

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**  
**AMC PROGRESS REPORT 2015**

**COLLEGE DETAILS**

Name: **Royal Australasian College of Surgeons**

Address: **College of Surgeons' Gardens,  
250-290 Spring Street,  
East Melbourne VIC 3002**

Date of last AMC accreditation decision: **2011 by comprehensive report**

Periodic reports since last AMC assessment: **2012, 2013, 2014**

Re-accreditation due: **2017**

This report due: **Period 3, Thursday 3 September 2015**

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

Areas covered by this standard: structure and governance of the college; program management; educational expertise; interaction with the health sector; continuous renewal

### 1.1 Governance

- 1.1.1 The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- 1.1.2 The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- 1.1.3 The education provider's internal structures give priority to its educational role relative to other activities.

### Summary update of progress

- No change to training agreements with the 13 specialty societies and associations in 2014.
- The College has developed specific terms of reference for each individual specialty training board. In accordance with College policy, the new terms of reference were approved by senior boards in the governance structure of the College. Each board of specialty training continues to refine and implement its own terms of reference.
- An overview of RACS' governance structure, the College Constitution and boards and committees can be found on the College website at <http://www.surgeons.org/about/governance-committees/>
- A map of RACS governance structure is on the College website at [http://www.surgeons.org/media/21199601/2015-07-07\\_dia\\_rel-pcs-001\\_council\\_committees.pdf](http://www.surgeons.org/media/21199601/2015-07-07_dia_rel-pcs-001_council_committees.pdf)

### Summary of significant changes / planned developments

- No changes planned to governance structure for 2015.
  - A new Expert Advisory Group (EAG) was formed in 2015 to address concerns regarding discrimination, bullying and sexual harassment in the health sector. Through the work of the EAG and engagement with Departments of Health and hospitals, the College seeks to improve the culture of hospitals and the health care sector in order to address these behaviours. Information about the EAG can be found on the College website at: <http://www.surgeons.org/about/expert-advisory-group/>; information about dealing with discrimination, bullying and sexual harassment can be found on the College website at: <http://www.surgeons.org/about/racs-complaints-hotline/>.
  - The College implemented a formal process for lodging complaints in regard to discrimination, bullying and sexual harassment in 2015. The process is supported by a Complaints Hotline for callers in Australia and New Zealand. Fellows, Trainees and IMGs who feel impacted by these unreasonable behaviours in the workplace are encouraged to seek support. The College has engaged Converge International to offer a confidential counselling service including for such matters. See the [RACS Support Program](#) for more details.
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## **1.2 Program management**

1.2.1 The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
- setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
- setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.

1.2.2 The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.

### **Summary update of progress**

- There has been no change in the committees responsible for management of the training program; the assessment of International Medical Graduates (IMGs) or Professional Development.
- Numbers and roles of College administrative and technical staff are reviewed annually as part of the regular performance review processes. Numbers of IT staff increased in 2014 commensurate with greater reliance on the College website as a primary means of communication with members and the public, increased online processes (e.g. applications and enrolments) and increased online training resources.
- Four policies relating to IMGs were revised in 2014. See [Appendix 1](#).

### **Summary of significant changes / planned developments**

- RACS' In-house Counsel will be full-time from mid-2015 to support activities requiring legal expertise, including development of policies, memoranda of understanding and agreements.
- In 2015 the College is implementing changes to Surgical Education and Training (SET) policies, introducing high level principles-based policies which give greater flexibility to the Specialty Training Boards. Boards will be responsible for developing detailed regulations that comply with the policies. The regulations developed by the Boards will be verified by the RACS Education Board. These are expected to be fully implemented by September 30, 2015.

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## **1.3 Educational Expertise and Exchange**

1.3.1. The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.

1.3.2. The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.

### **Summary update of progress**

#### **College generic**

- The College continues to employ staff with appropriate education qualifications in key roles in relation to the development of education and training programs, assessment, and professional development.
- Significant personnel changes occurred during 2013-2014 in the Education Development and Research Department. Appointments were made to maintain the depth and breadth of educational expertise available to the College.
- The College continues to be involved in collaborative activities to enhance training and professional development as follows:

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- The Tripartite alliance of the Royal Australasian College of Surgeons (RACS), Royal Australasian College of Physicians (RACP) and Royal College of Physicians and Surgeons of Canada (RCPSC).

This group hosted its third Conjoint Medical Education Seminar, entitled *Revalidation*, in March 2014. The event attracted a number of pre-eminent local and international speakers.

Workshop discussion topics included: revalidation, assessment, CPD and e-MSF. For a full listing of the *Conjoint Medical Education Seminar – Revalidation* presentations refer to: <http://www.surgeons.org/for-health-professionals/academy-of-surgical-educators/cmcs-2014/>
- Networks

RACS staff are actively involved in networks representing Australian and New Zealand specialist medical Colleges:

  - Network of Medical College Educators (NMCE) meets four times per year.
  - Medical Education e-Learning Network meets monthly by teleconference and reports to the NMCE
  - Continuing Professional Development Managers Network meets bi-annually, with additional meetings held by teleconference if required.
  - Network of College IMG Managers (NCIM) also meets bi-annually
- Annual Scientific Congress (ASC)

The 83<sup>rd</sup> ASC was held on 5 – 9 May 2014 in Singapore, jointly with ANZCA. The theme of this ASC was *Working Together for Our Patients*. This was the first collaborative congress with our anaesthetic colleagues in over 25 years. Plenary sessions illustrated the partnership between surgeons and anaesthetists to benefit patients. This ASC program is the largest RACS has staged (4500 delegates) and for the first time included a program for our orthopaedic colleagues.

For the first time in 2014, delegates were able to use smart phones and tablets to submit questions during presentations, take notes, participate in polling or voting and navigate the program. Mobile apps allowed delegates to view webcasts of presentations via the Virtual Congress website.

One of the highlights of the ASC was the first live theatre production written by doctors for doctors to be staged at an Australasian medical conference. Titled *There is no 'I' in blame (but there is 'me')* the play was written by anaesthetist Dr Stavros Prineas with collaborative input from orthopaedic surgeon Mr Angus Gray, colorectal surgeon Professor John Cartmill and fellow anaesthetist Dr Suyin Tan. Based on a near catastrophe in theatre, the play explored the issues of communication, situational leadership, blame-shifting and the emotional impact of dealing with the unexpected in the operating theatre. Professor Cartmill described the production as a form of edutainment.

Carmel Peisah, Conjoint Associate Professor and Old Age Psychiatrist, UNSW, University of Sydney; Adaptions to Ageing Australia; Capacity Australia Chair, A3G (Adapting to Ageing Advisory Group), was invited as an ASC Visiting Lecturer by the Senior Surgeon's Group. This built on previous work in doctor welfare, ageing and retirement, and a publication in 'ANZ J Surg' 2014; 84:311-315 *Adaptive Ageing Surgeons* with co-authors: psychiatrist Chanaka Wijeratne and College Fellows Bruce Waxman and Marianne Vonau.
- Virtual Congress

The ANZCA RACS eProgram 2014 was accessible on the Apple App Store and for Android tablet users.

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- Younger Fellows Forum

The 2014 Younger Fellows Forum was held in Singapore, attended by 25 RACS Younger Fellows, and colleagues representing the Hong Kong, Singapore, and Edinburgh surgical colleges.

