



Australian Medical Council Limited

Specialist Education Accreditation Committee

AMC Response to the Royal Australasian College of Surgeons 2012 Progress Report

Specialist Education Accreditation Committee Meeting: 6 December 2012

Date of last AMC accreditation decision: 2011 by comprehensive report

Periodic reports since last AMC assessment: 2012

Re-accreditation due: 2017

Explanation of ratings:

Unsatisfactory *The College may not meet the related accreditation standard and AMC should investigate further.*

Not Progressing *No progress or overly slow progress.*

Progressing *Indicates satisfactory progress against the recommendation, with further reporting necessary.*

Satisfied *The college has satisfied all requirements and can cease reporting against the recommendation. Recommendation is marked as closed.*

Standard 1: Context in which the education and training program is delivered

Standards cover: structure and governance of the college; program management; educational expertise; interaction with the health sector; continuous renewal.

Summary of College performance against Standard 1

Standard 1 is met..

Accreditation Recommendations – Standard 1

Recommendation 2

Report to the AMC on the schedule of planned changes in its educational programs and the proposed time of implementation. Please include an update on changes to the assessment of generic and specialty specific basic sciences, and potential changes to the Fellowship examination.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

The College is moving to ‘competency based training’. Competencies are defined as a “holistic combination of knowledge, skills and attitudes which, whilst the competencies are articulated as nine separate facets, together define the high standard of safe and comprehensive surgical care....”. Training standards for the nine RACS competencies have been published. It is clear the College has made considerable progress in many areas.

Several specialty areas have altered curricula and assessment processes to reflect this new approach and in a couple of areas trainees have completed the training program earlier than expected because competencies have been achieved.

The generic surgical sciences examination and, in some areas, the specialty-specific individual surgical sciences examination is now available for candidates prior to selection into the training program. This has been done to allow reduction of trainee workload in the early stages of the SET program. Some relatively minor changes have been made to the format of these examinations. The Fellowship (exit examination) continues. A closed marking system has been introduced.

The College is asked to give an update on this in the next progress report.

Recommendation 4

Report, as part of its College Activity Report, numbers of entrants into SET1 and SET2+ and the origin of these entrants (by PGY year, whether or not BST, IMG) by jurisdiction and specialty.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

The College activities report for Jan-Apr 2012 shows a 7% year on year increase in SET 1 applicants, most of whom are under 35 years of age at the time of entry to SET 1. About 30%

of SET 1 applicants are female. The success rate for applicants to SET 1 is not given but by calculation appears to be about 26%. The great majority of successful applicants are Australian/NZ graduates and this year 33% are female. Women represent 10% of surgeons in active practice. The increase in women in surgical training is quite dramatic. The College is asked to continue reporting on this in the next progress report.

Recommendation 5

Agree with jurisdictions on mechanisms to facilitate resolution of issues of concern, including workforce numbers. These could include (a) a high-level consultative forum, possibly along the lines outlined in this report, to meet at least twice a year, and (b) consultative arrangements at the jurisdictional level with the relevant Regional Committee (and representatives of the regional sub-committees of specialty boards) to identify appropriate posts for accreditation and to facilitate resolution of issues of concern including issues of workforce availability. Once established, the jurisdiction-regional committee liaison processes be used to track progress on ensuring that all appropriate hospital posts are accredited for SET2+ training and that RACS' central office is advised of progress on this issue.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

The regional committees interact with their jurisdictions. The interaction at a senior level via the College Leaders Forum is welcomed. The College maintains that it considers all potential training posts identified by jurisdictions.

The College is asked to continue reporting on this in the next progress report.

Significant developments– Standard 1

AMC commentary – significant developments

Internal discussions about the roles of the Special Societies in delivery of the nine Surgical Education and Training Programs have continued. This has led to renegotiation of the Memorandum of Understanding and Service Agreements for each surgical subspecialty. Most have been signed and an extension agreement drafted that will allow continuity of training if Special Societies require more time. The College governance structure is unchanged.

Standard 2: The outcomes of the training program

Standards cover: purpose of the training organisation and graduate outcomes.

Summary of College performance against Standard 2

Standard 2 is substantially met.

