SET Programme in Orthopaedic Surgery
Training Regulations

New Zealand Orthopaedic Association
Ranchhod Tower, Level 12
39 The Terrace, Wellington 6011
PO Box 5545, Wellington 6140
T: +64 4 913 9898 | **F:** +64 4 913 9890

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1 Introduction

1.1 Definitions of Terms and Acronyms

Term/Acronym	Definition
ASSET	Australian and New Zealand Surgical Skills Education and Training - a practical course to develop competencies in a variety of basic skills relating to tissue handling, suturing, traumatic wound management, simple bone manipulation and the mechanics of instrumentation in different endoscopic environments.
CbD	Case Based Discussion – a retrospective evaluation of the Trainee's input into patient care. Case based discussions assess clinical reasoning, decision-making and the Trainee's ability to document the integration of medical knowledge within case management.
CCrISP®	Care of the Critically Ill Surgical Patient - a practical course to develop a structured and comprehensive approach for managing critically ill patients, and the coordination of multidisciplinary care where appropriate.
CE	Clinical Examination - a practical exam which assesses the clinical application of the basic sciences as well as technical and non-technical competencies.
CLEAR	Critical Literature Evaluation and Research – the course provides the skills needed for critical appraisal of medical literature, as well as tools for understanding, designing, and implementing surgical research
Education Committee	The NZOA Education Committee manages the delivery of orthopaedic surgical training to trainees
Employing authority or employer	Te Whatu Ora
EMST	Early Management of Severe Trauma – the course covers a systematic, concise approach to the care of a trauma patient, providing a safe and reliable method for immediate management of injured patients in the first one to two hours following injury.
Feedback App	The mobile app version of TIMS.

Feedback	A dialogue between assessor and trainee to exchange evaluative or constructive information about the trainee's performance and motivations. Feedback may be written or verbal. Feedback can be used to facilitate reflection, learning and goal setting.
MPA	Management Plan Assessment
NZOA	New Zealand Orthopaedic Association
OPBS	Orthopaedic Principles and Basic Science Examination - a written examination which assesses the Trainees' knowledge, understanding and application of basic sciences.
OITE	Orthopaedic in Training Examination held in November each year for all SET 1-4 trainees, administered by the AAOS.
PMP	Performance Management Plan – a systematic process allowing Trainees to take an active role in improving performance and tracking progress.
PCA	Patient Consultation Assessment – a formative work-based assessment giving feedback on the Trainee's performance
QRA	Quarterly Run Assessment - a summative assessment conducted every three months (quarter). QRAs completed at the end of Q1 and Q3 serve as midterm assessments and those at the end of Q2 and Q4 serve as end of term assessments
Quarter	A period of 3 months making up half of a six-month term.
RACS or College	Royal Australasian College of Surgeons
RPL	Recognition of Prior Learning involves the assessment of prior training or experience obtained which is comparable to components of the SET programme.
SET	Surgical Education and Training
Speciality Orthopaedic Training Board (NZSOTB)	The Speciality Orthopaedic Training Board ("The Board" or SOTB) is the governing Board responsible for the delivery of the SET programme, accreditation of hospitals, oversight of selection, assessment, and supervisor of trainees in New Zealand
Surgical Supervisor	Coordinates management, education, and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments and identifies and documents performance management "Supervisor". For RACS, Supervisors of training are appointed positions. A Supervisor is a Fellow of RACS who is appointed by their Specialty Training Committee/Board to oversee a defined training program within a

	hospital or a region. Supervisors are responsible for assessing Trainee performance.
SSA	Surgical Skills Assessment – a formative work-based assessment giving feedback on the Trainee's performance
Surgical Trainer	Works with accredited Trainees in acute and elective settings "Trainer" For RACS, a Trainer is any surgeon who has clinical oversight of a SET Trainee. Trainers have key roles in teaching and assessing Trainee performance.
Te Whatu Ora - Health New Zealand	Responsibility for planning and commissioning hospital, primary and community health services (employing authority)
Term	For the purpose of the Education Committee this is a six-month period of training accredited by the NZSOTB.
TIMS	Trainee Information Management System – a digital system which allows Trainees to manage their training requirements as defined by the curriculum.
TIMS Probation	A period of probation because of failure to complete the mandated assessment requirements in TIMS.
TIPS	Training in Professional Skills
WBAs	Work Based Assessments are formative assessments of performance, involving the direct observation of an activity or activities which are part of normal work routines.

1.2 Governance

1.2.1 The primary postgraduate qualification required to practice as an independent specialist Orthopaedic Surgeon in Australia and Aotearoa New Zealand is the Fellowship of the Royal Australasian College of Surgeons (FRACS) in Orthopaedic Surgery.

1.2.2 The Royal Australasian College of Surgeons (RACS or College) is the body accredited by the Medical Council of New Zealand (MCNZ) and the Australian Medical Council (AMC) to conduct surgical education and training in Australia and Aotearoa New Zealand. The NZOA has a partnering agreement with RACS to deliver the Surgical Education and Training (SET) Program in Orthopaedic Surgery in Aotearoa New Zealand.

1.2.3 The SET Programme in Orthopaedic Surgery is designed to allow doctors to achieve competency in the ten Surgical Competencies leading to competent, independent practice as a specialist orthopaedic surgeon in Aotearoa New Zealand and Australia. While expertise in the technical aspects of orthopaedic surgery is essential, all other skills are regarded as fundamental aspects of which the surgeon must understand and be skilled in. These are outlined in the RACS Competencies.

1.2.4 The official website for the SET Programme in Orthopaedic Surgery in New Zealand is www.nzoa.org.nz. All trainees, Surgical Supervisors and key stakeholders receive access passwords to the restricted section of the website, which contains forms and other essential information pertaining to the SET Program.

1.2.5 For assistance or information regarding the SET Program in Orthopaedic Surgery contact:

Prue Elwood, Education & Training Manager | prue@nzoa.org.nz
New Zealand Orthopaedic Association, Ranchhod House
Level 12, 39 The Terrace, Wellington 6011
PO Box 5545, Lambton Quay, Wellington 6140
Ph: + 64 4 913 9898
Fax: + 64 4 913 9890

1.3 Overview of these Regulations

1.3.1 These Regulations encompass the Rules, procedures, policies, administrative processes and principles for the control and conduct of the SET Program in Orthopaedic Surgery. These Regulations are in compliance with the policies and strategic direction of the RACS and should be read in conjunction with the RACS regulations/policies governing Surgical Education and Training which can be found on the RACS website www.surgeons.org (also see Appendix 1 which lists the relevant policies)

1.3.2 All trainees, surgical supervisors, accredited training units, Education Committee and SOTB members are required to always comply with these Regulations.

1.3.3 The information in these Regulations is as accurate as possible at the time of printing. The NZOA Speciality Orthopaedic Training Board in consultation with the Royal Australasian College of Surgeons, reserves the right to make reasonable changes to these Regulations at any time. As the Regulations can change during the year the latest version will always be available on the NZOA website. All persons are advised to ensure they are consulting the most current version.