The forum had the immediate past president of the Academy of Medicine of Singapore, Professor Kok Chai Tan, as a distinguished guest. Other guests represented ANZCA, the Royal College of Surgeons of Edinburgh (RCSEd), and the Association for Academic Surgery. Strong points of the Forum were the interactive nature of the discussions, team building networking, and ability to meet and interact with College Councillors and Chairs. This meeting encouraged Younger Fellows to gain an understanding of, and take ownership of their College. This engagement is vital to maintaining a unified College body.
- International training and professional development
  - The 2013 recipient of the Stuart Morson Scholarship in Neurosurgery completed a 10-month Fellowship in Functional Neurosurgery at the Radcliffe Hospital in Oxford, UK, during 2014, enabling him to work with international experts, develop strong links between UK and Australian neurosurgeons and neurosurgical trainees and return with skills to start a unit in a hospital that has not previously offered this type of surgical therapy.
  - A former Rowan Nicks Scholar, general surgeon Dr Richard Leona, has become the first surgeon from Vanuatu to conduct Transurethral Resection of the Prostate (TURP) procedures for local patients following a 12-month training attachment under Urology Surgeon Mr Richard Grills at Geelong Hospital.
- Regional training and Indigenous health

The Provincial Surgeons of Australia (PSA) Trauma Week and Indigenous Health meeting was held in Darwin in August 2014.

  - The PSA program focused on managing trauma in regional areas and Indigenous health.
  - The Rural Coach program is having a positive effect supporting trainees.
  - RACS sponsored a medical student, representing the National Rural Health Students' Network (NRHSN) to attend the PSA conference. This provided an opportunity for the NRHSN to promote its focus on addressing the disparity in health outcomes among Indigenous and non-Indigenous populations and between rural and metropolitan Australia. The sponsored medical student said, "RACS is the first specialist college ... to express its support in partnering with the NRHSN to help address the dearth of medical specialists in rural and remote Australia. It provides networking opportunities for students to engage with potential mentors as they navigate their way to specialty training. Trainees from many surgical specialties attended and presented."
- The College collaborates to promote engagement with medical students and prevocational doctors:
  - The College continues to consult widely with external expert medical educators in relation to the development and introduction of new educational initiatives. Planning the JDocs framework (<http://jdocs.surgeons.org>) for example, involved extensive consultation with prevocational doctors, their supervisors and medical training groups (also see sections 1.5, 3.2, 3.5, 5.4, and 6.1).
  - RACS was the principal sponsor for the Health Education and Training Institute (HETI) 2014 Golden Scalpel Games®. The Golden Scalpel Games® featured teams from each of the surgical networks in a contest testing knowledge, skills and nerves. In 2014, the Golden Scalpel Games® was showcased as part of the Australian and New Zealand Medical Education and Training forum (ANZMET) in November in the Hunter Valley,

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NSW. This initiative enhanced engagement with medical students and promoted surgery as a career choice. The JDocs framework was displayed with an interactive workshop.

- In June, the Royal Australasian College of Surgeons Trainees Association (RACSTA) participated in 'The Mental Health of Doctors and Medical Students', a roundtable discussion co-chaired by Beyond Blue and the Australian Medical Association. Represented were specialist colleges, doctors-in-training, medical schools, medical administrators, regulatory bodies and doctor's health advisory services. The roundtable was convened in the context of the findings of the Beyond Blue National Mental Health Survey of Doctors and Medical Students, published in 2013.
- The inaugural Australasian Surgical Leadership Symposium (ASLS) held on August 2014 brought together more than 200 delegates from across Australia and New Zealand. It created a forum where students and junior doctors could listen to presentations from some of our foremost surgical leaders. Speakers represented backgrounds including medicine, public health, politics, biotechnology and low-resource medicine. Delegates participated in a wide variety of surgical workshops. Registrars and consultants were on hand for emergency skills workshops providing opportunities for participants to learn surgical and critical care skills in a low-pressure environment.
- The College played a special part in inspiring people of all ages at the Science Alive expo, held in Adelaide. Offering the opportunity for hands-on interaction, the College lent a Simulation Box Trainer for the public to try their hand at. Facility Manager Kathryn Hudson at the Basil Hetzel Institute for Translational Health Research said that, "Everyone was dazzled by the 48 second target, so the population of Adelaide now has a deeper respect for surgeons!" The event was attended by more than 20,000 people.
- The College collaborates to build educational expertise:
  - The RACS Academy of Surgical Educators, in collaboration with the University of Melbourne, offers a Master of Surgical Education program to build participants' knowledge of educational principles and processes. In 2014 six surgeons completed the program. See Appendix for a summary of 2014 Academy of Surgical Educators' activities.
  - The Foundation Skills for Surgical Educators Course, an initiative of the Academy of Surgical Educators, was launched by the College in 2014. This course assists senior Trainees, IMG's and new supervisors/trainers to build practical skills in clinical teaching and to establish basic standards expected of surgical educators. The course was collaboratively developed by RACS Departments of Professional Development, Skills Training and Education Development and Research. During 2014 the course was piloted in four locations across Australia and New Zealand and will be promulgated in 2015.
- In the past 12 months RACS Fellows and senior staff have presented papers at medical education conferences in Australia, Canada, England and Singapore. This includes JDocs and Academy of Surgical Educators at ICOSSET in April 2014 and JDocs and Clinical Decision Making as a workshop at ICRE in Toronto. The Dean has contributed to a book on non-technical skills to be published in August 2015.

**Specialty specific**

- As described throughout this report, specialty training boards continue to consult with experts in medical /surgical education to advise them as they review and revise the many aspects of their training programs. These experts are drawn from overseas as well as within Australasia.

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**1.4 Interaction with the health sector**

- 1.4.1 The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- 1.4.2 The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.

**Summary update of progress**

**College generic**

- Examples of College engagement with the health sector in 2014:
  - The College worked with the **Australian Institute of Health and Welfare (AIHW)** to categorise elective surgery urgency. This collaboration follows a request from the Council of Australian Governments for the AIHW to work with the College to propose national definitions and a package of measures to produce greater consistency for elective surgery urgency categories for all Australian public hospitals. The project is an example of the College's ongoing efforts to increase its engagement with government to ensure that health policy that directly impacts our profession is developed in consultation with surgeons.
  - Auckland surgeon Andrew Connolly (FRACS) was appointed chair of the **Medical Council of New Zealand**. Mr Connolly is a general and colorectal surgeon, employed fulltime at Counties Manukau District Health Board.
  - The College took a lead role in the discussion of Excessive Fees over 2014, with overwhelming support from Fellows across all specialties. Council arranged a **Surgical Leaders' Forum** on the topic of fees. Presenters included CEOs of private hospitals, senior Executives from the Health Insurers, the Centre for Independent Studies, representatives from the AMA, a Commissioner from the ACCC, as well as the College's previous and current **Expert Community Advisors**. Important next steps include preparation of educational material that can be distributed to patients and also ensuring that RACS has proper procedures to deal with concerns that may be raised about fees.
  - A number of **position statements** were developed by the professional standards portfolio in 2014 to identify and strengthen standards for excellence in patient care and professionalism. Development of these position papers demonstrates to regulatory authorities, our colleagues in other specialty fields and the public that we are able and willing to set expectations around professionalism beyond the operating theatre. These papers outline the expectations we place upon ourselves as Fellows of the College and the steps that may be taken to address poor conduct when there is a breach of these standards. All RACS Position statements can be found on the College website at <http://www.surgeons.org/policies-publications/publications/position-papers/> .

Position papers approved in 2014:

- Access to Elective Surgery
- Bullying and Harassment – Recognition, Avoidance and Management
- Credentialing and Scope of Practice for Surgeons
- Excessive Fees
- Guidelines for Recognition of Training in Peripheral Endovascular Therapy
- Informed Consent
- Informed Financial consent
- Long Elective operating lists



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- Rural and Regional Surgical Services
- Surgeons and Trainees Interactions with the Medical Industry
- Surgical Audit and peer Review Guide
  
- o **The Federal Department of Health**, through the Specialist Training Programme (STP) funded additional training posts in non-traditional settings to enable surgical trainees to rotate through an expanded range of settings beyond traditional public teaching hospitals. STP also provided funding for projects to assist IMGs and trainees in rural areas.
  
