



## UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

### SURGICAL EDUCATION AND TRAINING PROGRAM

#### UROLOGY

## 1. INTRODUCTION

Urologists are surgeons who treat men, women and children with problems involving the kidney, bladder, prostate and male reproductive organs. These conditions include cancer, stones, infection, incontinence, sexual dysfunction and pelvic floor problems. Urology is a challenging, innovative and technologically advanced surgical subspecialty.

- Urologists have a big impact on the health and quality of life of their patients
- Urology is at the forefront of the use of minimally invasive treatment modalities
- In the last 12 months, more robotic procedures were performed in urology than any other surgical discipline
- Urology is a rewarding surgical sub-specialty of supportive, collegiate professionals
- Urology attracts high quality applicants and the selection process is always highly competitive.

Urology training is part of the Royal Australasian College of Surgeons Surgical Education and Training (SET) program. This program started in 2008. It involves a re-think and re-structure of surgical training, as it moves away from the old apprenticeship model where surgery was taught as a craft, to an adult learning model where learning is self-directed, experiential, and reflective.

The introduction of SET is designed to improve the quality and efficiency of surgical education and training. It enables early selection into specialty training, and streamlines the training experience.

The SET programme in Urology aims to select, train and educate people with the ability to acquire the necessary surgical skills and competencies to become excellent urologists. The Board looks for potential, recognizing that past behaviour predicts future performance. The Board promotes ethical values and principles, and supports and encourages continued learning throughout a professional career.

## 2. GOVERNANCE

The SET Urology program is delivered by the Urological Society of Australia and New Zealand (USANZ) under an arrangement with the Royal Australasian College of Surgeons (RACS). The management of the training program is the responsibility of the Board of Urology, an elected bi-national committee.

The Board has a Training Education and Accreditation Committee (TA&E) in each Section (Australian State and New Zealand) and the Chairperson from these committees is a member of the Board. The Section TA&E Committee is comprised of supervisors from each of the accredited training posts.

The day-to-day management and administration of the training programme in Urology is undertaken by the Education and Training Manager, USANZ.

### 3. THE SELECTION PROCESS

The Urological Society of Australia and New Zealand is contracted to conduct selection to Urology SET on behalf of the RACS, and does so in a manner consistent with all policies and guidelines of that body. More information about Urology, Urologists, and the SET program in Urology is available on the USANZ website [www.usanz.org.au](http://www.usanz.org.au)

Urology uses a single assessment and ranking process to appoint to all available Urology training posts. Available positions are filled using the selection ranking of applicants. Applicants should anticipate being appointed to SET 1. Occasionally, more senior positions are vacant. These will be filled if an applicant's professional experience shows them to be suitable to commence at an accelerated stage of training (recognition of prior learning). The more senior SET positions will be allocated to the highest ranked suitably experienced applicant, not the most experienced applicant.

Every effort is made to ensure that Urology selection is fair, consistent, and the process is disclosed to fully inform potential applicants. Applicants are de-identified in the process to remove selectors' personal bias. All decisions are open to appeal on just grounds, via the College Appeals process.

The selection process of the Board of Urology uses multiple tools to assess the qualities, achievements and endeavours of each applicant in a wide range of areas deemed relevant and important to a surgical specialist urologist. A principle applied is past behaviour predicts future performance.

Some of the information requested in selection is not scored, so is not used in the ranking process. It will be used to decide SET level eligibility of each applicant where more senior SET positions are available for appointment. What is not scored is noted on the application form.

### 4. ELIGIBILITY REQUIREMENTS

Applicants must be registered with the College. Applicants to SET Urology must be PGY 2 or above.

Applicants must fulfil all of the **Generic Eligibility Criteria**, plus the **Urology Specific Eligibility Criteria**. Applications from ineligible doctors will not be processed.

#### 4.1 Generic Eligibility Criteria

The **generic eligibility criteria** which apply are:

- permanent residency<sup>1</sup> or citizenship of Australia or New Zealand at the time of registration
- General (unconditional) registration in Australia or General scope or restricted general scope registration in the relevant specialty<sup>2</sup> in New Zealand

Notes:

1. Permanent (non-citizen) residents of New Zealand are not automatically entitled to residential approval in Australia. New Zealand (non-citizen) residents who apply for a program with Australian rotations will be responsible for securing a visa. In the event that a visa cannot be obtained no special arrangements can be made, and the offer of a place on the program may be withdrawn, or the trainee dismissed.
2. Doctors with restricted general scope registration can only apply for training in the specialty to which they are restricted.

All generic eligibility requirements must be satisfied at the time of registration. At the time of registration applicants must consent to a full criminal history check including submission of relevant documentation on request to enable this to be undertaken. **No registrations will be accepted by the College after 5.00 p.m. 19 February 2010 AEDT**

## 4.2 Urology Specific Eligibility Criteria

To be ready to start training in Urology, applicants are expected to have a range of skills and experiences acquired from working in a range of specialties (surgical and non-surgical) in a variety of settings. The best way to acquire a range of skills is to complete a diverse rotation of terms.