1.3.4 In the event of any discrepancy or inconsistency between these Regulations and information from any other source, written, verbal or otherwise, with the exception of RACS policies and regulations, these Regulations shall prevail.

1.4 Trainee Information

1.4.1 The NZOA will keep all trainee information secure in accordance with the provisions of the RACS policy: Privacy of Personal Information.

1.4.2 Trainee Information collected for the purposes of administering and evaluating Trainee's progression through the SET program such as assessments, exam results and contact details will be shared with New Zealand Orthopaedic Specialty Training Board Members, NZOA Education Committee Members, Surgical Supervisors, Trainers, Hospitals and RACS as necessary.

1.4.3 Trainee data will become the property of the Royal Australasian College of Surgeons at the completion of the SET program.

1.5 Duration and Structure

1.5.1 SET Program in Orthopaedic Surgery takes a minimum of five (5) years full time equivalent to complete. Trainees will have a maximum allocation of nine (9) years to satisfactorily progress through the training program.

1.5.2 The following conditions apply when calculating minimum training times:

a) Approved interruption for all reasons is not included in the calculation; and

b) Approved flexible training results in a pro-rata adjustment.

1.5.3 It is expected trainees will complete their training in several accredited training posts.

1.5.4 Trainees will progress through the mandated stages of knowledge and skills acquisition.

1.5.5 Trainees may request to repeat a year if they believe it is in their best interest. Repeating a year voluntarily will not incur probationary conditions, however Trainees may not submit a request if they are on probation or have not completed the OBPS exam by the end of SET 3. Approval of any such requests is at the discretion of the NZOA Education Committee.

1.5.6 If a Trainee has completed the maximum training time without completing all training requirements, the Trainee will be dismissed from the SET Programme.

2 Registration, Employment and Training Fees

2.1.1 Trainees selected to the SET program will be registered with the RACS in accordance with the RACS regulation: Trainee Registration and Variation.

2.1.2 Surgical training fees are approved by RACS and the NZOA in October each year and published on the website. Invoices are issued at the beginning of Term 1 of each training year. The College is responsible for collecting the training fees.

2.1.3 Trainees who fail to pay outstanding monies owed to RACS by the due date may be dismissed in accordance with the RACS regulation: Dismissal from Surgical Training and these regulations.

2.1.4 Trainees are required to notify the NZOA Education Committee of any illness, injury or impairment that may impact on their ability to undertake or complete the SET Programme.

2.1.5 Trainees are required to notify the NZOA Education Committee of any material change to their employment or their medical registration status during the SET Programme, and to provide all documentation relating to any change. For avoidance of doubt, this includes but is not limited to:

a) details of any investigations or disciplinary processes taken by their employer;

b) details of any restrictions, conditions, cautions or reprimands placed on the trainee by their employer;

c) details of the suspension or termination of employment;

d) recording of any undertakings, conditions or cautions on a Trainee's medical registration; and

e) the expiry, suspension or cancellation of a Trainee's medical registration.

2.2 Variations to Training

2.2.1 The RACS regulation: Training Registration and Variation sets out the principles and mechanisms by which Trainees may apply for variations to the SET program.

2.2.2 Variations include:

a) Deferral – The delay in commencement of the SET Programme by an applicant who has been offered a training position but not yet commenced training.
b) Interruption – a period of approved leave of absence from the SET Program by a trainee who has commenced training.
c) Flexible Training – is less than a full-time training commitment.

2.2.3 Decisions relating to requests for deferment, interruption or flexible training will be the responsibility of the NZOA Education Committee.

2.2.4 Applications must be made in writing to the Chair of the NZOA Education Committee through the Education and Training Manager and must outline the reason for the request and the time required.

2.3 Leave

2.3.1 Trainees undertaking full time training are entitled to a maximum of six weeks leave including annual, sick, parental, study and bereavement leave per six-month term subject to approval by the employing authority. Periods beyond this may result in the term being not assessed and the trainee being required to repeat the term. In extraordinary circumstances the NZOA EC may allow extra leave, up to a total of 10 weeks per six-month term considering satisfactory assessments, consultant feedback and logbook numbers. The trainee will be required to complete the additional time beyond six weeks to make up the deficit. This would usually be undertaken at the end of their training. Trainees will only be able to take advantage of this exception once during their training.

2.3.2 The NZOA Education Committee is not the employer. The trainee must apply for appropriate leave from their employer.

2.4 Deferral

2.4.1 Applications for deferral must be made at the time of accepting an offer to the SET program and before commencing training.

2.4.2 Deferral is for a fixed period of one year.

2.4.3 In exceptional circumstances the Chair of the NZOA Education Committee may approve a variation to the standard period of deferral. Approval will only be given if the variation does not result in another Trainee being prevented from commencing their training.

2.4.4 Once a Trainee has commenced training, they cannot apply for deferral. Trainees must then apply for interruption of training.

2.5 Interruption

2.5.1 Trainees cannot apply for interruption in the first six months of training except for leave for medical or family reasons.

2.5.2 The minimum period of interruption from training is six months.

2.5.3 Any Trainee can apply for a period of interruption. Reasons for interruption may include but are not limited to family or carer responsibilities, medical reasons, individual development opportunities outside surgery, research, and academia.

2.5.4 Applications not related to family or carer responsibilities, or medical reasons must be submitted before 30 June in the year before the proposed start of the period of interruption. In all other circumstances applications must be submitted as far in advance as is possible.

2.5.5 An application for interruption should include:

a) the reasons for the request
b) the period of interruption sought, including start and end dates; and
c) any supporting evidence (which is essential for medical reasons)

2.5.6 Applications for interruption for family or carer responsibilities, or medical reasons must be supported by independent evidence from a treating specialist which must specifically support the interruption of training sought.

2.5.7 In addition, Trainees interrupting for medical reasons will be required to submit a report from their treating specialist confirming fitness/ability to return to training before recommencing training.

2.5.8 Interruption will not be granted if the Trainee has received a notice of dismissal.

2.5.9 The NZOA Education Committee may approve a period of interruption greater than that applied for.

2.5.10 The NZOA Education Committee may set conditions which require the Trainee to demonstrate currency of skills before returning to training or in the first few months of recommencing training. Assessing currency to skills may include but is not limited to:

a) Attending an interview;
b) Attendance at a training weekend;
c) Completion of a work-based assessment; and/or
d) Clinical observation.

2.5.11 Trainees will be required to pay the applicable fee to the College and NZOA while on interruption. Trainees will be notified of this fee.

2.6 The NZOA training programme is a five-year full-time equivalent programme. If a trainee has more than 26 weeks of interruption, they will usually be required to move from their current SET year of training to the previous year (e.g., move from SET 3 to SET 2). This is to ensure that a trainee has adequate clinical experience to sit the Fellowship Exam in SET 5.

This will apply for each period of interruption. A trainee on interruption for longer than 26 weeks may make a written request to the NZOA Education Committee to maintain a place in the same SET year if the total period of their interruption is no more than 32 weeks. Trainees who have been on probationary status at any time will not be considered for this request. The decision to allow a trainee to remain in their SET year after interruption of 26-32 weeks will be at the discretion of the NZOA Education Committee and will be final. The trainee will need to complete additional training time to make up this deficit. This would usually be undertaken at the end of their training. Trainees will only be able to take advantage of this exception once during their training.

