 5.9.8.6. Presentations at meetings are classified for credit purposes by the target audience, and not the geographical location, of the meeting.
 - 5.9.8.7. Multiple presentations with duplicate or similar topics will only attract credit for one (1) presentation only.
 - 5.9.8.8. A presentation or poster that is based on a credited publication will attract no further points and is not to be submitted.
 - 5.9.8.9. Presentations that have been accepted for presentation at a meeting will be scored as if they have been presented, only if written proof of acceptance for presentation is provided.
 - 5.9.8.10. Evidence must include a conference logo and/or a signature of the organiser.

5.10. Educational Qualifications Section

5.10.1. The maximum available score for this section is 40 points.

5.10.2. Points will be awarded for the following degrees to the maximum indicated:

Qualification	Evidence required:	Maximum Points
Doctor of Philosophy (PhD) (Medically related) (AQF = 10)	If completed with thesis: Transcript from University confirming awarding of the degree, plus details of thesis submitted.	Forty
	If completed without thesis: Transcript from University confirming awarding of the degree.	Twenty
	If currently enrolled: Proof of enrolment in the PhD from the University.	Fifteen
Doctor of Philosophy (PhD) (Non-medically related) (AQF = 10)	If completed with thesis: Transcript from University confirming awarding of the PhD, plus details of thesis submitted.	Twenty
	If completed without thesis: Transcript from University confirming awarding of the PhD.	Ten
Doctor of Medicine (MD), except if awarded as part of a basic medical degree. (AQF = 10)	If completed with thesis: Transcript from University confirming awarding of the Doctorate degree, plus details of thesis submitted.	Thirty five
	If completed without thesis: Transcript from University confirming awarding of the Doctorate degree.	Fifteen
	If currently enrolled: Proof of enrolment in the MD award from the University.(*)	Ten
Master of Philosophy (MPhil) OR Master of Surgery (MS) (AQF = 9)	Recognition is only available for original research. A Masters degree by coursework will not attract points.	
	If completed with thesis: Transcript from University confirming awarding of the degree, plus details of thesis submitted.	Twenty
	If completed without thesis:	Nil

Qualification	Evidence required:	Maximum Points
Bachelor of Science (Medicine) with thesis OR Bachelor of Medical Science with thesis OR Bachelor of Medicine / Bachelor of Surgery (MBBS) with thesis -(AQF = 8 and 9)	Transcript from University confirming awarding of the degree, <i>plus</i> details of thesis.	Ten

- 5.10.3. An undergraduate Doctor of Medicine (AQF = 8 or lower) is not creditworthy.
- 5.10.4. Points will not be awarded for a majority on line Masters degrees or Masters degrees where the content is mainly delivered by coursework. The Board aims to encourage original research and publication and will recognise Masters degrees of this nature. Masters degrees specifically excluded from recognition (not an exhaustive list) are:
- 5.10.4.1. Master of Surgical Science (The University of Adelaide)
 - 5.10.4.2. Master of Surgical Science (The University of Edinburgh)
 - 5.10.4.3. Master of Surgery (The University of Sydney)
 - 5.10.4.4. Master of Medicine (The University of Queensland)
 - 5.10.4.5. A Masters completed while working full time.
- 5.10.5. Points **will not** be awarded for degrees with AQF equivalent to 7 or below or for any pre-medical course leading to an undergraduate medical degree (for example, B. Biomedical Science).
- 5.10.6. The following conditions apply for all educational qualifications not listed in 5.10.2:
- 5.10.6.1. Overseas qualifications must have had a primary source verification conducted by the Australian Medical Council as being equivalent to the relevant Australian Qualifications Framework (AQF) as per the table in 5.10.2.
 - 5.10.6.2. For a Master of Surgery (MS) completed overseas, this degree is considered equivalent to an Australian degree if the candidate has completed a minimum 12 months of full time study and completed a thesis. A letter from the supervisor outlining these criteria must be provided. A clinically based, or a majority online MS degree, is not accepted.
 - 5.10.6.3. For a Doctor of Medicine (MD) completed overseas, the degree is considered equivalent to an Australian degree if the candidate can outline the thesis presented for completing the degree. A letter from the university and/or supervisor outlining the work undertaken must be provided. An MD equivalent of an undergraduate qualification is not accepted.
 - 5.10.6.4. For a Doctor of Philosophy (PhD) completed overseas, it is considered equivalent to an Australian degree if the candidate has completed a minimum of 3 years full time study and completed a thesis. A letter from the supervisor and/or institution outlining these criteria must be provided and proof of thesis shown.