SET is streamlined and accelerated. If applying from PGY 2, applicants will need to carefully choose all terms, and look for opportunities to improve their personal skills (CV experiences).

### 4.2.1 Mandatory Criteria (all applicants)

The **mandatory** requirements for **all applicants to Urology** are:

1. Completion of at least one term (min 12 weeks) in a surgical rotation at PGY 2 level or above<sup>1</sup>
2. Completion of at least one term (min 10 weeks) in an Emergency Department

**Note:**

1. Scope of surgical practice would include evidence in operating theatres as an assistant or a participant in surgical procedures at a level commensurate with an applicant's experience. Evidence must be a signed copy of rotation completion or confirmation of future rotation including logbook of surgical experiences (for completed term) or description of term and expected surgical experience to be obtained (if future rotation). Evidence must be signed by person of appropriate authority.

### 4.2.2 Additional Mandatory Criteria (applicants from PGY2 and PGY3)

There are two (2) **additional mandatory eligibility criteria** applicable **only to applicants from PGY2 and PGY3**

1. Completion of at least twenty-one (21) months in clinical posts before commencing SET Urology<sup>1</sup>
2. Completion of at least one term (at least 10 weeks) in a Medical term or equivalent at PGY 2 level or above<sup>2</sup>

**Note:**

1. Clinical experience cannot be gained from non-clinical terms. If applying from PGY 2, applicants cannot have spent more than 3 months in non-clinical positions such as anatomy tutoring, research, or on leave by the end of the PGY 2 year. If applying after PGY 2, applicants can spend more time in non-clinical terms and still gain the needed range of skills and experiences.
2. The medical term (or equivalent) requirement is essential for applicants to gain some experience of managing the medical needs of patients. This can be gained in a purely Medical term, but might also be gained in other terms such as Oncology, Cardio-Vascular Surgery, Vascular Surgery, General Practice, ICU/High Dependency ward.

All of mandatory terms and requirements need to be completed by the **end of 2010**.

### 4.2.3 Recommended Criteria (all applicants)

The following are **recommended eligibility requirements for 2010** (and will be mandatory for the 2011 selection process). They are to be completed by time of application:

1. Attendance at one workshop or seminar related to a non-technical competency (1 day min)
2. Attendance at one workshop or seminar related to medical knowledge or technical competency (2 days min)
3. Presentation of a piece of research on a topic in or related to urology, where that research has been presented at a Urological meeting and has been reviewed by a full member of the USANZ, **OR**
4. A self-initiated clinical attachment to a urologist where that attachment includes observation of active clinical practice and time spent in reflective discussion. This must exceed 16 hours and be accompanied by a letter of support from the involved urologist.

## 5. REGISTRATION AND APPLICATION

There are two stages in the Selection process.

### Stage 1 – Registration for Selection

**Opens: January 13 (12 noon AEDT)**

**Closes: February 19 (5.00 pm AEDT)**

All stage 1 registrations are conducted on-line through via the College website [www.surgeons.org](http://www.surgeons.org)  
All generic eligibility requirements must be satisfied at the time of registration.

### Step 2: Application Process

**Opens: March 12 (12.00 noon AEDT)**

**Closes: April 6 (12.00 noon AEDT)**

The application process for those who are registered (see step 1 above) will open and close as advertised above. During this time registered applicants who are eligible will have access to the application form which will be available from the USANZ website [www.usanz.org.au](http://www.usanz.org.au). Late applications will not be considered. A non-refundable fee will be charged for application to the SET Program in Urology. For 2010 the application fee will be **\$AUD616** including GST.

## 6. ASSESSMENT OF APPLICATIONS

Applications will initially be assessed on the basis of completed application (CV) and returned referees' reports. USANZ retains all applications for 5 years. Information from past applications can be considered with current applications. Current applications can be considered with future applications.

### 6.1 CURRICULUM VITAE

The online application includes the Curriculum Vitae component.

The Curriculum Vitae is broad reaching and provides applicants with the opportunity to provide information from their medical and non-medical life.

The employment history gauges the clinical experience of an applicant. It can be used to decide if acceleration in SET is justified (recognition of prior learning). Clinical experience does not accrue selection points. Urology experience does not accrue selection advantage.

The Curriculum Vitae contains 7 scoreable sections, each with a maximum score. Some components of the CV are scored electronically. Others are scored manually by members of the Board of Urology. An effort is made to exclude conflict of interest (knowledge of the applicant). All CV components being marked are de-identified. A third Board assessor is used for manual marking when there is a significant difference in the first 2 scores.