2.6 Interruption for Approved Research

2.6.1 A period of full-time research relevant to Orthopaedic Surgery during the SET program is encouraged.

2.6.2 The minimum period of interruption for approved research is one year but may be longer.

2.6.3 Applications for interruption must be made in writing to the Chair of the Education Committee, sent to the Education and Training Manager. Applications must include the following documentation:

a) a letter of support from the intended supervisor;
b) synopsis of research project; and/or
c) proof of offer to a higher degree.

2.6.4 Trainees must be performing satisfactorily at the time of interruption. Interruption for research will not be approved if the Trainee is on probation or the Trainee's most recent term is assessed as not competent.

2.6.5 Trainees must have completed the required exams/skills courses by year level before to going on interruption for research.

2.6.6 Trainees on interruption for research are required to provide a six-monthly report to the NZOA Education Committee on the progress of the research.

2.6.7 Trainees must notify the Chair of the Education Committee if they are unable to proceed with or complete their research. Approved interruption for research may be withdrawn. Trainees will recommence training at the beginning of the next term if a post is available.

2.6.8 Trainees on interruption for research are still required to complete five years of SET clinical training (SET 1-5).

2.7 Flexible Training

2.7.1 Trainees cannot apply for flexible training in the first six months of training except for leave for medical or family reasons.

2.7.2 Approval of flexible training requirements requires consideration of the needs of the individual Trainee, the ability of the NZOA Education Committee to identify an employer able to provide the employment conditions sought, and the ability of the flexible training

being sought to satisfy the requirements for training, assessment and maintenance of competence and timely progression.

2.7.3 Applications for flexible training must have a training commitment of at least 50% of a full-time trainee in any training year.

2.7.4 Trainees who wish to apply for flexible training must apply to the NZOA Education Committee through the Education and Training Manager at least six months before to the proposed commencement of flexible training unless for medical grounds.

2.7.5 The NZOA Education Committee is responsible for securing flexible training posts and availability cannot be guaranteed. The Trainee will be advised in writing of the outcome of their application. If the application is declined the Trainee will be given reasons for the decision.

2.7.6 Adjustments to training requirements and minimum training times for flexible trainees, where applicable, will be a condition of approval.

2.7.7 Trainees approved for a period of flexible training are required to participate in surgical teaching programs and attend the mandatory training events. All trainees will be required to satisfactorily complete all components of the SET program to be eligible for Fellowship.

2.7.8 Trainees will pay a pro-rata fee for the period that they are on flexible training.

2.7.9 Trainees who undergo flexible training will have on call, clinic, and operating responsibilities on a pro-rata basis.

2.7.10 Trainees undergo flexible training are entitled to a pro- rata amount of leave based on the equivalent full- time maximum of six weeks' leave including annual, sick, parental, study and bereavement leave per six-month rotation subject to approval by the employing authority.

2.7.11 Trainees currently on flexible training will not be granted a further extension of leave beyond this amount per rotation.

3 Curriculum and Program Overview

3.1 The NZOA Curriculum

3.1.1 The overall objective of the SET Programme is to produce competent independent specialist orthopaedic surgeons with experience, knowledge, skills, and attributes necessary to provide the communities, health systems and professions they serve with the highest standard of safe, ethical, and comprehensive care and leadership.

3.1.2 To achieve the SET Programme objectives the Curriculum and learning outcomes, aligned to the RACS competencies, specify the scope of surgical practice for orthopaedic surgery.

RACS Competencies	NZOA Curriculum Framework

a) Collaboration and teamwork b) Communication c) Cultural competence and cultural safety d) Judgement and clinical decision making e) Health advocacy f) Leadership and management g) Professionalism h) Scholarship and teaching;	Section 1: Foundation competencies Applied across all stages of training, these, together with Medical and Surgical Expertise are the foundations of quality patient care.
i) Medical expertise j) Technical expertise	Section 2: Medical and surgical expertise Defines fundamental specialty knowledge and skills across all areas of practice.
-	Section 3: Applied medical and surgical expertise in Orthopaedics.

3.1.3 The curriculum incorporates formative and summative assessments as detailed in Item 6. Summative assessment determines the progress of trainees through the SET program and the ultimate Fellowship examination.

3.1.4 The curriculum will be reviewed on a regular basis by the NZOA Education Committee to ensure currency and relevance.

3.1.5 The latest version of the curriculum will be available on the NZOA website. Those in SET training will be notified of any changes.

3.2 Programme Overview

3.2.1 Each SET year has training requirements which must be satisfied. The training requirements are used to assess performance and determine progression and suitability to continue training.

3.2.2 SET 1 Training Requirements

Requirement	Description
Terms	Satisfactory completion of two (2) x six-month terms
eLogs	Trainees are required to use TIMS eLogs.
Assessments	Trainees are required to complete a minimum of: 3 x WBAs Assessments per Quarter 2 x QRAs per term (Mid-term and end of term assessments)
Feedback App	Trainees are required to complete a minimum of six (6) Feedback entries per quarter. Assessors, Consultants and Supervisors will give Trainees feedback via the Feedback App.
Skills courses	ASSET, CCrISP, EMST, and CLEAR, courses are available from SET 1 and must be completed by the end of SET 2
Training Activities	SET 1 Training Weekend The Orthopaedic History and Examination Course
Research	Refer section 10 for requirements

SET 2 to SET 4 Training Requirements

3.2.3

Requirement	Description
Terms	Satisfactory completion of two (2) six-month terms for each SET year.
eLogs	Trainees are required to use TIMS eLogs.
Assessments	Trainees are required to complete a minimum of: 3 x WBAs per Quarter 2 x QRAs per term (Mid-term and end of term assessments)
Feedback App	Trainees are required to complete a minimum of six (6) Feedback entries per quarter. Assessors, Consultants and Supervisors will give Trainees feedback via the Feedback App.
Examinations	OPBS to be completed by the end of SET 3.
Skills courses	ASSET, CCrISP, EMST, and CLEAR, to be completed by the end of SET 2 TIPS available from SET 2 to be completed by the end of SET 3
Training Activities	SET 2-5 Training Weekends held in Spring and Autumn Mock exam during SET 4
Research	Refer section 10 for requirements

3.2.4 SET 5 Training Requirements

Requirement	Description
Terms	Satisfactory completion of two (2) six-month terms.
eLogs	Trainees are required to use TIMS eLogs.
Assessments	Trainees are required to complete a minimum of: 2 x QRAs per term (Mid-term and end of term assessments) SET 5 trainees who have passed the Fellowship Exam are not required to completed WBA's but will be required to complete the QRAs. If a trainee has not passed the Fellowship Exam, they are still required to complete 3 WBAs per quarter.
Feedback App	SET 5 trainees who have passed the Fellowship Exam are not required to completed Feedback Entries. If a trainee has not passed the Fellowship Exam, they are still required to complete 6 Feedback Entries per quarter.
Examinations	RACS Fellowship Examination
Training Activities	SET 5 Training Weekends held in Spring and Autumn Pre-exam during SET 5
Research	Refer section 10 for requirements

4 Clinical training

4.1 Clinical Training Posts

4.1.1 Clinical training posts facilitate workplace hand-on service learning and exploration in a range of training environments providing the Trainee the opportunity to develop, with supervision, the requisite experience, knowledge, skills, and attributes necessary to become a competent and independent specialist orthopaedic surgeon.