5.11. Special Skills Section

5.11.1. The maximum available score for this section is 40 points.

5.11.2. Undergraduate Academic Awards, Medical & Surgical Awards, and Non-Medical Awards

Applicants will receive credit for the following awards and achievements:

Award	Evidence required:
One or more of: University Medal OR First Class Honours OR Second Class Honours OR Recognition from the university with acknowledgement on a merit list / dean's list	Academic transcript outlining the level of honours achieved, or university recognition for academic achievement.
Golden Key Society Membership	Gold Key Society membership or correspondence on letterhead from the university outlining achievement.
Medical Awards	Correspondence from the awarding institution for medical achievement.
Surgical Awards	Correspondence from the awarding institution for surgical achievement.
Non-medical awards with state, regional or national recognition	Correspondence from the awarding authority, or certificate of award.
Non-medical awards with local recognition	Correspondence from the awarding authority, or certificate of award.

5.11.3. The following conditions apply for awards and achievements:

5.11.3.1. Awards and achievements not listed will not attract points.

5.11.3.2. Completion of tertiary qualifications (including degrees, masters degrees, etc) will not attract points in this section.

5.11.3.3. Prospective evidence or evidence dated after the **Application closing date** is not valid.

5.11.3.4. A maximum total of five (5) credit points will be awarded for each category 'Undergraduate Awards' and 'Medical and Surgical Awards'.

5.11.3.5. A maximum total of four (4) credit points will be awarded for the category 'Non-medical Awards'.

5.11.4. Positions Held

Applicants will receive credit for the following positions held:

Position	Evidence required:
Paid medical manager or assistant medical manager (minimum 6 months)	Letter from the employer on letterhead detailing the applicant's managerial responsibilities during the time spent in the position.
Leadership position on a medical or surgical committee / board (minimum 6 months)	Letter from the organisation detailing the applicant's position on the committee, time spent on the committee undertaking community work, and details of the organisation.
Clinical teaching or anatomy demonstrating position in an accredited higher education institution (minimum 6 months)	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking clinical teaching or anatomy demonstrating, and details of the organisation.
Unpaid part-time volunteer work in a not-for-profit organisation (minimum 6 months)	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking volunteer work, and details of the organisation.
Continuous, full-time unpaid volunteer work in a not-for profit organisation (minimum 2 weeks) <i>Examples include volunteer humanitarian missions to developing nations.</i>	Letter from the organisation detailing the applicant's position in the organisation, time spent in the organisation undertaking volunteer work, and details of the organisation.

5.11.5. The following conditions apply for positions held:

- 5.11.5.1. Medical management positions must be paid.
- 5.11.5.2. Organisational leadership, clinical teaching and anatomy demonstrating positions are subject to investigation by the Board. Points will be awarded at the Board's discretion.
- 5.11.5.3. Membership of a charity only will not attract points. Applicants must demonstrate active participation over a period of at least 6 months.
- 5.11.5.4. Cash donations will not attract points.
- 5.11.5.5. Blood or organ donation will not attract points.
- 5.11.5.6. Paid work in a not-for-profit organisation will not attract points.
- 5.11.5.7. Mandatory service will not attract points.
- 5.11.5.8. Prospective evidence or evidence dated after the **Application closing date** is not valid
- 5.11.5.9. Offers for positions without proof of service fulfilled is not valid.
- 5.11.5.10. A maximum total of four (4) credit points will be awarded for each category of 'Leadership position' and 'Clinical Teaching or Anatomy Demonstration' position.
- 5.11.5.11. A maximum total of three (3) credit points will be awarded for each category of 'Medical or Surgical Leadership' and 'Volunteer' positions.