- o In 2014 **ASERNIP-S** maintained and extended the group's profile by producing high quality peer-reviewed publications. Services were provided to stakeholders to identify and summarise clinical **evidence to inform healthcare policy decision making**. ASERNIP-S is part of the Research, Audit and Academic Surgery Division of the College, employing 13 experienced researchers with qualifications in biomedical science, chemistry, public health, health technology assessment (HTA), biostatistics and medicine.

The **primary** goal of ASERNIP-S is to **provide high quality, timely assessments of new and established surgical technologies and techniques**. ASERNIP-S is involved in a broad range of projects, including:

- full and rapid systematic reviews of peer-reviewed literature
- the facilitation of clinical audits, the assessment of new and emerging techniques and technologies through horizon scanning
- input into the production of guidelines

The **majority** of work conducted by ASERNIP-S is contracted by **external stakeholders**. In 2014 ASERNIP-S successfully completed work for:

- Medical Services Advisory Committee (MSAC), Commonwealth Department of Health
- Health Policy Advisory Committee on Technology (HealthPACT)
- American College of Surgeons
- Department of Health, Victoria
- Therapeutic Goods Administration, Commonwealth Department of Health
- World Health Organisation

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## **1.5 Continuous renewal**

1.5.1 The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

### **Summary update of progress**

- The College updates policies and procedures on a regular cycle. A list of new and updated policies approved by Council in 2014 can be found in [Policies approved by RACS Council 2014](#) . All policies are available on the College website at <http://www.surgeons.org/policies-publications/policies/> .
  
- The College acts on feedback to inform continuous renewal of training and assessment activities:
  - o RACS Generic Surgical Science Examination (GSSE) was opened to junior doctors and outside of SET and was conducted online for the first time in 2014. (see response to Recommendation 2 for more detail about this)
  
  - o The ASSET course has been revised to include online pre-course modules.
  
  - o Fellowship examination – Preparation for IMGs and trainees

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To assist candidates to prepare for the Fellowship examination, the College launched four eLearning units in March 2014. This resource has primarily been designed to assist IMGs who are attempting the Fellowship examination for the first time; however, it is relevant to all candidates. More than 250 candidates have undertaken the modules. The four topics are: Introduction, Conduct of the examination, Study tips and Advice for supervisors and surgical trainers. There has been good feedback about this resource.

- The College develops resources for continuous improvement over the continuum of surgical experiences and training:
  - The Morbidity Audit and Logbook Tool (MALT) has been developed by the College for all Trainees, IMGs and Fellows to use as an electronic log of procedures and/or to self-audit. MALT has been gradually rolled out to each of the surgical specialties and is now available for use in all specialties. MALT can be used on any web-enabled device.

*MALT as a training logbook*

Trainees, IMGs and Fellows can use MALT to electronically record their logbook. Production of end-of-rotation reports for training boards is straightforward. MALT allows supervisors to monitor the progress of their trainees; they can access their trainees' Logbooks to view cases entered and to approve cases that have been sent to them. They can also produce logbook reports on the trainee, including reports on past rotations, to get an idea of previous experiences a trainee is bringing to their new rotation.

*MALT for self-audit*

MALT incorporates the College-recommended minimum and expanded datasets for audit as described in the Surgical Audit and Peer Review Guide. It allows all users to optionally record data for self-audit purposes.

A series of set audit reports is available from MALT. In addition, many more reports are available in a custom reporting tool, where users can determine the parameters and preferred layout of the data they need. The range of audit reports reflects most of those recommended in the Surgical Audit and Peer Review Guide and more will be added over time until the full list of suggested reports are available. Users can also export their data from MALT to analyse.

*MALT for peer-reviewed audit*

MALT can be set up as a peer-reviewed audit. The Morbidity Audit department has experience in setting up and managing audits for specialty groups. The team can customise logbooks and reports for participants and provide administration, management and user support for the audit. Enquiries on using MALT for audit are welcomed from members of the College and also from specialty societies, professional organisations and other clinical colleges.

More information about MALT can be found at [www.surgeons.org/malt](http://www.surgeons.org/malt).

- To improve access to more journals and support Fellows, Trainees and IMGs, the Embase database has been added to the list of available library resources. Embase contains over 22 million records, with over 1 million records added annually. The Embase journal collection is international in scope with over 7,500 active peer-reviewed journals from more than 90 countries.
- The College's Code of Conduct eLearning resource.

The College recognises the need to give members more detailed information on the Code of Conduct and the ways in which it can be applied to the work setting. This eLearning module consists of scenarios illustrating aspects of the Code of Conduct, to enable members to reflect on their own behaviour and how the Code can be related to daily best practice. This resource has been primarily developed for Fellows reflect on how they currently apply the Code of Conduct in their work environment and on what constitutes professional behaviour.
- See also information below about consultations conducted by the Specialty Training Boards in reviewing and revising their education and training programs.

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**Summary of significant changes / planned developments**

- The College is planning to expand computer delivery to other examinations, starting with Specialty Specific Surgical Science exams in 2015. The written components of the Fellowship Examination are also being considered for computer delivery in the future.
- RACS examinations staff have instigated a new network of medical college examinations managers to discuss exams delivery, particularly e-delivery. The network currently confers via email and proposes to meet more formally and regularly in the coming 12 months. Possible joint projects include development of online training for OSCE examiners.
- The College's Research and Scholarships Department initiated a new Fellowship in 2014 for funding in 2015. The Foundation for Surgery Senior Lecturer Fellowship will provide support for a surgical Senior Lecturer early in his/her career, to assist them to establishment an academic surgery pathway. Two Fellowships will be offered simultaneously, distributed between metropolitan and provincial centres. Affiliation with a University academic Department of Surgery or hospital Department of Surgery will confirm the institution's support for the applicant in the proposed Senior Lecturer position. Refer to the College website at [www.surgeons.org/scholarships](http://www.surgeons.org/scholarships) for additional information regarding Fellowship conditions and requirements.
- The College developed JDocs – a competency framework supported by a suite of educational resources – to promote flexible and self-directed learning, to log procedural experiences and capture evidence of personal achievements. JDocs resources became available online in December 2014. JDocs is available to any doctor registered in Australia and New Zealand, from and including internship, with the level of engagement determined by the individual doctor.

RACS Council recognised the need and importance of re-engagement with prevocational junior doctors to provide guidance and education to assist with their development towards proceduralist careers. Key to this was to ensure that doctors entering SET should be well prepared and clinically competent relevant to their postgraduate year.

The JDocs Framework supports professional standards and learning outcomes to be achieved during the early postgraduate/prevocational clinical years. It describes and assists early career professional development for junior doctors aspiring to procedural medical careers, including surgery. The College sees this as an important initiative that should improve work-based assessment for the JDocs.

JDocs will not guarantee selection into any procedural specialty training program; engagement with the Framework and its supporting resources describes many tasks, skills and behaviours a junior doctor should achieve at defined postgraduate levels, and will help the self-motivated junior doctor recognise the skills and performance standards expected prior to applying for specialty training. Extensive consultation with stakeholders, including senior medical students, junior doctor focus groups, hospitals and training networks, as well as State postgraduate medical training groups, has been undertaken to inform the development of the JDocs Framework. The College recognises that the Medical Council of New Zealand has established a mandatory program, including an e-portfolio for the first two postgraduate resident years, and has consulted with the MCNZ to ensure the JDocs Framework will be compatible with the MCNZ requirements.

Key clinical tasks have been described, representing daily work activities to link the Framework to everyday clinical practice. These tasks can be used to demonstrate achievement of the competencies and standards outlined in the Framework, and enable junior doctors to show they are competent at the tasks and skills required.

The College has promoted the Framework to Fellows, Trainees, hospitals and networks, medical schools and other specialty training colleges. Further engagement with hospitals is planned to review how the JDocs Framework can complement existing prevocational training programs.