Accreditation Recommendations – Standard 2

Recommendation 7

Recognising the different needs of the specialty groups, aim to increase the uniformity between presentation of the aims and goals of training for nine surgical specialties particularly on the website, taking account of feedback from the trainee and supervisor groups.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

Specialty websites are evolving to become the relevant information sites for their trainees. Individual specialty areas continue to modify training and assessment according to their own requirements but a set of core principles continues. The unified move to competency based training is a good example of a general College principle.

The increasing differentiation of the surgical specialty programs will make future review of RACS a major exercise.

The College is asked to continue reporting on this in the next progress report.

Recommendation 10

Involve health consumers and patients in any future consultation about the goals and objectives of surgical training.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		

AMC commentary

By the next progress report the AMC would like to see a plan to involve health consumers and patients in future consultations about the goals and objectives of surgical training.

Significant developments – Standard 2

AMC commentary – significant developments

There appear to be no significant changes but a continuing trend to increasing autonomy of the specialty groups.

Standard 3: Curriculum

Standards cover: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

Summary of College performance against Standard 3

Standard is met.

Accreditation Recommendations – Standard 3

Recommendation 11				
<i>Present to the AMC its timetable for the planned move to competency-based training and report annually on its progress.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
This has been dealt with under recommendation 2. The College is asked to continue reporting on this in the next progress report.				

Recommendation 13				
<i>Define the educational objectives of the research components of training and review requirements against these objectives.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
Research in training is under review. It is noteworthy that Neurosurgery is removing the requirement for a compulsory research year. An elective research year is still achievable. Several of the specialty groups are including learning research skills in their curricula. The College is asked to continue reporting on this in the next progress report.				

Recommendation 14				
<i>Report to the AMC on the impact of SET on the availability of flexible training opportunities.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
A working party to address flexibility in training is to be established. The outcomes should be communicated to AMC: the College is asked to continue reporting on this in the next progress report.				

Recommendation 15				
<i>Seek congruence of assessment processes between the specialties except when differences can be justified for educational reasons.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>This is discussed under recommendation 2. As indicated above, the College specialty groups are increasingly moving to more independent status.</p> <p>Differences in assessment processes continue and the earlier AMC concept of homogeneity of assessment processes across the specialty areas is unlikely to be realised as the College moves towards a structure of nine semiautonomous bodies. While its significance is not known, it reinforces the earlier comment that a future full review of RACS and its nine specialty areas will be a major exercise.</p> <p>The College is asked to continue reporting on this in the next progress report.</p>				

Significant developments – Standard 3

AMC commentary – significant developments
None reported.

Standard 4: Teaching and learning methods

Summary of College performance against Standard 4

Standard 4 is met.

No accreditation recommendations remain for Standard 4

Significant developments– Standard 4

AMC commentary – significant developments

No developments.

Standard 5: Assessment

Standards cover: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

Summary of College performance against Standard 5

Standard 5 is met.

Accreditation Recommendations – Standard 5

Recommendation 16

Research thoroughly the strengths, weaknesses, practicalities and generalisability of the Mini-Clinical Evaluation Exercise and Direct Observation of Procedural Skills as assessment tools in the local hospital setting and make public its findings.

The AMC notes that since the 2007 assessment, considerable literature has been written on these tools. The AMC considers that this recommendation is no longer appropriate. It asks that in future reports the College advise the AMC on how it is using the available research findings in making decisions about the assessment tools it employs.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

Several of the RACS specialty areas are developing individual approaches to workplace based assessment. There appears to be some analyses of new methods by the College's education group.

The College is asked to continue reporting on this in the next progress report.

Recommendation 17				
<i>Report in annual reports to the AMC on the procedures for identification and management of under-performing trainees.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The College and its specialties are doing considerable work in this area. The College is asked to continue reporting on this in the next progress report.				

Significant developments – Standard 5

AMC commentary – significant developments
None.

Standard 6: Monitoring and evaluation

Standards cover: program monitoring and outcome evaluation

Summary of College performance against Standard 6

Standard 6 remains met.

Accreditation Recommendations – Standard 6

Recommendation 22				
<i>Introduce procedures to collect feedback on the training program from external stakeholders such as health administrators and health consumer groups.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
The College appears to gather the majority of its feedback from health administrators at the time of site visits. Specialties will be required under the terms of new partnership agreements to collate results of consultations and feedback. The College is asked to continue reporting on this in the next progress report.				