5.11.6. Post-Secondary Skills

Applicants will receive credit for the following skills:

Skill	Evidence required:
Sporting achievements (National representative level)	Certificate of participation or accomplishment award on organisation letterhead.
Sporting achievements (State representative level)	Certificate of participation or accomplishment award on organisation letterhead.
Language Skills	Applicants must provide evidence of course completed (with level) and/or a certificate of proficiency, on organisation letterhead.

5.11.7. The following conditions apply for skills:

- 5.11.7.1. Only post-secondary awards are eligible for points.
- 5.11.7.2. Coaching achievements at a State or National representative level will attract points.
- 5.11.7.3. Individual (non-team) sports will not attract points.
- 5.11.7.4. Casual sporting activities will not attract points.
- 5.11.7.5. Language skills must be at a minimum of “conversational”. This is equivalent to a Certificate III in the Australian Qualifications Framework (AQF = 3), or level B in the Common European Framework of Reference for Languages. The discretion of the markers will be used to determine the equivalent level for evidence presented.
- 5.11.7.6. English language skills will not attract points.
- 5.11.7.7. Prospective evidence or evidence dated after the **Application closing date** is not valid
- 5.11.7.8. A maximum combined total of three (3) credit points will be awarded for language skills and sporting achievements.

5.11.8. Medical Courses & Conferences Attended

Applicants will receive credit for the following courses and conferences:

Course / Conference	Evidence required:
Medical courses including (or equivalent to): <ul style="list-style-type: none">• ASSET• BSS• CCrISP• CLEAR• EMSB• EMST• Statistics for Surgeons	Certificate of completion or RACS transcript outlining courses completed.
Any surgical skills course, medically-related ethical skills course, medical management course, or anatomy course not outlined above.	Certificate of completion or RACS transcript outlining courses completed.

Course / Conference	Evidence required:
Plastic Surgery Congress (PSC)	Proof of registration or attendance at the meeting.
Other Plastic Surgery meeting or conference (state, national or international) that meets the conditions below	Proof of registration or attendance at the meeting.
RACS Annual Scientific Conference (ASC)	Proof of registration or attendance at the meeting.

5.11.9. The following conditions apply for courses and conferences:

- 5.11.9.1. Mandatory basic knowledge courses (such as radiation safety or x-ray interpretation) will not attract points.
- 5.11.9.2. The BASIC course will not attract points.
- 5.11.9.3. The EMSB Instructor course will not attract points.
- 5.11.9.4. Operating with Respect e-module will not attract points.
- 5.11.9.5. No points will be awarded for attendance at hospital grand rounds, morbidity meetings, unit audits or other such “domestic” venues.
- 5.11.9.6. Other Plastic Surgery meetings which attract points include meetings relating to:
 - Aesthetic surgery
 - Burns surgery
 - Craniomaxillofacial surgery
 - Hand surgery
 - Head & neck surgery
 - Microsurgery.
- 5.11.9.7. Virtual meetings or conferences will attract points at the same rate as physical meetings.
- 5.11.9.8. A maximum combined total of eight (8) credit points will be awarded for Medical Courses attended.
- 5.11.9.9. A maximum combined total of five (5) credit points will be awarded for Medical Conferences attended over the **last five (5) years** (see 2.1).

6. Referee Reports

6.1. The Referee Reports form part of the application to the Australian SET program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 350 points.

6.2. The Referee Report is a confidential report gathered from several evaluators who are familiar with the professional and/or technical capabilities of the applicant. The report is an indicator of applicant skills and is divided into several categories of professionalism.