4.1.2 Trainees can only complete the clinical program in accredited clinical training posts.

4.1.3 Clinical training posts are accredited in accordance with the Training Post Accreditation regulations. The accreditation process is outlined in section 12.

4.1.4 Each training post has an allocated supervisor, satisfying the requirements in the Training Post Accreditation regulations.

4.1.5 Each training unit has its own profile for patient cases mixes, supervision, staffing levels, working requirements for Trainees and equipment. Trainees will rotate through several training units during their SET Programme to ensure they receive wide exposure to systems, supervisors, and case mixes.

4.1.6 The NZOA Training Committee will approve the allocation of trainees to accredited posts during all clinical training years.

4.2 Clinical Training Terms

4.2.1 Clinical training terms are six months in duration irrespective of the run structures at individual hospitals, with the start and end dates determined by the NZOA Education Committee.

4.2.2 A clinical term is active if the trainee is undertaking clinical training as part of the SET programme. A clinical term is inactive is a trainee is on approved interruption as part of the SET programme.

4.2.3 Active clinical terms are assessed using the Quarterly Run Assessment (QRA). Completion of the QRA must be undertaken for each of the active clinical terms during each year of training as part of the SET programme.

4.2.4 The Trainee and Supervisor should have a meeting to discuss the QRA which is completed by the supervisor.

The NZOA Education Committee Chair or nominee may attend any meeting relevant to a trainee's performance and prepare notes of the meeting for the training record.

5 Assessment of Clinical Training

5.1 Training Information Management System

5.1.1 The following are accessed through the NZOA TIMS (via the App or Desktop):

a) Patient Consultation Assessment (PCA)

b) Management Plan Assessment (MPA)
c) Case based Discussion (CbD)
d) Surgical Skills Assessment (SSA)
e) Quarterly Run Assessment (QRA)
f) Feedback Entries
g) Research

5.1.2 Trainees are required to complete 3 WBA's and 6 Feedback Entries per 3 months or quarter. WBA's and Feedback Entries are formative assessments aimed at guiding further development of Surgical Skills.

5.1.3 Trainees are also required to complete one QRA at the end of each quarter or 3-month period.

5.1.4 Assessment due dates are notified at the beginning of the trainee year.

5.1.5 All assessments are completed in the TIMS. Failure to complete assessments may result in the term being deemed not assessed and the term may not be counted towards training.

5.1.6 Trainees will have individual logins for TIMS, with access to WBA's, QRA's, eLog and Research.

5.1.7 Multiple scores of "borderline" or a single score of "not competent" in a QRA indicates a need for significant improvement in performance. Trainees should be provided with constructive feedback and given opportunity to improve in the relevant skills before being reassessed. This process may be repeated until significant improvement is demonstrated. If a trainee fails to improve, they may be placed on probation.

5.2 Formative Assessments

5.2.1 Formative Assessments are assessments for learning defined as an evaluation of the Trainee's performance which provides constructive feedback to guide goal setting and ongoing learning and development. These 'formative' assessments look forward as well as back. Through ongoing observation and questioning, they inform Trainees' subsequent knowledge and skill attainment and provide opportunities for improving performance.

5.2.2 The components of formative WBAs conducted during the SET program consist of:

a) Patient Consultant Assessment (PCA)
b) Management Plan Assessment (MPA)
c) Case based Discussion (CbD)
d) Surgical Skills Assessments (SSA)

5.2.3 These WBAs include methods for assessing:

a) Competence in performing diagnostic and interventional procedures during surgical practice which are competencies essential to the provision of good clinical practice.
b) Competencies essential to surgery, i.e., performance before, during and after surgery to identify competent performance or areas of performance requiring improvement.

5.2.4 Feedback assessments are also a formative assessment.

5.3 Summative Assessments

5.3.1 Summative Assessment are assessments of learning which provide evidence of achievement against defined standards and outcomes. They define the standards required to progress to the next stage of training, or to complete a training program.

5.3.2 Where a Trainee has demonstrated satisfactory performance in the RACS competencies the period of training is accredited.

5.3.3 Where the Trainee 's performance is reflected as not competent

5.3.4 Components of summative assessments conducted during the SET program consist of:

a) Quarterly Run Assessment (QRA)

5.4 eLogs/Feedback Entries

5.4.1 Appropriately supervised operative experience during clinical training, including good case mixes and caseloads, are essential learning opportunities for trainees to acquire the necessary technical skills and expertise to practice as an independent orthopaedic surgeon.

5.4.2 Trainees must maintain a log of all procedures they participate in as part of the SET programme during clinical training terms.

5.4.3 Surgical Supervisors, surgical trainers, assessors, and consultants will give feedback via the Feedback App.

5.5 Quarterly Run Assessments

5.5.1 At the end of each three-month quarter the Surgical Supervisor will seek the input of all Surgical Trainers on the Unit, to reach consensus on the Summative Assessment of the Trainee's performance.

5.5.2 A review of the Trainee's eLog will be undertaken as part of the assessment.

5.5.3 The Surgical Supervisor will meet with the Trainee to discuss the assessment. It is the joint responsibility of the Trainee and the Surgical Supervisor that this meeting occurs.

5.5.4 The QRA (and completed WBA's) must be used to guide and document the feedback and assessment of the Trainee.

5.5.5 The completed QRA must reflect the discussions held during the assessment meeting between the Supervisor and Trainee.

5.5.6 The Trainee must acknowledge the assessment in the TIMS and indicate if they agree or disagree with the assessment outcome and include comments.

5.5.7 Where applicable, the Surgical Supervisor will notify the Chair of the Education Committee member of any concerns regarding the performance of the Trainee.

5.5.8 Trainees who are assessed as 'Borderline' or 'not competent' in any part of the QRA assessment will be reviewed by the NZOA Education Committee Chair. A PMP will be

generated and monitored by the surgical supervisor. Failure to adhere to the PMP or further assessments or borderline or not competent in subsequent QRAs during training may result in the trainee being placed on probation.

5.5.9 Advice may be sought from the Supervisor and other Surgical Trainers in the Unit in developing an appropriate PMP for the Trainee.

5.5.10 The PMP will include monthly summative assessments performed by the surgical supervisor. Assessments will be submitted to the Education and Training Manager and the Chair of the Education Committee.

5.5.10 A rating of performance concerns at a Training Weekend will not result in generation of a PMP or probation.

6 Examinations

6.1 General

6.1.1 For examinations conducted by RACS the trainees must register to sit all required examinations. All information, including closing dates is available on the RACS website.