College courses mandatory in SET training are requested in this form, but do not contribute CV scoring points. They are considered when contemplating acceleration of an applicant to a higher SET starting level (recognition of prior learning).

Documentary evidence must be included wherever requested. Information submitted without evidence **will not** be scored.

In some sections, applicants may not include the same achievement in more than one section of the Curriculum Vitae (eg research presented at more than one meeting will not be scored twice)

The Board reserves the right to verify any claim within an application. If any information is found to be false or misrepresentative, the applicant may be excluded from selection.

**An outline of the scoring methodology for the CV is located at the end of this document.**

**The CV contributes 20% to the selection score.**

## **6.2 REFEREES REPORTS**

Applicants must nominate four (4) 'first choice' consultant referees, two (2) 'reserve' consultant referees and one (1) other health professional referee.

### **Consultant Referees**

Applicants must nominate four (4) first choice referees. These must be consultant supervisors **from the last 2 clinical years.**

Applicants should note the following when nominating consultant referees:

- At least 1 referee must be nominated from the most recently completed term
- Only 1 referee can be nominated from terms of 8 weeks duration or less
- Only 2 referees can be nominated from terms of 10-12 weeks
- Only 3 referees can be nominated from terms of 6 months duration
- Referees can be Surgeon or non-Surgeon consultants
- Research supervisors are not acceptable as referees. If applicants are in full-time research, they should contact the USANZ office for advice regarding alternative referees.
- Applicants must have had significant interaction with each referee in an active clinical setting. Each referee must give prior agreement to complete a reference by the due date.
- Referees are typically nominated from the most recent consecutive clinical terms. If a referee is not used from a recent term, the Board of Urology reserves the right to explore an applicant's performance in that term.

### **Reserve Referees**

Applicants must nominate two (2) "reserve" referees. These must be chosen from terms **from the last 12 months.** Reserve referees will be required to complete a referees report during the collection stage. However, their reports will only be used if a "first choice" referee returns no report, or an invalid report.

### **Allied Health Professional Referee**

Applicants must nominate one (1) allied health professional from **the most recently completed (or nearly completed) clinical term (2010).**

This person must have had significant interaction with the applicant in an active clinical setting on a regular basis (ie daily or weekly) for the duration of the term. The most appropriate person would be a clinical nurse consultant or senior nurse working in the ward, emergency department, operating theatre/day surgery or outpatient department. Individuals from other departments (eg hospital pharmacy, physiotherapy, occupational therapy, social work, radiography, psychology or grief/trauma counselling) may only be nominated if their interaction with the applicant has been significant and on a regular basis (ie daily or weekly) for the duration of the term.

Applicants are advised to contact the Education and Training Manager, USANZ should they require clarification.

### **Scoring**

The referee report score consists of an average of a minimum of four (4) referee reports. Should the minimum of four (4) valid referee reports not be obtained, the applicant will be ineligible to proceed to interview

**The referee's reports contribute 35% to the selection score.**

## **6.3 MINIMUM STANDARD PRIOR TO INTERVIEW**

Applicants must have a combined overall percentage score of 22.5% or more on completion of the Curriculum Vitae and Referee Reports in order to proceed to interview.

#### **6.4. INTERVIEW**

Interviews for short-listed applicants will be held in Sydney on a date to be confirmed by the Board of Urology. All applicants will be notified in writing of the progress of their application. The intention is to give two weeks' notice of the need to attend for interview.

Applicants will be interviewed by multiple panels. Each interview will be conducted on a semi-structured format in line with College guidelines, with a consistent set of questions and scenarios. The interview will be of a fixed duration, and will be terminated on time, with "no scores" for questions not completed.

During the course of the interview, attributes such as interactive skills, insight into teamwork, management and leadership, ethics, empathy, professionalism, personal insight, an ability to undertake meaningful self-assessment, and demonstrated communication skills are explored and assessed. There is no pre-requisite urological knowledge for the interview.