More information can be found on the JDocs website, <http://jdocs.surgeons.org/signup.htm>. The College's website and social media feeds will deliver updates as they become available. An app has been developed that provides an overview of JDocs, and a sample of learning resources.

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- The College is currently working on piloting a tailored version of MALT for JDocs.
- The tripartite association between RACS, the Royal Australasian College of Physicians (RACP) and the Royal College of Physicians and Surgeons of Canada (RCPSC) (2011-2015). In 2015 this network will expand to include the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australian and New Zealand College of Anaesthetists (ANZCA). The 'tripartite' group collaborated to present an international medical symposium, *The Future of the Medical Profession*, in March 2015.
- The College will introduce QR codes in publications for quicker access to College digital resources. QR Codes, read using the camera on a smart phone or tablet, will streamline access to:
  - *Find a Surgeon* on the College website
  - popular on-line places in the RACS Library
  - make an enquiry or request for assistance from RACS staff
  - add RACS events into calendars
- RACSTA End of Term Evaluation

The Trainees' Association (RACTSA) has surveyed New Zealand and Australian Trainees at the end of each rotation for the past four years. Responses help us to better understand the training experience, barriers to success, and strengths of the programs to drive improvement in the delivery of training. 224 Trainees across the nine specialties responded to the August 2014 survey. In 2016 a five-year analysis will be undertaken to explore trends in training across a broad range of topics. In the meantime, the data is being used to better inform RACSTA advocacy and improve training.

- Expert Advisory Group (EAG)

The College in 2015 established an expert advisory group to assist the College respond to concerns of bullying, harassment and discrimination within surgery and the health sector.

The group is chaired by former Victorian Health Minister and current chair of the Royal Children's Hospital, Mr Rob Knowles AO.

Dr Helen Szoke, the current CEO of Oxfam, but previously Australia's Federal Race Discrimination Commissioner and Victorian Equal Opportunity and Human Rights Commissioner, is Deputy Chair.

Other members include:

- Dr Joanna Flynn AM, Chair of the Medical Board of Australia;
- Mr Ken Lay APM, the former Chief Commissioner of Victoria Police;
- Dame Judith Potter, DNZM, CBE , Previous High Court Judge
- Mr Graeme Campbell, the College's incoming Vice President; and
- Dr Cathy Ferguson, the incoming Chair of the College's Professional Standards

The EAG's charter will be to review the College's policies and procedures, establish a reporting framework to measure progress in dealing with bullying and harassment, address the College's gender balance and act as a medium between the College and hospitals/health departments to navigate a path toward eliminating such behaviour.

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**Recommendation 2**

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 <b>changes to the assessment of generic and specialty specific basic sciences</b> , and potential <b>changes to the Fellowship examination</b> .				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
Each program is progressing at its own pace. This year changes were highlighted in General Surgery, Neurosurgery, Orthopaedics, Paediatric and Plastics. Access is being improved to the online Surgical Sciences Examination (SSE). The ongoing progress towards competency based programs is commended, however progress is slow. The AMC asks that the <b>College continues to report in future progress reports on the move to competency based training</b> .				

**Summary update of progress**

**College generic**

- RACS Generic Surgical Science Examination (GSSE) became available to junior doctors in addition to SET trainees in 2014. In February, 39 junior doctors sat the GSSE, in June, 48 sat the GSSE and in October 2014 the exam was held solely for junior doctors – 111 candidates sat this GSSE. It is anticipated that many more junior doctors will present in 2015
- Exams online – RACS Generic Surgical Science Examination (GSSE) was held online in October 2014 for the first time.

- The GSSE was delivered to more than 100 candidates in examination centres across seven locations in Australia and New Zealand.
- Online delivery increases the number of candidates able to sit the exam, facilitating access for non-Trainees.
- Access to the GSSE prior to entry into SET will enable the GSSE to become a widely available, pre-vocational experience and ultimately to become a pre-requisite for application to SET.

Benefits associated with this development include:

- Improved exam experience for candidates; feedback from the candidates was very positive.
- More efficient marking to support faster turnaround of results.
- Integrates exam delivery with College plans for improved digital interaction with Fellows and Trainees.
- In 2015 the online Generic SSE will be available to an increasing number of junior doctors. Information about these changes is available on the College website at <http://www.surgeons.org/becoming-a-surgeon/gsse-for-junior-doctors/>.

**Cardiothoracic Surgery**

- The Cardiothoracic Surgical Education and Training program allows acceleration or delay of trainees through the program based on competency, not time.
- In 2014 the standard-setting method to determine the pass score for the cardiothoracic specialty specific exam was amended.
- The GSSE will become a mandatory requirement at selection in 2016 for the intake of 2017.

**AMC Accreditation 2015 – Standard 1**  
**Context in which the education and training program is delivered**

### **General Surgery**

- The Board in General Surgery has finalised the *Strategic Plan for 2015 – 2018*. The plan is divided into five sections as follows:
  - Supervision
  - Assessment of Performance
  - Training Requirements
  - Operative Experience
  - Accreditation of Training Posts

Each section proceeds to highlight key issues that were raised through the responses gathered via a stakeholder survey and discussion at the workshop. The Board attempted to ascertain possible strategies and solutions to the issues that have been raised. It is imperative to note that at this stage no strategy that is detailed in the plan is set in stone. The Board has set up working parties to commence reviewing each section of the plan to develop specific proposals followed by an implementation phase.

### **Neurosurgery**

- As outlined in the 2013 and 2014 report, the SET Board of Neurosurgery and Neurosurgical Society of Australasia have made modifications to the SET program in Neurosurgery to move to a three stage hybrid competency and time based program.

This implementation is complete.

- The Board has also approved the following modifications to the examination requirements:
  - Replacing the Clinical Examination (previously undertaken in the first two years of training) with basic neurosurgical clinical scenarios as part of the selection process interview from the 2016 intake onwards;
  - Replacing the Neurosurgery Surgical Science Examination (previously undertaken in the first two years of training) with a Neurosurgery Anatomy Examination which is undertaken as part of the selection process from the 2016 intake onwards; and
  - Making the Generic Surgical Science Examination an eligibility requirement for application for selection from the 2018 intake onwards.

### **Orthopaedic Surgery AU**

- Reported in Annual Report ([Appendix 9](#))
- There is an implicit understanding that while the program remains largely time-based; the competency-based aspect provides flexibility for trainees to progress at their own rate. Training can be (and has been) shortened by up to 12 months on the basis of 'exceptional performance'. Conversely, Trainees who are experiencing difficulty or who have not yet achieved the competency for their level of training complete additional training.

With regard to impact on the training program, competency based progression has an effect on Selection and the number of posts available, allocations and trainee community/network groups. The benefits for the Trainee, in personalised progression and additional support when needed, outweigh any inconvenience.

Clearer processes around trainee assessment and communication of the purpose of probation as a mechanism to facilitate learning, through feedback and additional assistance when needed, has resulted in more effective identification of trainees requiring additional support.

### **Orthopaedic Surgery NZ**

- NZOA will require those who want to apply to SET from 2016 onwards to have passed the Surgical Sciences Exam (Generic).

**AMC Accreditation 2015 – Standard 1**  
**Context in which the education and training program is delivered**

**Otolaryngology Head and Neck Surgery AU**

- OHNS will revise its curriculum in 2015 to better articulate and clarify training and assessment requirements throughout SET and to emphasise the competency-based approach to training and assessment. This revision is anticipated to be a 12-month process.

**Paediatric Surgery**

- Competency based training is now reflected in paediatric surgical training regulations and practices, The Board of Paediatric Surgery has noted support received from the College with implementing this.

**Plastic and Reconstructive Surgery AU**

- Ongoing annual review and improvement of the selection process for SET will continue through the Board of Plastic & Reconstructive Surgery. (the Board). Consideration will be given to the cut-off score for interviews.