6.1.2 Trainees must fund the expenses incurred to sit all examinations.

6.2 Orthopaedic Principles and Basic Sciences Exam

6.2.1 Trainees must complete the OPBS exam by the end of SET 3 in accordance with the RACS regulation: Conduct of the Orthopaedic Principles and Basic Science Examination.

6.3 Orthopaedic in Training Examination (OITE)

6.3.1 The OITE is a comprehensive, multiple choice, computer-based examination designed to facilitate knowledge assessment in established principles and conventional procedures and treatment modalities in orthopaedic surgery. All trainees in SET 1-4 take this exam in November each year.

6.4 Fellowship Examination

6.4.1 The Fellowship Examination is a mandatory component of the SET program

6.4.2 To present for the Fellowship Examination in Orthopaedic Surgery trainees must have met the following requirements:

a) Be in SET 5.
b) Satisfactorily completed at least 6 six-month terms beyond SET 1 (an exception may be granted under special circumstances as per sections 2.3 and 2.5).
c) Completed any period of Probationary Training.
d) Fully paid-up fees owed to RACS.

6.4.3 Trainees must register with the RACS Examinations Department to sit the Fellowship Examination by the due date after approval by their current Surgical Supervisor.

6.4.4 A trainee who is unsuccessful in their first attempt at the Fellowship Examination should seek assistance from their supervisor, mentor, or local representative on the NZOA Education Committee.

6.4.5 A trainee who is unsuccessful in two (2) or more attempts at the Fellowship Examination will be counselled in accordance with the RACS policy: Fellowship Examination Eligibility and Examination Performance Review. The trainee will continue to be supported and mentored as they seek to pass the Fellowship Exam. This will include attendance at the Mock Exam and the Pre-Exam Course.

7 Probationary status

7.1 Performance Assessed as 'Not Competent'

7.1.1 After a written warning and instigation of a PMP, if the PMP or end of term QRA are assessed as not competent the trainee may be placed on probation. The NZOA Education Committee must notify the Trainee in writing, copied to the Surgical Supervisor and the relevant employing authority, that probationary status has been applied. Such notification should include:

a) Identification of the areas of not competent performance.
b) Confirmation of the remedial action plan or performance management plan.
c) Identification of the required standard of performance to be achieved.
d) Notification of the duration of the probationary period.
e) The frequency at which assessment reports must be submitted and specific date/s of submission.
f) Implications for the Trainee if the required standard of performance is not achieved.

7.1.2 Generally, a period of probation is three months but may be extended up to six months.

7.1.3 The Trainee's performance should be regularly reviewed against the remedial action plan (PMP) by the Surgical Supervisor. The Trainee should be offered constructive feedback and support during the probationary period.

7.1.4 An End of Term assessment is conducted. If the Trainee's performance is considered competent at the conclusion of the probationary period, the probationary status must be removed.

7.1.5 The NZOA Committee may initiate dismissal proceedings in accordance the RACS regulation: Dismissal from Surgical Training if the Trainee's performance is determined to be 'not competent' at the conclusion of the probationary period.

7.1.6 The period of time deemed not competent will be unaccredited and will result in an extension of training time of 6 months.

7.2 Failure to Complete Assessment Requirements in TIMS

7.2.1 Trainees will receive written notification when they fail to complete the minimum mandated requirements, i.e. 3x WBAs, 6X feedback entries and the QRA every three months.

7.2.2 If, after receipt of a written notification, the Trainee fails to complete the minimum mandated requirements in any of the following three quarters, the Trainee will be placed on TIMS probation for a minimum of three months.

7.2.3 Trainees are required to catch up on the missed assessments and complete the standard TIMS assessment requirements for the current term. During the probationary period,

a) Trainees must meet with their supervisor monthly.
b) The Supervisor will complete a QRA at each meeting.
c) The QRA will be submitted into the TIMS.

7.2.4 Failure to complete these requirements during this probationary period or failure to complete the usual TIMS assessments in any of the next three quarters will result in a six-month extension of training.

7.2.5 The six-month extension is on the basis the trainee has failed to provide adequate documentation for meeting the mandated training requirements for a total of nine months.

8 Dismissal from Surgical Training

8.1 Not Competent Performance

8.1.1 A trainee may be considered for dismissal for not competent performance if:

a) The trainee's performance has been rated as not competent in the End of Term QRA Assessment whilst undertaking a probationary period as per 7.1.5.
b) the Trainee has received three or more not competent summative assessments over the duration of their SET program.

8.1.2 The NZOA Education Committee will appoint a Subcommittee to call a meeting for the purpose of interviewing the trainee and considering dismissal.

8.1.3 The Trainee will be given a minimum ten (10) business days' notice of the interview and the proceedings.

8.1.4 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

8.1.5 The Trainee will be provided with all documentation to be considered by the committee at least 10 business days prior to the interview.

8.1.6 The Trainee has an opportunity to make a written submission to the Subcommittee before to the interview. The submission must be received by the NZOA Education Committee at least five (5) business days before the meeting.

8.1.7 Where the Trainee has been duly notified of the interview and declines or fails to attend, the committee will consider its decision based on the documentation before it and will make a recommendation as to the Trainee's continued participation on the training program and the reasons for the recommendation.

8.1.8 The decision must be recorded in writing together with reasons. Before any recommendation for dismissal is submitted to the NZOA Education Committee for consideration, the decision must be provided to the Trainee within ten (10) business days.

8.1.9 The NZOA Education Committee should meet within 10 business days of receipt of the Subcommittee's recommendation.

8.1.10 The NZOA Education Committee (excluding members of the Subcommittee and/or any members with a declared conflict of interest), will accept or reject the Subcommittee recommendation for dismissal of the Trainee from SET.

8.1.11 The NZOA Education Committee must be satisfied:

a) the recommendation can be substantiated; and

b) the relevant processes have been followed and documented.

8.1.12 Substantiating documentation must demonstrate:

a) the Trainee had appropriate meetings with their supervisor to discuss performance; and

b) The Training had a performance management plan addressing known deficiencies.

8.1.13 A final letter of dismissal must be issued to the Trainee under the signature of the Chair of the NZSOTB.

8.1.14 The employing authority will be advised of the dismissal of the Trainee from the training program.

8.2 Failure to Pay Outstanding Monies

8.2.1 A trainee who does not pay outstanding monies may be dismissed in accordance with the RACS regulation: Specialty Surgical Education and Trainee Fee.

8.3 Failure to Satisfy Medical Registration or Employment Requirements

8.3.1 Trainees will be dismissed if, for any reason they do not hold a valid medical registration from the Medical Council of New Zealand in their jurisdiction which enables full participation in the training program.

8.3.2 Valid medical registration is defined as general medical registration and unrestricted, unconditional general scope registration.

8.3.3 Trainees who fail to satisfy the employment requirements of the institution in which their allocated training position is located (as notified by the CEO or HR Director or equivalent) may be suspended from the training program.

8.3.4 Where employment is refused, the trainee must be informed within 10 business days and provided with copies of the employer's correspondence to the College (or its agent).