6.3. Contacts Required for Nomination by the Applicant

6.3.1. Applicants must provide the following information:

Contacts	Evidence required:
All Consultant Plastic Surgeons from the most recent (including current) plastic & reconstructive surgical term over the last two (2) years (in 2.1.7 and 2.1.9).*	Correct information for each contact, including current email address. Identifying which consultant plastic surgeons an applicant did and did not work with.
No less than three (3) and no more than five (5) consultant surgeons worked with from each surgical term over the last two (2) years (in 2.1.7 and 2.1.9).* <i>This includes consultant surgeons from P&RS and non-P&RS terms.</i>	Correct information for each contact, including current email address. Where there have been fewer than three (3) consultant surgeons in a rotation, the applicant must indicate the reason or reasons on the RR Excel form.
At least one (1) of the following from each surgical term over the last two (2) years (in 2.1.7 and 2.1.9):* <ul style="list-style-type: none"> • Clinical nurse unit manager • Charge nurse • Clinical nurse consultant • Theatre nurse 	Correct information for each contact, including current email address.
(*) Applicant who, at the time of making an application, are enrolled in the last year of a 3-year full time PhD may provide surgical contacts and nurse contacts from the last three (3) years (in 2.1.8 and 2.1.9),	As above, for the relevant category and a University Transcript and letter from the PhD supervisor as evidence of current enrolment in the last of a 3-year PhD program

6.3.2. A minimum total of six (6) consultants and two (2) nurse contacts must be nominated by the applicant.

6.3.2.1. Applicants must not make a determination of validity of contact nominees including duration of role, surgical assistant roles, full time or part time roles, and public or private roles.

6.3.2.2. Prior to submission of an application, an applicant must contact each contact nominee and obtain their current email address and mobile telephone number.

6.3.3. In considering the validity of contact nominations, **the Board will determine** if the following conditions apply for all listed contacts:

6.3.3.1. Board Members are not permitted as contacts. Refer to: <https://plasticsurgery.org.au/about-asps/governance/australian-board-of-plastic-and-reconstructive-surgery/> for a list of current Board Members.

6.3.3.2. Applicants must confirm that each of the consultants and nurses nominated as contacts have been contacted by the applicant prior to the submission of their application **and have been informed that they may be contacted as a referee by ASPS during the selection process.**

6.3.3.3. Applicants may be excluded from the selection process if material information is omitted, any information is misleading, false or incorrect and if incorrect contact information is provided.

6.3.3.4. The contacts nominated by an applicant must be persons who are able to assess performance in a plastic surgery or other type of surgical unit within a public hospital environment or a recognised plastic surgery training unit within a private hospital, otherwise the referee will not be a valid referee.

6.3.3.5. The surgical contacts nominated by an applicant must be employed in a plastic surgery or other type of surgical unit within a public hospital environment or a recognised plastic surgery training unit within a private hospital, otherwise the referee will not be a valid referee.

6.3.3.6. The surgical contacts nominated by an applicant for experience gained in Australia or New Zealand must be Fellows of the Royal Australasian College of Surgeons (FRACS) and satisfy 6.3.3.4 and 6.3.3.5.

6.3.3.7. The surgical contacts nominated by an applicant for experience gained while overseas (not in Australia and New Zealand) must be Fellows of the relevant national surgical college or a member of the relevant national specialty society or association and satisfy 6.3.3.4 and 6.3.3.5.

6.3.3.8. Specialist International Medical Graduates (SIMGs) on a pathway to specialist recognition in Australia or New Zealand are not valid contacts.

6.3.3.9. Contacts nominated by an applicant must have worked with the applicant for a minimum of 10 weeks from the start of the rotation in the valid period (see 6.3.1 and 2.1.9) inclusive of **the Referee valid till date** to be considered valid.

6.3.3.10. For the purposes of contacts and referee reports, it is irrelevant whether an applicant has worked with the contact on a part-time or full-time basis.

6.4. Referee Report Information

6.5. The Board may contact hospital units and any Consultant Plastic Surgeons who have worked with the applicant to ensure that the information provided about the applicant's employment history is correct.