**The interview contributes 45% to the total selection score.**

## SET UROLOGY SELECTION 2010 – CV SCORING SYSTEM

COMPONENT	MAXIMUM SCORE
<b>SECTION 1 - ADDITIONAL QUALIFICATIONS</b> gained <b>any time after</b> graduation from medical school – qualifications for registration of overseas degrees need not be listed (e.g. AMC, ILETS)	45
<p>To be eligible for inclusion, a qualification must have been attained through a RACS recognised and accredited educational institution. A degree or higher degree must be awarded by examination or assessment. Other qualifications (diploma or certificate) may be awarded on course work or attendance. All must have clear relevance to one or more of the College surgical competencies (do not submit qualifications that do not meet the criteria):</p> <ul style="list-style-type: none"> <li>• Professionalism</li> <li>• Scholar / Teacher</li> <li>• Health Advocacy</li> <li>• Management and Leadership</li> <li>• Collaboration</li> <li>• Communication</li> <li>• Medical Expertise</li> <li>• Judgment – Clinical Decision Making</li> <li>• Technical Expertise</li> </ul>	
* Incomplete qualifications require letter of confirmation from senior supervisor or university officer	<b>Points</b>
PhD or equivalent Doctorate	15 (or 4 points per year completed)
Masters Degree (Medicine/Surgery) (coursework & thesis) – 2 yrs Masters Degree (Medicine/Surgery) (coursework) – 1 yr	12 (or 3 points per year completed) 6
Other Bachelor type Degree – must have relevance to RACS competencies	6
Other Masters (not MD or MS)– must have relevance to RACS competencies	10
Diploma – from a RACS recognised/accredited educational institution and meet relevant RACS competencies	4
Certificate – from a RACS recognised/accredited educational institution and meet relevant RACS competencies	2
<b>Examinations</b>	
Former BST examinations (MCQ)	3
Former BST examination (OSCE)	3
BSE (Generic)	2
BSE (Specialty Specific)	1
Clinical Examination	3

COMPONENT		MAXIMUM SCORE
<b>SECTION 2: CONFERENCES, WORKSHOPS, SEMINARS, COURSES (Medical Knowledge or Technical Skills) only if attended in the last 2 years</b>		25
Conference, workshop, seminar or course must have relevance to one or more of the College technical competencies:		
<ul style="list-style-type: none"> <li>• Medical Expertise (knowledge)</li> <li>• Judgment – Clinical Decision Making</li> <li>• Technical Expertise</li> </ul>		
ASSET	No points	
CCrISP	No points	
EMST	No points	
CLEAR	No points	
Full day or multi-day meeting	4 per day	Max 12 per meeting
1/2 day meeting	2 per 1/2 day	
<b>SECTION 3: CONFERENCES, WORKSHOPS, SEMINARS, COURSES (Non-Technical Competencies) only if attended in the last 2 years</b>		30
Conference, workshop, seminar or course must have relevance to one or more of the College non-technical competencies (certificate or letter of attendance must be included):		
<ul style="list-style-type: none"> <li>• Professionalism</li> <li>• Scholar / Teacher</li> <li>• Health Advocacy</li> <li>• Management and Leadership</li> <li>• Collaboration</li> <li>• Communication</li> </ul>		
Full day or multi-day meeting	4 per day	Max 12 per meeting
1/2 day meeting	2 per 1/2 day	
<b>SECTION 4: RESEARCH AND PUBLICATIONS published in the last 2 years only</b>		40
Article in peer reviewed journal 1 <sup>st</sup> or 2 <sup>nd</sup> author	8	
3 <sup>rd</sup> or 4 <sup>th</sup> author	4	
Book Chapter 1 <sup>st</sup> or 2 <sup>nd</sup> author	8	
3 <sup>rd</sup> or 4 <sup>th</sup> author	4	
Case report peer reviewed 1 <sup>st</sup> or 2 <sup>nd</sup> author	4	
3 <sup>rd</sup> or 4 <sup>th</sup> author	2	
Article non-peer reviewed 1 <sup>st</sup> or 2 <sup>nd</sup> author	3	
3 <sup>rd</sup> or 4 <sup>th</sup> author	1	
Where research is incomplete, part points can be allocated as follows:		
*Article near or ready for submission	1	
*Other significant study well advanced (at least 50% complete)	2	
*Evidence of incomplete research must accompany in the form of a letter of confirmation from the chief investigator		

COMPONENT		MAXIMUM SCORE
<b>SECTION 5: PRESENTATIONS from the last 2 years only</b>		25
	<b>Points Allocated</b>	
Presentation at <b>peer reviewed</b> meeting – national (N), international (I), sometimes regional (R) meetings	8 per presentation (I) 7 per presentation (N) 5 per presentation (R)	
Presentation at <b>non-peer reviewed</b> meeting including hospital network level such as Grand Rounds – regular Unit meetings not eligible	2 per presentation	
Presentation at Unit or Department meeting	1 per presentation	
<b>SECTION 6: TEACHING from the last 2 years only</b>		20
Presentation of teaching sessions prepared and delivered by applicant to colleagues such as nurses, medical students, or peers. Letter of confirmation from supervisor(s) required confirming dates, type of teaching and topics	1 point per session	
<b>SECTION 7: PERSONAL ENDEAVOURS AND OUTSTANDING ACHIEVEMENTS</b> Any time in life – whole life summary		15
In point form (e.g. table), applicants are asked to describe up to 5 personal life achievements that they feel have contributed to, or reflect, their exceptional personal qualities and capabilities. These achievements should relate to one or more of the six College <u>non-technical</u> competencies. Applicants may like to include positions of responsibility held, additional qualifications, personal endeavours of merit, awards received.		Each are graded from 0-3 pts