8.3.5 The letter of dismissal must be issued to the trainee under the signature of the Chair of the NZOSTB or delegate.

8.4 Failure to Complete Training Requirements within Specified Timeframes

8.4.1 If a Trainee fails to complete the mandated training requirements after extension to training is implemented as per clause 7.2.5, the Trainee may be dismissed.

9 Misconduct

9.1 Allegations of Misconduct

9.1.1 Conduct identified as misconduct is defined in the RACS regulation: SET Misconduct.

9.1.2 Incidents of alleged misconduct must be documented and verified as soon as possible.

9.1.3 When an incident of misconduct is identified by the Supervisor, Fellow or is reported by other person(s), the NZOA Education Committee will form a Subcommittee with no less than three (3) members.

9.1.4 The allegation should be put to the Trainee, in writing, by the Subcommittee. Relevant documentation should be included. The Trainee will have an opportunity to provide a written response.

9.2 Managing Misconduct

9.2.1 If Subcommittee determines that the alleged conduct is not misconduct, or if the Trainee's response is viewed as adequate, no further action will be taken.

9.2.2 If the Trainee's response is viewed by the Subcommittee as inadequate, or a response is not received, a hearing will be convened.

9.2.3 The proceedings will cover the following:

a) Details of the allegation including all relevant documentation.
b) Hear the response of the Trainee.
c) Possible consequences.
d) Process following hearing.

9.2.4 The Trainee will be given a minimum of 10 business days' notice of the hearing.

9.2.5 The Trainee may invite a support person who is not a practising lawyer. Legal representation is not permitted.

9.2.6 The trainee will be provided with all documentation to be considered by the Subcommittee at least ten (10) business days prior to the hearing.

9.2.7 The Trainee will be given the opportunity before to the hearing to make a further written submission to the Subcommittee. The submission must be received by the Subcommittee at least ten (10) business days prior to the hearing.

9.2.8 Where the Trainee has been duly notified of the hearing and declines or fails to attend, the Subcommittee will consider the allegation of misconduct on the basis of the documentation presented to it and make a finding as to the misconduct and in the case of a finding that the misconduct occurred, a recommendation as to any penalty, with written reasons.

9.2.9 The Subcommittee will advise the Trainee in writing and give the Trainee a reasonable opportunity to respond if at any stage during the investigation:

a) The allegations need to be amended.
b) New allegations are added.
c) New evidence or facts emerge.

9.2.10 The Subcommittee will determine whether or not misconduct as occurred.

9.2.11 Within 10 business days of the hearing, the Subcommittee will submit their findings in writing together to the NZOA Education Committee. The submission should include:

a) Documentation relied upon to come to the decision.
b) Reasons for their decision.
c) Recommendation/s if any.

9.2.12 The trainee will be provided with a copy of the submission.

9.2.13 The NZOA Education Committee (excluding Subcommittee members and members with a declared conflict of interest) will either accept or reject the Subcommittee's determination.

9.2.14 Possible penalties for misconduct may be, but are not limited to:

a) formal censure, warning, or counselling; and/or
b) limitation of progression to the next level of training for up to one year; and/or
c) suspension of the trainee for a period of up to one year; and/or
d) prohibition from sitting the Fellowship Examination for a period of up to one year; and/or
e) Probationary term with a performance management plan; or
f) dismissal from the training program.

9.2.15 When receiving a recommendation for dismissal, the NZOA Education Committee must be satisfied correct process has been followed, documented and the recommendation is defendable.

9.2.16 The NZOA Education Committee will notify New Zealand Orthopaedic Specialty Training Board (NZSOTB) of the decision within 10 business days of the meeting. The SOTB accepts or rejects the recommendation. If the recommendation is accepted the SOTB authorises the penalty recommendation with final notification to the Trainee by the SOTB Chair within 10 business days of the NZOA Education Committee meeting.

10 Research During Surgical Education and Training

10.1 Trainee Research Requirements

10.1.1 Exposure to research is an important objective of the College's Surgical Education and Training (SET) Programs. Research assists trainees in developing the necessary skills and experience to critically appraise new trends in surgery and contribute to the development, dissemination, application and translation of new medical knowledge and practices, the principles of which are outlined in RACS regulation: Research During Surgical Education and Training and these regulations.

10.1.2 Trainees are required to achieve a minimum of 5 points out of the maximum of 10 to be considered as having completed their research requirements on the SET program. All accepted research activities are at the discretion of the NZOA Education Committee.

10.1.3 The mandatory research requirements are: -

a) Completion of CLEAR course (or equivalent); and
b) Satisfactory project participation **and** a publication or presentation; or
c) Satisfactory completion of research towards a higher degree, which includes associated publication or presentations.

10.2 Research Activities

10.2.1 Details on the research requirements are available on the NZOA website (www.nzoa.org.nz) or Appendix 1.

10.2.2 Trainees wishing to pursue an extended period of research may apply to the NZOA Education Committee for Interruption to their training program as outlined in clause 2.6

10.2.3 Applications should be made in writing to the NZOA Education Committee through the Education and Training Manager and include:

a) the research topic,
b) method,
c) benefit to orthopaedic surgery,
d) funding,
e) research supervisor; and
f) any other relevant details.

10.2.4 Trainees who receive a RACS or RACS Foundation for Surgery funded scholarship may be granted an appropriate period of leave from the training program at the discretion of the NZOA Education Committee to complete the scholarship.

10.2.5 Receipt of a RACS or RACS Foundation for Surgery funded scholarship does not guarantee the Research will be accredited to the SET program.

11 Admission to Fellowship

11.1.1 Upon successful completion of all aspects of the SET program trainees must apply to RACS for admission to Fellowship. Admission to Fellowship is not automatically granted upon successful completion of the Fellowship Examination.

11.1.2 Application for admission to Fellowship is made by submitting the appropriate form available on the RACS website.

11.1.3 Applications are verified and approved by the Trainee's current supervisor and the NZSTOB Chair.

11.1.4 Applications for admission to Fellowship are processed on a monthly basis. The closing date for submission is the first business day of each month. Trainees should be aware that the process takes a month to complete. Trainees in SET 5 may apply for expedited Fellowship providing they meet the criteria documented on the RACS website. Prior to applying for expedited Fellowship trainees are required to complete a Mid Term Assessment form.

12 Hospital Accreditation

12.1.1 The NZOA Education Committee conducts hospital accreditation in line with the RACS regulation: Training Post Accreditation and Administration, RACS guidelines: Accreditation of Hospitals and Posts for Surgical Education and Training and these regulations.

12.1.2 The NZOA Education Committee will assess each unit against the criteria outlined in the RACS Accreditation of Hospitals and Posts for Surgical Education and Training guidelines and the NZOA application for Accreditation/Reaccreditation of Orthopaedic SET Training posts.

12.1.3 If the standards are met the NZOA Education Committee may accredit a hospital for a period of twelve (12) months to five (5) years.

12.1.4 The NZOA Education Committee monitors the performance of hospitals throughout the period of accreditation through trainee assessments.

12.1.5 The NZOA Education Committee may at any time, re-inspect an accredited post if there is a matter of concern relating to conditions of orthopaedic training. Refusal to meet the requirements or assist the NZOA Education Committee may result in the post being disaccredited.