In 2015 9 hospital re-accreditation inspections will be undertaken in NSW, 1 in TAS, 1 in NT, 1 in QLD and 5 in WA for P&RS SET positions, plus 1 new accreditation inspection in TAS. See attached.

RACS has developed a new set of principles-based policies for all surgical training to replace several existing RACS training policies. Specialty-specific regulations based on the RACS principles based policies have been developed or updated by the Board for ASPS trainees. They will be adopted once endorsed by RACS.

The AUS and NZ combined SET 1 and SET 2-5 Registrars conferences were both held in Perth in 2015. All future SET 1 conferences will be held in Brisbane and will ensure consistent content each year. SET 2-5 conferences will continue to rotate between Australia and New Zealand.

**Plastic and Reconstructive Surgery NZ**

- The separation of the Australasian Board of Plastic and Reconstructive Surgery into an Australian Board and a New Zealand Board occurred in 2014. The New Zealand Association of Plastic Surgeons provides administrative support to the Board. The College continues to provide administrative support for SET Selection and hospital inspections.
- A review of the separation of the Boards will occur in early 2016.

**Urology**

- In 2014, the Board determined that any SET Urology Trainee who had successfully passed the Generic Surgical Sciences Examination (GSSE) and Clinical Examination (CE) irrespective of SET level could undertake the Surgical Sciences Examination in Urology. It must still be passed before the end of SET4 and trainees have 4 attempts in which to successfully pass the examination. The exam is offered twice a year, in June and October.

Given the change in policy, a number of SET2 trainees are able to undertake the exam in June 2015.

- The Board of Urology has determined that the GSSE will be an eligibility criterion for entry to the SET Program in Urology in 2016 (for the 2017 intake). Applicants must successful pass the exam by the time offers are made (i.e. July 2016)

**Vascular Surgery**

- No change.
-



**AMC Accreditation 2015 – Standard 1**  
**Context in which the education and training program is delivered**

**Recommendation 4**

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.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				
These figures are provided in the Activities Report. Although this recommendation is satisfied and closed, the AMC asks that the College continue to report on these figures in future progress reports.				

**Summary update of progress**

- See entrants to SET on pp.13-17 of the [2014 Activities Report](#) available for public access on the RACS website.

**Recommendation 5**

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.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				
The College is going in a different direction to that specifically outlined in this recommendation however has consultations that are similar to those recommended. The Conjoint Medical Education Seminar seems to act as the high level forum, and the Colleges list a number of discussions with jurisdictions, though not indicating if this is part of an arrangement to specifically deal with the issues in the recommendation. The AMC asks that the College continues to report specifically on jurisdictional discussions regarding workforce issues, in future progress reports.				

**Summary update of progress**

**College generic**

- The College Advocacy Coordination group meets fortnightly, to ensure a consistent approach to the College's advocacy roles. This includes our advocacy with the health jurisdictions and the relationships that the regional offices entertain with ministers and other government representatives. There is an ongoing dialogue with jurisdictions at both local and national levels.
- The Dean meets with the Victorian medical workforce group and has discussed matters such as JDocs with HETI (NSW) and SAMET (SA).
- College representatives contribute to many external meetings and committees. A list of these is in [Appendix 4](#).

**Cardiothoracic Surgery**

- No change
- No changes planned.



**AMC Accreditation 2015 – Standard 1**  
**Context in which the education and training program is delivered**

**General Surgery**

- Jurisdictional representatives were invited to participate as inspectors on the Victorian Quinquennial Inspections held in June 2015 – unfortunately none were available to participate. Jurisdictional representatives will once again be invited to participate in the Western Australian Quinquennials in 2016.
- Jurisdictions will also be communicated to in regards to the implementation of the *GS Strategic Plan*, particularly where it impacts on hospital posts.
- Hospital administrators were invited to assist with the selection Interviews and the offer was taken up in Victoria.

**Orthopaedic Surgery AU**

- Reported in Annual Report ([Appendix 9](#))
- AOA has active and regular involvement with a number of key stakeholders in regards to workforce and training issues. Stakeholders include Health Workforce Australia, Department of Immigration and Border Protection – Skills Australia, Australian Medical Association, Ministry of Health (NSW), Federal Department of Health, Minister for Health (Chief of Staff), Private Health Organisations, and Industry.
- A JR continues to sit on the AOA Federal Training Committee. This representative is a full, voting member of the committee.
- JR involvement is actively sought in training site accreditation inspections and SET selection interviews.

**Neurosurgery**

- The Neurosurgical Society of Australasia is undertaking a detailed workforce study during 2016 which will inform future workforce requirements.

**Orthopaedic Surgery NZ**

- No change

**Otolaryngology Head and Neck Surgery**

- No change

**Paediatric Surgery**

- Formation of College group to facilitate discussions between GSA and ANZAPS to facilitate appropriate surgical care of paediatric patients in non-tertiary-paediatric facilities.
- Participation in Paediatric Healthcare Strategy and Networking Forum 24 April 2015 (Chair Prof Les White, Chief Paediatrician NSW) to further paediatric care in non-tertiary paediatric facilities in NSW.

**Plastic and Reconstructive Surgery AU**

- The Board oversees hospital post accreditation for P&RS SET trainee positions across all states.
- The Board had previously proposed a modified selection ranking system to address ongoing workforce issues in Queensland. But this approach was not supported by RACS.

**Plastic and Reconstructive Surgery NZ**

- No change
- No changes planned.

**AMC Accreditation 2015 – Standard 1**  
**Context in which the education and training program is delivered**

**Urology**

- The Regional Training Committees regularly discusses areas of concern regarding current training posts and opportunities for accreditation of new posts, where appropriate. At a hospital level, there are often discussions with jurisdictional representatives regarding the viability of a post particularly in terms of clinical and operative exposure. The Board requires that a representative of the Urology Unit and a senior member of hospital administration jointly sign accreditation submissions so that both parties agree in terms of compliance with the accreditation criteria.

The Board of Urology undertakes an extensive analysis of all accreditation submissions to ensure all aspects meet the criteria and will liaise with jurisdictional representatives at the local level regarding any aspects of concern. Additionally, onsite inspections include a meeting with a senior member of hospital administration where areas of concern are discussed and recommendations are made regarding aspects that require attention (e.g. purchase of new equipment, provision of registrar office, organisation of operative lists etc.). The primary focus of these meetings is to ensure hospital administrators are fully cognisant of what needs to be undertaken to ensure their hospital provides an adequate training environment.

**Vascular Surgery**

- No change
- No changes planned.

**AMC Accreditation 2015 – Standard 2  
The outcome of the training program**

**Standard 2: The outcomes of the training program**

**Areas covered by this standard:** purpose of the training organisation and graduate outcomes

**2.1 Organisational purpose**

- 2.1.1 The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- 2.1.2 In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.

**2.2 Graduate outcomes**

- 2.2.1 The education provider has defined graduate outcomes for each training program including any sub-specialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- 2.2.2 The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- 2.2.3 The education provider makes information on graduate outcomes publicly available.
- 2.2.4 Successful completion of the program of study must be certified by a diploma or other formal award.

**Recommendation 7**

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.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		
AMC commentary in response to the College's 2014 report				
The College has noted the common principles and framework, but the recommendation relates to how aims and goals of the programs are presented on the website (in some cases, redirecting to the specialty society's website). It should be possible to accommodate the differences in each scheme but still allow a more uniform presentation format. The AMC is concerned that whilst the College may appreciate this, the specialty societies may not. The College is asked to provide details on how it will address this issue in its 2015 progress report.				