Recommendation 23				
<i>Report in annual reports to the AMC on plans for trainee and supervisor evaluation of SET.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>The College reports “many” specialties conduct end of term evaluations of trainees but this does not appear to be collated. The Trainees Association also carries out end of term surveys of all trainees but the College states that it is “reluctant to release” outcome information as trainees have not been advised that the information would be provided to the AMC. It is difficult to understand how aggregated information could not be provided.</p> <p>Reporting in this area could be improved. As the accrediting body, AMC is seeking assurance that data is being collected and used to inform program improvement. The AMC asks that RACS provide a summary of evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and RACS’s response to them in progress reports.</p> <p>The College is asked to continue reporting on this in the next progress report, taking into account the above requests.</p>				

Recommendation 24				
<i>Report to the AMC on the evolution of the selection process, taking account of feedback from the specialty societies, the applicants and other stakeholders.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>This recommendation is not specifically addressed by the College but the report under Standard 7 gives details about generic improvements in the selection process and modification of the selection processes of several specialty areas in response to evaluation. The College mentions that its education department evaluates the selection process for “most” surgical specialties and provides feedback of effectiveness of selection tools.</p> <p>The College is asked to continue reporting on this in the next progress report.</p>				

Recommendation 25				
<i>Continue to collaborate with the jurisdictions to increase the output of well-trained surgeons.</i>				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary				
<p>Little information is provided other than that administrators are consulted during accreditation visits and that senior College staff consult with jurisdictions at the College Leaders Forum.</p> <p>The College is asked to report in future progress reports on the types of interactions and collaborations over the previous 12 months.</p>				

Significant developments – Standard 6

AMC commentary – significant developments
The work done dealing with poorly performing trainees is commendable.

Standard 7: Issues relating to trainees

Standards cover: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes

Summary of College performance against Standard 7

Standard 7 is met.

No accreditation recommendations remain for Standard 7

Significant developments – Standard 7

AMC commentary – significant developments

The College has embedded trainees in many aspects of its governance.

The AMC noted that in view of the demands and workload on trainees in the first two years of training, when they are currently required to pass the Generic Surgical Sciences Examination (SSE); the Generic Clinical Examination, and (in some specialties) the specialty specific SSE, in 2014 the Generic SSE will become available for medical graduates prior to being selected into SET.

Statistics – Standard 7

AMC commentary – Statistics

Information about the number of trainees entering each pathway and undertaking each pathway is provided, but not the number completing each pathway. The 2012 MTRP report records an 18.7% increase in new surgical fellows in the years 2006-10.

Standard 8: Implementing the training program – delivery of educational resources

Standards cover: supervisors, assessors, trainers and mentors and clinical and other educational resources

Summary of College performance against Standard 8

Standard 8 is met.

Accreditation Recommendation – Standard 8

Recommendation 27

Report in annual reports to the AMC on:

- changes in the workload of supervisors after the introduction of SET
- the introduction of training for supervisors and trainers in the new work-based assessment methods
- progress in developing a process for trainee evaluation of their supervision.

Supplementary question for future reports (first asked in the 2010 report):

How does the College ensure that trainees receive appropriate experience in ambulatory and consultative surgery in NSW in the absence of outpatient clinics?

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary

No specific information is provided about change in supervisors work load from introduction of the SET program but there are general comments about increased supervisors' workload. The specialties approach experience in consultative clinics for outpatient and ambulatory surgical problems individually. The general sense is that satisfactory arrangements are made.

The College has abandoned its attempts to charge health care facilities accreditation fees. The College is asked to continue reporting on this in the next progress report.

Significant developments – Standard 8

AMC commentary – significant developments

No significant changes

Standard 9: Continuing professional development

Standards cover: continuing professional development; retraining and remediation of under-performing fellows

Summary of College performance against Standard 9

Standard 9 is met.

No accreditation recommendations remain for Standard 9

Significant developments – Standard 9

AMC commentary – significant developments

The College is undertaking a review and upgrading of its on-line CPD system.

Overall Summary of RACS 2012 progress report

Overall the College report is satisfactory. Autonomy of the College's nine specialty areas continues to increase and this is a continuing challenge for the College's educational program.

Clearly there are opportunities (with good examples) for innovation but there is also the risk of progression to entirely separate training programs.

Interactions with jurisdictions and consumers continue to be less active than in many other colleges.