- 6.6.** The Board Chair, or Board Executive, will confirm if an applicant is to be excluded from the selection process due to insufficient information, misleading information or invalid information.
- 6.7.** The Board will endeavour to include at least one (1) Consultant Plastic Surgeon in the final report for each applicant.
- 6.8.** The Board will collect all Referee Reports remotely. Applicants will not be involved in the confidential Referee Report collection process.
- 6.9.** Referee choices for each applicant will be the responsibility of members of the Board who are ordinarily plastic surgeons and are listed in selection regulation 2.7.2. An employee of ASPS, approved by the ASPS senior management, will provide administrative support.
- 6.10.** Board Members, listed in selection regulation 2.7.2, will choose a total of eight (8) Referees comprising of six (6) Surgical Consultant Referees and two (2) Nurse Referees. From the eight (8) Referees, the Board will identify the three (3) primary and three (3) secondary Surgical Referees as well as one (1) primary and one (1) secondary Nurse Referees.
- 6.11.** In selecting the primary Surgical Referees to obtain information from, to assist in preparing the Reference Report, where possible and available:
 - 6.11.1. at least one (1) of the three (3) will be from the applicant's most recent (including current) plastic surgery rotation;
 - 6.11.2. at least one of the three will be from the last 12 months of plastic surgery rotations;
 - 6.11.3. priority will be given to the selection of eligible SET Program surgical supervisors, SET Program surgical trainers and heads of departments.
- 6.12.** In selecting the primary Nurse Referee to obtain information from to assist in preparing the Reference Report, where possible and available, priority will be given to the selection of referees from accredited SET training posts (private and public), thereafter non-accredited posts and rural and remote surgical settings.
- 6.13.** The Referee Interview Panel that conducts remote interviews will be comprised of, at the most, two (2) members and may include an observer.
- 6.14.** Panellists will be a member of the Board, a Consultant Plastic Surgeon currently working in an accredited training post, or an ASPS employee approved by the ASPS CEO.
- 6.15.** An ASPS employee, approved by the ASPS senior management, will assign Panellists to interview panels. Whenever possible and available, Panellists will be assigned to call Referees outside their own residential state.
- 6.16.** A pro forma Referee Report will be used. The Referee Report will include questions focused on the RACS competencies and workplace markers.
- 6.17.** Primary Referees will be contacted first. Two separate attempts will be made to contact each Referee, thereafter that Referee will be disqualified from further participation for an applicant. Advanced notification may be sent to the Referees, including information regarding the areas to be explored during the reference check.

- 6.18.** Having considered the responses from all reference checks, the Panellists must arrive at a consensus score for each identified area using the scoring guidelines and scales shown in the Referee Report. Notes justifying the score given must be recorded in the Referee Report. There are ten (10) areas for assessment relating to behavioural markers and the RACS Core Competencies. Other questions will pertain to the applicants' readiness to commence Surgical Education and Training.
- 6.19.** If the minimum number of valid Referee Reports (3 Surgical Referees and 1 Nurse Referee) cannot be obtained from the eight (8) Referees selected in 6.11 by the date that interview notification are sent (see 2.4.3), the applicant may be excluded from the selection process.
- 6.20.** Any report that is less than eighty percent (80%) complete (for example, 8 out of 10, or 4 out of 5, behavioural marker questions answered) will be considered invalid. Questions regarding the applicant's readiness to commence training are not considered when evaluating the validity of a report.
- 6.20.1. Where one behavioural marker question is not observed, the report is valid. Scaling of the existing scores is applied to minimize a negative impact to the applicant's overall score for the referee report tool.

7. The Semi-Structured Interview

7.1. The Semi-Structured Interview (Interview) forms part of the application to the Australian SET Program in Plastic and Reconstructive Surgery. The maximum available score for this selection tool is 450 points.

7.2. The interview is designed to enable an interview panel to evaluate non-technical professional skills and to provide the applicant with an opportunity to demonstrate his or her professional behaviours.

7.3. Selection for Interview

7.3.1. The number of interviews is capped at three (3) interviews per one (1) training position available. The number of available positions in the following year is determined by the Board, prior to interviews taking place.