*Summary update of progress*

**College generic**

- The College prepared guidelines for presenting information and highlighting differences in presentation of website information to specialties for their review and circulated this to specialty board chairs. Through the Board of Surgical Education and Training (BSET) the issue of consistency of representation of specialty aims and goals of training on the websites was raised for discussion. Specialty chairs were advised to review the information presented on the websites. Each specialty will provide their response to the request.

**Cardiothoracic Surgery**

- No change.
- No changes planned.

**General Surgery**

- A review of the General surgery Curriculum is scheduled to occur in mid-2016. This will be reflected on the website.

**AMC Accreditation 2015 – Standard 2**  
**The outcome of the training program**

**Neurosurgery**

- No change.

**Orthopaedic Surgery AU**

- No change.
- Presentation of information on the website is reported in Annual Report (see [Appendix 9](#)). The Board of Orthopaedic Surgery notes the College correspondence regarding this issue, which foreshadowed discussion to take place at BSET regarding planning toward addressing Recommendation 7.

**Orthopaedic Surgery NZ**

- No change

**Otolaryngology Head and Neck Surgery**

- Proposed format for information presented on the OHNS website:

Program

- Overview
- Regulations and Policies
- Curriculum
- Courses; temporal bone, sinus surgery, ASSET, EMST
- Research requirement
- Training posts and accreditation

Assessment

- GSE
- SSE
- DOPS
- MiniCEX
- EOTA
- Logbooks
- Fellowship examination

**Paediatric Surgery**

- No change

**Plastic and Reconstructive Surgery AU**

- The public face of the ASPS website directs all potential trainee applicants to the RACS website, where the SET requirements are specified for all surgical trainees, including the 9 RACS competencies and common selection criteria.

**Plastic and Reconstructive Surgery NZ**

- The Plastic and Reconstructive Surgery page on the College's website has been updated to improve the level of information about the programme. The New Zealand programme does not have a link to the speciality society's website.
- NZAPS is redeveloping its website and will include information about the aims and goals of the PRS training programme. The RACS PRS page will have a link to this site.

**Urology**

- The Board of Urology believes this is a College responsibility and as such provides no response. The College should respond to the AMC on efforts being undertaken at a global level.

**Vascular Surgery**

- No change
- No changes planned.

**AMC Accreditation 2015 – Standard 2  
The outcome of the training program**

**Recommendation 10**

Recommendation 10				
Involve health consumers and patients in any future consultation about the goals and objectives of surgical training.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
The College is in the early stages of addressing this, with one Board so far having a community representative. In the 2015 progress report, the AMC would like further information on how the College intends to address this recommendation and the work plan that is in place for community representatives.				

**Summary update of progress**

**College generic**

- The College has reviewed its policy on community representatives and has audited all the committees for community representation. As a result, community representatives have now been added to three more committees (Professional Development and Standards Board; External Affairs; and Education Board). It was thought that these three committees, because of the roles that they play, would benefit from external community perspectives.
- The appointment of the EAG in 2015 will result in recommendations for training and professional development.

**Cardiothoracic Surgery**

- No change

**General Surgery**

- No change

**Neurosurgery**

- No change.

**Orthopaedic Surgery AU**

- No change
- Implementation of a patient survey has been approved as one of several new practice improvement tools for Fellows as part of a strategy to increase the educational value of the AOA CPD program.

**Orthopaedic Surgery NZ**

- No change

**Paediatric Surgery**

- Contact has been made with Bowel Group for Kids Inc and the Cystic Fibrosis Association (face to face meeting planned with CFA in July 2015). Board of Paediatric Surgery also plans to approach the Kids Cancer Project to further this recommendation also.

**Plastic and Reconstructive Surgery AU**

- No change

**Plastic and Reconstructive Surgery NZ**

- No change

**AMC Accreditation 2015 – Standard 2**  
**The outcome of the training program**

**Urology**

- No change

**Vascular Surgery**

- No change

## Standard 3: Curriculum

Areas covered by this: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

### 3.1 Curriculum framework

3.1.1 For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.

#### Summary update of progress

##### College generic

- Specialty curricula are available via the RACS and/or specialty websites:
  - [RACS Surgical Education and Training \(SET\)](#)
  - [Cardiothoracic Surgery](#)
  - [General Surgery](#)
  - [Neurosurgery](#)
  - [Orthopaedic Surgery AU](#)
  - [Orthopaedic Surgery NZ](#)
  - [Otolaryngology Head and Neck Surgery](#) and [ASOHNS](#)
  - [Paediatric Surgery](#)
  - [Plastic and Reconstructive Surgery](#) and [ASPS](#) and [NZAPS](#)
  - [Urology](#)
  - [Vascular Surgery](#)

### 3.1 MCNZ additional criteria: Cultural competence

The training program should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training program that contribute to the cultural competence of trainees.

#### Summary update of progress

##### College generic

- The Intercultural Learning for Medical Specialists Steering Committee continued to meet throughout 2014 to develop interactive online learning resources for intercultural skills training to rural medical specialists.
- The College Council approved the RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016 in October 2014 (see [Appendix 2](#)). The Plan represents the first comprehensive whole-of- College action on Australian Indigenous health.

The Plan prioritises work in:

- Leadership, excellence and advocacy:
- Increasing the number of Aboriginal and Torres Strait Islander Specialists

### AMC Accreditation 2015 – Standard 3 Curriculum

- Educating the surgical workforce
- Increase the number of Aboriginal and Torres Strait Islander staff in the College
- Involving the AIDA group as a key medical indigenous representative group.

The Action Plan seeks to increase the number of Aboriginal and Torres Strait Islander surgeons to help 'Close the Gap' in Indigenous disadvantage in Australia. It also aims to enhance recognition and awareness of Aboriginal and Torres Strait Islander issues, promote excellence of care, and improve understanding of culturally-appropriate treatment through education and advocacy.

The Action Plan was developed by the College's Indigenous Health Committee (IHC) over many years. The IHC has raised the profile of our work in Indigenous health and built partnerships with the Indigenous communities in Australia and New Zealand. For further information about the IHC or *RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016* see <http://www.surgeons.org/member-services/interest-groups-sections/indigenous-health/>

- RACS Aboriginal and Torres Strait Islander Health Medal & RACS Maori Health Medal

RACS initiated two new awards to acknowledge significant contributions by Fellows to Indigenous Health advocacy and health outcomes in Australia and New Zealand.

The awards are made to Fellows who have demonstrated excellence through leadership, practice, advocacy, community engagement, education or research of significance to Aboriginal and Torres Strait Islander health or Maori health.

The creation of this reward and recognition program is to:

- Acknowledge and value the work that has been done by Fellows in Australia and New Zealand in Indigenous Health care and advocacy
  - Acknowledge that Indigenous Health in Australia and New Zealand have common yet distinct needs requiring locally specific responses
  - Acknowledge and value an individual's contribution by their peers
  - Inspire and encourage new engagement by the Fellowship in efforts to deliver better health outcomes for Indigenous communities in both countries
  - Inform and reinforce the College's strong position on and on-going commitment to Indigenous Health
  - Promote the College's engagement in Aboriginal and Torres Strait Islander Health and Maori Health and celebrate our achievements thus far
- Dr David Murray, a Dharug man from Sydney, New South Wales, has become the second Australian Indigenous Doctors' Association (AIDA) Aboriginal surgeon. David passed his fellowship exam in General Surgery in 2014. Development of the Indigenous surgical workforce is high on the list of priorities for the College's ambitions in Indigenous health in both Australia and New Zealand. Since 2009 the College has been a proud sponsor of the annual meetings of AIDA and TeORA, giving us the opportunity to engage with and support Indigenous medical students and doctors with an interest in surgical training. College staff have presented at forums and workshops at AIDA's annual meeting including Aitken Hill (2014) and Adelaide (2015).
  - A / Prof Kelvin Kong provided a detailed and comprehensive holistic approach for RACS to improve its profile around indigenous health and our support for increasing the number of trainees from an indigenous background.