12.1.6 Trainees are recommended to employers for appointment to accredited posts; however, the employers retain the right to not employ recommended trainees.

13 Supervisors of Training

13.1.1 The purpose of this is to outline the requirements and responsibility for Surgical Supervisors participating in accredited training positions that form part of the College Surgical Education and Training programs, as per Surgical Supervisors Policy and these regulations.

13.1.2 Each hospital with an accredited training post must have an approved Supervisor. The Supervisor is the main point of contact for the trainee whilst in the unit and will oversee all trainees' learning and development.

13.1.3 Supervisors are Fellows of the College. Supervisors must be familiar with both the surgical education and training program and, College policies, and must have demonstrated experience with appropriate clinical, administrative, and teaching skills.

13.1.4 Supervisors are appointed on a four-year rota and may at the discretion of the Orthopaedic department and the NZOA Education Committee be granted a further four years.

13.1.5 Supervisors are consultant surgeons in the Unit who normally interact with trainees in the operating theatre, outpatient department and during clinical and education sessions.

13.1.6 Supervisors will work closely with Surgical Trainers within their unit to facilitate Trainee education and training.

13.1.7 Supervisors are the main point of contact between the hospital and the Education Committee. As such the Supervisors are expected to relay relevant information from the NZOA Education Committee to the hospital and vice versa.

13.1.8 Where appropriate, the Supervisors will receive a copy of correspondence from the NZOA Education Committee to the trainee to assist in the training and development of the trainee.

13.1.9 The main method of correspondence between the NZOA Education Committee and the Supervisor is via email.

13.1.10 Should the Supervisor have any concerns regarding a trainee they should address this in writing to the NZOA Education Committee.

14 Recognition of Prior Learning

14.1.1 It is recognised trainees entering surgical training may have received prior medical training which is comparable to components of Surgical Education and Training.

14.1.2 Recognition of prior learning (RPL) involves the assessment of prior training or learning experience obtained which is comparable to components of the SET programme. The principle of RPL is to avoid unnecessary duplication of training and experience which is equivalent to that delivered within the SET program.

14.1.3 Credit transfer (CT) assesses a course or component to determine the extent to which it is comparable to a mandated course.

14.1.4 Recognition of Prior Learning (RPL) and Credit Transfer (CT) is awarded in accordance with the RACS regulation: Recognition of Prior Learning Policy and these regulations.

14.1.5 Trainees will not be granted RPL for compulsory examinations.

14.1.6 Trainees may receive RPL for having satisfactorily completed a course recognised by RACS as being equivalent to the following RACS Courses:

a) ASSET

b) CCrISP
c) EMST
d) CLEAR

14.1.7 Trainees must apply to the NZOA Education Committee for RPL. Where an application for RPL or CT requires investigation a processing fee will be payable.

14.1.8 Applications for RPL for clinical experience may be considered, provided the experience was:

a) Undertaken in a clinical location accredited by a state or national accreditation authority; and
b) In the relevant clinical specialty for a continuous period of not less than ten weeks, or multiple blocks of ten or more weeks; and
c) Supervised by a clinician (surgeon or other appropriately qualified consultant); and
d) Obtained within the last two years; and
e) Supported by a logbook.

15 Variations

15.1.1 Any variation to these Regulations must be approved by the RACS Education Committee or its Executive.

16 Appendices

Appendix 1 – RACS Regulations and Policies

The Regulations are specific to the SET Program in Orthopaedic Surgery, and do not cover in detail, requirements that are already explicit in RACS Policies. The NZOA Education Committee advises that familiarity with the following RACS Policies is essential for Trainees, Committee Members, and training administrators.

Please note RACS regulation and policy documents may be varied, withdrawn, or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon current versions. Refer: www.surgeons.org/about-racs/policies for the current version.

Surgical Education and Training (SET) policies

a) Access to RACS Interview and Assessment Transcript
b) Assessment of Clinical Training
c) Discrimination Bullying and Sexual Harassment
d) Dismissal from Surgical Training
e) Former Trainees Seeking to Reapply to Surgical Training
f) Ill, Injured and Impaired Trainees
g) Medical Registration for the Surgical Education and Training Program
h) Recognition of Prior Learning
i) Reconsideration, Review and Appeal
j) Registration for Selection into SET
k) Religious Observance
l) Research during Surgical Education and Training
m) Selection to Surgical Education and Training
n) SET Misconduct
o) Specialty Surgical Education and Training Fee
p) Surgical Education and Training (SET Fee)
q) Surgical Supervisors
r) Surgical Trainers
s) Trainee Registration and Variation
t) SET Trainee Agreement
u) Training Post Accreditation and Administration
v) Training Requirements and Curriculum Structure

16.2 Appendix 2 – Recommended Courses

a) Basic Arthroscopy (SET 2 or 3 and depending on availability of the course)
b) Advanced Arthroscopy (SET 4 or 5 and depending on availability of course)
c) Biennial Orthopaedic Pathology (All SET levels)
d) APOS/POSNZ ICL Registrar Course (All SET levels)
e) Basic Principles and Advanced Principles (All SET levels)
f) Australian Limb Lengthening and Reconstruction Society (ALLRS) Deformity Course (All SET years)

Appendix 3

NZOA Research Requirements during Orthopaedic Surgery SET

Purpose of this document

- Define the research requirements for Orthopaedic Trainees during SET.
- To ensure education and training in research is aligned with the requirements of the Orthopaedic Surgery curriculum.
- To assist Trainees to acquire competency in research as defined by the Orthopaedic Surgery curriculum.
- To identify how research education and training can be delivered during Orthopaedic Surgery SET.

Research Activities/Projects during SET

Research is the creation of new knowledge and/or the use of existing knowledge in a novel and creative way to generate new concepts and understandings. Simple collection of data is not research, but analysis and interpretation of biomedical or clinical data by the trainee at a level suitable for presentation or publication can be regarded as research, whether collected by the trainee or available through an already collected database. Synthesis and analysis of previously published research evidence leading to new and creative outcomes is also regarded as research (e.g., presented or published systematic, narrative, or scoping reviews)

Research can include activities that translate research evidence into changes in clinical practice such as feasibility or implementation studies and quality improvement work at a local or regional level. However, management guidelines or quality improvement initiatives are not regarded as research per se, unless involving synthesis or overview of current research evidence by the trainee to support a change in practice.

The purpose of research activities during SET is to further the Trainee's professionalism and enable the Trainee to develop skills as a scholar and teacher. This in turn part fulfills the requirements of the Orthopaedic Surgery curriculum.

RACS Competencies Relevant to Research

Competency domain	***Specific competencies***
Professionalism	Employ critically reflective approach to practice. Ability to work in a multi-disciplinary environment towards a common goal in a collaborative, constructive manner, valuing others' opinions, and inputs.
Scholar & Teacher	Assume responsibility for own ongoing learning. • Access and interpret relevant evidence. • Integrate new learning into practice. Critically evaluate medical information and its sources and apply appropriately to practice decisions.