7.3.2. Not all applicants will receive an interview during the selection process. Gaining an interview in one year does not guarantee an applicant will be invited to interview in any subsequent years.

7.3.3. Shortlisting Applicants for interview is determined by ordering, from highest to lowest, the combined Curriculum Vitae and Referee Reporting tool scores and inviting Applicants from position one through to the position equal to the number of interviews in 7.3.1 .

7.3.4. Invitations to interview are made on a conditional basis. Applicants must return a signed disclaimer by email to education@plasticsurgery.org.au within three (3) business days of being notified of their interview offer. Applicants that do not sign the declaration will be denied admittance to the interview and may be removed from the selection process.

7.4. Interview Information

7.4.1. It is the responsibility of the applicant to arrive fifteen (15) minutes prior to the interview. Applicants who do not arrive by this time with photo identification (driver's license or passport) will not be considered further in the Selection process.

7.4.2. The Board will determine the delivery method (face to face or virtual) of interviews. Applicants will not be given a choice of delivery method.

7.4.2.1. Applicants must sign an interviewee declaration form and provide that form to ASPS by the **Application closing date**. The submission of an interviewee declaration does not reflect that an applicant will be offered an interview.

7.4.2.2. Where an applicant is unable to attend face-to-face interview due to a reason provided in their signed interviewee declaration form, a technology-assisted interview may be arranged.

7.4.2.3. An applicant must notify the Board immediately of any illness that meets the criteria described in the interviewee declaration form and must include supporting medical evidence with the notification. If there are health and

safety concerns for the applicant, or other applicants, or the panellists or staff involved in the selection process, the applicant may be removed from this selection round. For the purposes of clause 2.8, an applicant who is removed from the selection round as a result of this regulation will not have this attempt recorded as an eligible attempt. Such a decision will be made by the National Board Chair in the interests of the health and safety of the applicant, other applicants, the panellists or staff.

- 7.4.3. Applicants are responsible for all personal travel and personal technology-related costs incurred for attending interviews.
- 7.4.4. Applicants will be briefed on the interview process and will be given the opportunity to ask any process-related questions.
- 7.4.5. The interview panels will be comprised of two (2) or three (3) Plastic Surgeons per panel. Applicants will be interviewed by three (3) separate panels. An additional Consultant Surgeon may attend the interview for observation purposes.
- 7.4.6. All applicants will be asked the same initial questions at interview; follow-up questions may vary based on applicant responses.
- 7.4.7. Applicants who are temporarily or permanently disabled can apply for a reasonable adjustment to the Interview. Applications for reasonable adjustment to the interview must be made by the **Application closing date** and must have supporting documentation such as a letter from a relevant clinician. Late applications will not be considered. The Board Chair will make a decision on the extent of the adjustment, if approved, which may include lengthening the time of Panels. An applicant will be advised of the nature of the adjustment prior to being interviewed.

7.5. Interview Scoring

- 7.5.1. The interview scoring process was developed through consultation with experts in selection development. This method enables a standardised evaluation of each applicant evaluated against the RACS Core Competencies.
- 7.5.2. Applicant responses at interview are evaluated based on a standard interview scoring guide which contains favourable and unfavourable indicators.
- 7.5.3. Interview questions developed for interviews are approved by the Board and may vary from year to year, as determined by the Board.
- 7.5.4. Each panel member may take notes during the interview. Panel members will discuss ratings following the interview and mark a composite rating on the final assessment sheet.
- 7.5.5. One (1) final assessment sheet will be provided by each panel, equalling a total of three (3) final assessment sheets per applicant. These scores will be combined for each applicant into a weighted total interview score.
- 7.5.6. The completed final assessment sheets will be maintained as records of the interview.