#### Summary of significant changes / planned developments

- Rowan Nicks Russell Drysdale Fellowship in Australian Indigenous Health and Welfare 2015



**AMC Accreditation 2015 – Standard 3  
Curriculum**

This Fellowship awards up to \$60,000 for a 12 month period. The Fellowship supports individuals wanting to contribute to Australian Indigenous Health and Welfare. The Fellowship particularly aims to support workers and the development of future leaders in Australian Indigenous Health and Welfare. Australian Indigenous people are strongly encouraged to apply.

- To complement the [Aboriginal and Torres Strait Islander Action Plan](#), the College will develop a Maori Action Plan. A workshop with key stakeholders is planned for August 2015 to develop the plan.

**3.2 Curriculum structure, composition and duration**

- 3.2.1 For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- 3.2.2 Successful completion of the training program must be certified by a diploma or other formal award.

**Recommendation 11**

Recommendation 11				
Present to the AMC its timetable for the planned move to competency-based training and report annually on its progress.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
This is a long timetable, however it is now in the final two years. It is unclear whether the move to competency-based training will complete within this timeframe.				

**Summary update of progress**

**College generic**

- There has been no change to the timetable that was submitted in the 2014 report.
- Some specialties recruit curriculum specialists as consultants or employees. The College also works with specialties to review curricula.
- RACS will work with OHNS to revise their curriculum 2015-2016.
- Assessment of JDocs will promote more use of work-based assessments to contribute to an ePortfolio and also potentially reference reports. This will also introduce assessment of Key Clinical Tasks, being the daily clinical activities required by entry level SET trainees. Key clinical tasks are constructs based around entrustable professional activities.

**Cardiothoracic Surgery**

- No change
- The Board of Cardiothoracic Surgery will review SET1 training and is considering formally accrediting SET1 training posts.

**General Surgery**

- This will be looked at through the BiGS Strategic Plan. One section of the Plan will particularly focus on assessment and the introduction of EPAs with technical and non-technical competencies.

**AMC Accreditation 2015 – Standard 3  
Curriculum**

**Neurosurgery**

- As outlined in the 2013 and 2014 report, the SET Board of Neurosurgery and Neurosurgical Society of Australasia have made modifications to the SET program in Neurosurgery to move to a three stage hybrid competency and time based program.

This implementation is complete.

**Orthopaedic Surgery AU**

- Reported in Annual Report ([Appendix 9](#)).

**Orthopaedic Surgery NZ**

- No change

**Otolaryngology Head and Neck Surgery**

- OHNS is planning a major curriculum review in 2015. Curriculum will specify competencies to be achieved, learning environments and assessments throughout SET training to guide trainees and supervisors on what trainees are expected to know and be able to perform at different stages of training.

**Paediatric Surgery**

- No change

**Plastic and Reconstructive Surgery AU**

- In 2014 the Trainee and Supervisor surveys of the SET training program were completed. In 2015 the P&RS Curriculum Working Group will be established. Through consultation with key stakeholders the process to consider revising the current curriculum towards a competency-based training program will begin. The revision is not expected to be completed in 2015.

**Plastic and Reconstructive Surgery NZ**

- No change
- No changes planned

**Urology**

- The SET Program continues to function under the competency-based model and trainees are only granted progression to the next SET level based on their attainment of the requisite competencies. The Board of Urology also mandates extension of training at any SET level for trainees who have not attained the requisite competencies. The Board has also changed the terminology to SET levels rather than SET years to remove the perception that progression is time based.

**Vascular Surgery**

- No change
- No changes planned.

**Recommendation 14**

Recommendation 14				
Report to the AMC on the impact of SET on the availability of flexible training opportunities.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
The College reports that this is an issue on which work is continuing at both the College and speciality board levels. The College did not address all programs in its report. In the 2015 progress report, the AMC asks that all training programs are reported on.				

## AMC Accreditation 2015 – Standard 3 Curriculum

### Summary update of progress

#### College generic

- There has been no change to the timetable that was submitted in the 2014 report.
- As indicated elsewhere in this report, several of the specialty training boards are currently working towards revising / redeveloping components of their training programs. The work continued throughout 2014 with two specialties planning curricula reviews in 2015-2016.
- All specialties address part-time training in their regulations, e.g. [SET Program in Cardiothoracic Surgery – Training Regulations](#) p.14; [Training Regulations for the Surgical Education and Training Program in General Surgery](#) p.9.
- Two surveys of trainees undertaken by RACSTA in 2014 indicated that 99% of respondents were in full-time rotations and that 26%-30% of respondents were 'interested' in part-time training with the preferred part-time model being job share.

#### Cardiothoracic Surgery

- No change. The Cardiothoracic Surgical Education and Training program allows acceleration or delay of trainees through the program based on competency, not time.
- The Board of Cardiothoracic Surgery plan to develop more robust processes to acknowledge proficiency and to support trainees who require additional time to complete their training.

#### General Surgery

- The Board continues to support Part-time training. Both trainees who requested part-time training in 2015 have been accommodated.
- In 2015 the Board in General Surgery will introduce the Procedural Skills and Professional Capabilities Form as a minimum eligibility criterion. Candidates will also be selected directly into SET2. Also see 7.1 Selection.

#### Neurosurgery

- The Board is in the final stages of drafting changes to the regulations to introduce new criteria for accreditation of flexible training positions and training requirements. These changes are expected to be finalised in 2015 and increase the availability of flexible training opportunities.

#### Orthopaedic Surgery AU

- No change

#### Orthopaedic Surgery NZ

- No change

#### Otolaryngology Head and Neck Surgery

- No change

#### Paediatric Surgery

- The Board of Paediatric Surgery accepts flexible training as an option but notes the lack of posts available for this. The Board would welcome any approach to accredit such posts if requested.

#### Plastic and Reconstructive Surgery AU

- The Board is supportive of flexible training arrangements for SET trainees.

#### Plastic and Reconstructive Surgery NZ

- No change
- No changes planned

## AMC Accreditation 2015 – Standard 3 Curriculum

### Urology

- The Board of Urology has now developed Training Regulations in relation to flexible training. However, in practical terms, the Board (or trainees) have not actively sought flexible training opportunities given the lack of support for this alternate mode of training/work at the local hospital level.

### Vascular Surgery

- No change
- No changes planned.

### 3.3 Research in the training program

- 3.3.1 The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- 3.3.2 The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.

### Summary update of progress

#### College generic

- In 2014 the Critical Literature Evaluation and Research (CLEAR) course was a mandatory component of surgical training in General Surgery, Orthopaedic Surgery (NZ), Paediatric Surgery and Urology. Information about the CLEAR course is available on the College website at <http://www.surgeons.org/for-health-professionals/register-courses-events/skills-training-courses/clear/clear-overview/>.
- All specialties address research in their regulations, (e.g. [OHNS](#) ; [Neurosurgery](#); [Regulations – Surgical Education and Training in Neurosurgery](#) p.13.)
- Two surveys of trainees undertaken by RACSTA in 2014 indicated that approximately 60% of respondents indicated that there was support for research projects in the workplace.

#### Cardiothoracic Surgery

- No change

#### General Surgery

- Critical Literature Evaluation and Research (CLEAR) course mandatory

#### Neurosurgery

- No change

#### Orthopaedic Surgery AU

- No change

#### Orthopaedic Surgery NZ

- Critical Literature Evaluation and Research (CLEAR) course mandatory

#### Otolaryngology Head and Neck Surgery

- No change. Critical Literature Evaluation and Research (CLEAR) course mandatory

#### Paediatric Surgery

- No change

#### Plastic and Reconstructive Surgery

- No change

## AMC Accreditation 2015 – Standard 3 Curriculum

### Urology

- Critical Literature Evaluation and Research (CLEAR) course mandatory

### Vascular Surgery

- No change

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### 3.4 Flexible training

- 3.4.1 The program structure and training requirements recognise part-time, interrupted and other flexible forms of training.
- 3.4.2 There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.