	• Describe principles of critical appraisal. • Critically appraise new trends in surgery. Contribute to the development, dissemination, application and translation of new medical knowledge and practices. • Select and apply appropriate methods. to address a research question. • Describe the principles of research ethics. • Conduct a systematic search for evidence.
Medical Expertise	Establish and maintain clinical knowledge, skills, and attitudes appropriate to practice

What comprises research education and training, relation to competencies and points awarded for satisfactory completion:

Activity	***Competency***
Completion of CLEAR (or approved equivalent)	Employ critically reflective approach to practice. Critically evaluate medical information and its sources and apply appropriately to practice decisions. • Describe principles of critical appraisal • Critically appraise new trends in surgery Access and interpret relevant evidence
PhD or Masters*	Provides opportunity to acquire all competencies listed above.
Participation in supervised research project – e.g., Randomised prospective trial or laboratory-based research or implementation science study	Potentially provides opportunity to acquire all competencies listed above.
Involvement in local or regional quality improvement initiatives that require literature review / synthesis	Contributes to development of professionalism, interpretation of the literature, critically appraising relevant evidence, and new trends, and integrating new learning into practice.
Publication of research in peer-reviewed scientific journal as primary or major author	Contribute to the development, dissemination, application and translation of new medical knowledge and practices.

Oral or poster presentation of research outcomes at a recognised, peer-reviewed scientific meeting (national or international) ^	Contribute to the development, dissemination, application and translation of new medical knowledge and practices.

*****It is expected that the majority of Orthopaedic Trainees will undertake research activities rather than study towards a higher degree.

^ Acceptable meetings are those that select papers against criteria, are peer-reviewed, have chaired sessions, accept registrants nationally/internationally and have a published programme, e.g. NZOA ASM. Regional meetings and journal club presentations are not acceptable.

Minimum research requirement of Orthopaedic Trainees

Trainees will be expected to attract **a minimum of 5 points** to be considered as completing their research requirements on the SET programme. The mandatory research requirements include: -

- Completion of CLEAR (or equivalent) (1 point) *and*
- Satisfactory participation in a research activity *and*
- a publication (3 points) or presentation (1 point)
- Satisfactory completion of research towards a higher degree, which includes associated publication or presentations (points as below)

Trainees may gain points for research initiated prior to SET training and completed within SET Training but must either present or publish their results during the SET programme.

Extra points may not be gained for presenting and publishing the same research or for multiple presentations of the same work.

A registrar paper day presentation that is subsequently presented at NZOA or other major meeting during SET may gain 1 point only if significant additional work has been done. Similarly, a paper day presentation that is published during SET will only gain 2 points unless there has been significant extra work done e.g., expanded numbers, longer duration of follow up.

Significant participation in a major research project e.g., prospective RCT, laboratory-based study, or a quality improvement initiative requiring synthesis/analysis of research literature evidence, which is ongoing at the time of sitting fellowship and has not been published or presented, may gain 1 or 2 points. This is dependent on the degree of involvement, progress and is at the discretion of the Research representative and Education committee. For example, Design, Ethics, implementation, and some data collection 1 point. A statement from the supervisor of the research activity must be provided confirming the level of involvement. (Appendix 1).

Activity	**Points awarded**	**Latest completion**
CLEAR (or equivalent)	**1 point**	Before SET 2
Higher degree PhD	**4 points**	Before the end of training

Masters	**2 points**	Before the end of training
Research activity participation without presentation or publication	**1-2 points depending on involvement**	Before the end of training
Quality improvement work at a local or regional level – must include synthesis / analysis of research evidence by trainee	**1-2 points depending on involvement**	Before the end of training
Publication: Research	**3 points**	Before the end of training
Publication: Case report with review	**1 point**	Before the end of training
Presentation	**1 point**	Before the end of training

Approval process for research activities

To ensure research activities are appropriate, and to provide a learning opportunity for submitting a research proposal, Trainees are required to seek approval prior to undertaking any research activity / project.

Approval will be via

- Submission of a pro forma (appendix 1)
- Review of application by the Research Representative on the Education Committee and Education Committee Chair

The representatives of the Education Committee will determine the appropriateness of the research design (Appendix 2).

Criteria for participating in a research activity or project:

- Must be conducted (completed) during SET, part-time, or full time.
- Research can have begun prior to SET but must be ongoing and completed during SET.
- The topic is relevant and related to the broad discipline of orthopaedic surgery (the onus will be on the Trainee to demonstrate how the research activity is relevant and related to orthopaedics).
- The Trainee must have an identified supervisor.
- The estimated duration is specified and appropriate.
- The study design or approach is appropriate.
- The trainee has significant involvement in the research activity –contributes to a significant proportion of the research in the following areas: -
    - Research concept and design
    - Written research proposal
    - Ethics proposal and submission, if required

  - Review of literature/research evidence
  - Research implementation
  - Data collection, analyses, and interpretation of data
  - Presentation
  - Write up and publication
  - Translation of research results into clinical practice
- It is recognized that in large studies several Trainees may be involved from the start, or other point in a substantial project and that multiple publications may accrue from it.
- Satisfactory progress and performance as indicated by supervisor reports.

Recognition of prior learning (Pre-SET) and Documentation

Trainees may be exempted from one or more requirements relating to research education and training during SET if they are able to demonstrate satisfactory completion of prior learning as follows: -

CLEAR Course –provide evidence that a comparable course has been satisfactorily completed.

Higher degree by research e.g., PhD, Masters

- **Must provide** evidence that supervised research activity, of appropriate study design, with relevance to orthopaedic surgery, with significant contribution by Trainee to research project within 3 years of commencement of SET program.

Documentation

Publication –provide evidence of publication in peer-reviewed scientific journal, with Trainee as first or major author, relating to an appropriate research project with relevance to orthopaedic surgery.

Oral or poster presentation –provide evidence of oral or poster presentation by the Trainee at a peer-reviewed national or international scientific meeting, relating to an appropriate research project with relevance to orthopaedic surgery.

Quality improvement work at a local or regional level – provide evidence of involvement, including research evidence review by trainee, relating to an appropriate activity that has relevance to orthopaedic surgery.

Research Activity/Project Application

Trainee Name: SET Level: Current Hospital:

Supervisor Name:

Title:

Research Outline (brief description of background, relevance to orthopaedic surgery, aims, design, methodology)

Expected involvement/contribution of Trainee to activity/project:

Project Phase	***Indicate Trainee involvement √***
Project concept	
Project design	
Written project proposal	
Ethics proposal and submission, if required	
Project implementation	
Data collection	
Data analyses	
Data interpretation	

Expected duration of project:

Other investigators involved in project:

Organisation, institution, facilities involved:

Intended dissemination of project results (i.e., publication, oral presentation):

Supervisor statement:

I confirm that I will be supervising this trainee in conducting the research activities as outlined in this application.

Supervisor signature:

Trainee statement:

I confirm that I will be undertaking research activities as outlined in this application.

Trainee signature:

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New Zealand Orthopaedic Association
Ranchhod Tower, Level 12
39 The Terrace, Wellington 6011
PO Box 5545, Wellington 6140
T: +64 4 913 9898 | **F:** +64 4 913 9890