8. Outcome & Applicant Feedback

- 8.1.** Applicants will be classified in accordance with this classification:
- 8.1.1. **Successful.** The applicant will receive a training post offer.
 - 8.1.2. **Unsuccessful.** The applicant satisfies the minimum standard for selection in 2.5.1, but did not rank high enough to receive an offer.
 - 8.1.3. **Unsuitable.** The applicant failed to satisfy the minimum standard for selection in 2.5.1 during the selection process, or did not receive an invitation to interview, or has harassed another person involved in the selection process (see 2.7.11)
 - 8.1.4. **Ineligible.** The applicant failed to satisfy one or more of the minimum selection criteria in 5.6 during the selection process, or the applicant has reached the maximum number of attempts (see 2.8).
- 8.2.** All feedback to applicants will be provided by email. Any further correspondence must be submitted by email to education@plasticsurgery.org.au.
- 8.3. Ranking of applicants**
- 8.3.1. The Board will conduct selection decisions relating to the Aboriginal and Torres Strait Islander Initiative (Section 4.1) before making any further selection decisions.
 - 8.3.2. Applicants who have satisfied the minimum standard for selection in 2.5.1, will be ranked based on their overall score. The overall score of the applicant whose rank is equal to the number of training positions available, will be used to determine the cut-off band (+/-2% of the maximum possible score in 2.3.3). For example, if twelve (12) training positions are available, all applicants whose overall score is within 2% of the 12th ranked applicant will be placed into the cut-off band.
 - 8.3.3. For applicants whose overall score is higher than the cut-off band, determination of offers will be made based on the applicant's ranking and their preferences for training region.
 - 8.3.4. For applicants whose overall score falls within the cut-off band, determination of offers will be made based on the applicant's first preference of training region.
 - 8.3.5. Applicants may be offered a training post in a training region that they have not listed as a preference, if there are no other positions available.
 - 8.3.6. All trainee placement decisions are at the Board's discretion and are final. Applicants may not necessarily be placed in their preferred training region.

8.4. Feedback to Successful Applicants

- 8.4.1. Successful applicants will be offered an Early SET training placement based on a combination of ranking in the selection process and regional preference. A copy of the training agreement and conditions will be emailed to these applicants.
- 8.4.2. To accept their training position, successful applicants must submit their signed training agreement, and where relevant any application to defer commencement of training, to ASPS by the due date in the letter of offer.
- 8.4.3. Successful applicants will be provided with deciles showing their overall standing, and their relative standing in each selection tool.
- 8.4.4. Successful applicants will receive logins for the RACS and ASPS websites after returning their signed training agreement.

8.5. Feedback to Unsuccessful and Unsuitable Applicants

- 8.5.1. Applicants classified as unsuccessful or unsuitable will be informed by email of the result of their application and that they did not receive an offer.
- 8.5.2. Unsuccessful applicants will be provided with information by email on the wait listing process, where relevant, and if second round offers are expected. Second round offers are available to unsuccessful applicants whose overall score falls within the cut-off band (see 8.3.2 and 8.3.4).
- 8.5.3. Unsuccessful and unsuitable applicants will be provided with the number of remaining attempts available (including if the cut-off band was reached), deciles showing their overall standing, and their relative standing in each selection tool. Initially feedback may only include the outcome from an application for selection, then after the **Offer date** has passed, further feedback (deciles and relative standing) will be sent. No further feedback will be provided.

8.6. Feedback to Ineligible Applicants

- 8.6.1. Applicants who have reached the maximum number of attempts in a previous application round, and then apply again for selection, will be refunded the selection application fee and will not be considered further.
- 8.6.2. Applicants determined to be ineligible will be notified by email and will not be considered further in the selection process.
- 8.6.3. Ineligible applicants will receive information by email on the minimum standard they failed to achieve and the number of remaining attempts available.
- 8.6.4. Ineligible applicants will not be provided with deciles showing an overall standing, nor a relative standing in each of the selection tools. No further feedback will be provided.

9. Reconsideration, Review and Appeal

Applicants have options available to them to challenge all decisions regarding their selection. Challenges are governed by the RACS Regulation “Reconsideration Review and Appeal”, available to download from www.surgeons.org.