#### Summary update of progress

##### College generic

- See above responses to Recommendation 14.

##### Specialty responses

- See above responses to Recommendation 14.

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### 3.5 The continuum of learning

- 3.5.1 The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

#### Summary update of progress

##### College generic

- The College has introduced the JDocs framework for junior doctors, enhancing the transition from junior doctor to surgical trainee; see Standard 1.5 Continuous renewal.
- The College has developed an online resource, *SET Ready*, to assist new trainees who are entering SET. The resource focusses on providing practical advice on how to get the most out of clinical rotations; topics include: Things we wish someone had told us; Getting prepared; Competence, performance and assessment; Self-assessment and goal setting; Work-based assessments; Term meetings; and using feedback.
- The College continues to work with RACSTA to provide an annual induction workshop for new trainees. Speakers include the Dean of Education, representatives of exam committees, supervisors and current trainees.

##### Paediatric Surgery

- Paediatric Surgery continues to run a Boot Camp for trainees before commencing training outlining the course structure and curriculum and protocols that will be followed if underperformance is identified

**AMC Accreditation 2015 – Standard 4**  
**Teaching and learning methods**

## **Standard 4: Teaching and learning methods**

- 4.1.1 The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- 4.1.2 The training program includes appropriately integrated practical and theoretical instruction.
- 4.1.3 The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

### **Summary update of progress**

#### **College generic**

- As reported in previous years, the bulk of training is hospital-based, supplemented by a range of face-to-face and online courses.
- The Foundation Course for surgical educators, introduced in 2014, provides surgical educators with skills in maximising clinical learning opportunities. It contains modules on learning, teaching, feedback and assessment.
- The College continues to accredit courses according to stated educational criteria and relevance to SET that act as benchmarks for high quality course/activity design, delivery and review. Further information about [course accreditation](#) can be found on the College website. See [Appendix 3](#) for courses accredited during 2014.

#### **Cardiothoracic Surgery**

- No change
- The Board of Cardiothoracic Surgery will review SET1 training and is considering formally accrediting SET1 training posts.

#### **General Surgery**

- No change

#### **Neurosurgery**

- Changes outlined elsewhere. In addition the selection process has been modified to:
  - Increase the level of neurosurgical experience required to apply for the SET Program;
  - Remove scoring for courses and workshops from the Structured Curriculum Vitae as they provided limited benefit in differentiating between applicants;
  - Introduce an examination in selection (and remove the Neurosurgery Surgical Science Examination from training as discussed elsewhere);
  - Abolishing online references report and introduce new telephone conducted reference checks with appropriate templates and processes (based on feedback from surgical supervisors);
  - Introduce a two phase shortlisting process (for reference reports and then for the interview); and
  - Strengthen the use of basic neurosurgical clinical scenarios during the selection interview (and remove the Clinical Examination from training as discussed elsewhere); and
  - Modify the selection tools weightings with the introduction of the new components.

#### **Orthopaedic Surgery AU**

- No change

#### **Orthopaedic Surgery NZ**

- No change

**AMC Accreditation 2015 – Standard 4**  
**Teaching and learning methods**

**Otolaryngology Head and Neck Surgery**

- No change

**Paediatric Surgery**

- An initiative to widely introduce PCM (process communication model) to Paediatric Surgery continues, has resulted in two thirds of trainees having completed the Part One course. It is anticipated that all trainees wishing to complete the course will have done so by the end of 2015. Courses run separate to the usual College courses have been utilized to achieve this. Normal College courses should be sufficient to cater for anticipated need after 2015.

**Plastic and Reconstructive Surgery NZ**

- In 2014 New Zealand Plastics trainees were given access to the online modules available from the American Society of Plastic Surgery Education Network. The Modules cover the core curriculum in PRS and are a means of enhancing the educational needs of SET trainees. Completion of these modules is now a mandatory part of the training program.

**Urology**

- No change

**Vascular Surgery**

- No change

## **Standard 5: Assessment**

Areas covered by this standard: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

### **5.1 Assessment approach**

- 5.1.1 The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- 5.1.2 The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- 5.1.3 The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.

### **5.2 Performance feedback**

- 5.2.1 The education provider has processes for early identification of trainees who are under performing and for determining programs of remedial work for them.
- 5.2.2 The education provider facilitates regular feedback to trainees on performance to guide learning.
- 5.2.3 The education provider provides feedback to supervisors of training on trainee performance, where appropriate.

### **5.3 Assessment quality**

- 5.3.1 The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

### **5.4 Assessment of specialists trained overseas**

- 5.4.1 The processes for assessing of specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

### **5.4 MCNZ additional criteria: Recognition and assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice**

The requirements for specialist registration in Australia differ from the requirements for registration in New Zealand. In New Zealand the MCNZ has the statutory role in determining whether an IMG applying for registration in a vocational scope of practice:

- is fit for registration
- has the prescribed qualification
- is competent to practice within that scope of practice.

The prescribed qualification is not an international postgraduate medical qualification but rather the combination of the IMG's qualifications, training and experience (QTE).

The role of the education provider is to provide comprehensive advice and recommendations on the IMG's qualifications, training and experience and whether this is at the level of a NZ trained specialist, and to advise the MCNZ on the suitability of the proposed employment position and supervisor for the assessment period.

### **Summary update of progress**

#### **College generic**

No changes to the documentation reviews, interviews and reporting processes. The College is reviewing the revised MOU circulated by the MCNZ towards the end of 2014. The College anticipates ongoing dialogue to reach agreement on an appropriate MOU.



**AMC Accreditation 2015 – Standard 5  
Assessment**

**Recommendation 16**

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.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
Each program is taking its own approach to this, but most are identifying ways work based assessments can be used.				

**Summary update of progress**

**College generic**

- A project was approved in 2014 for the College to undertake a review of assessments in 2015 – including all examinations and work-based assessments. The results of this review will be reported to the Education Management Team, the Education Board and to the Board of SET and disseminated to specialty boards.
- The JDocs framework describes assessment that supports a variety of ways and clinical situations in which junior doctors will be able to demonstrate they have met learning outcomes at the standard required. Regular feedback/assessment is recommended and, consequently, the range of assessment strategies should help the junior doctor describe progress, including feedback on performance of key clinical tasks. Doctors are encouraged to check with their Director of Clinical Training and/or Head of Clinical Unit about relevant tools and how to access these and so be assessed in their workplace.
- In 2014 the College supported Otolaryngology Head and Neck Surgery, Urology and Vascular surgery to review the standard-setting procedures to determine pass scores for their Specialty-specific Surgical Science Examinations. These specialties are currently in transition from using a modified Bookmark method of standard-setting and piloting individual variations on modified Angoff methods. Cardiothoracic Surgery also moved away from using a modified Bookmark method, to construct the Cardiothoracic Specialty-specific Surgical Science Examination to match a pre-set pass score.
- In 2014 the application process for assessing overseas trained surgeons was revised so applicants should apply directly to RACS. Concurrent with this specialist and/or area of need application, sent directly to the College, applicants may apply to the AMC for verification of their primary and secondary qualifications.
- A facilitated, online resource to assist IMGs to prepare for the Fellowship Exams was launched in 2014.

**Cardiothoracic Surgery**

- No change

**General Surgery**

- No change, however all assessments will be looked at as part of Strategic Plan Review

**AMC Accreditation 2015 – Standard 5  
Assessment**

**Neurosurgery**

- During the 2014 training year the Board made the following changes to assessments:
  - The introduction of a single competency report including 2 foundational competencies and 23 core competencies. The combined report replaced the previous requirement for 12 core competencies and 2 elective competencies for trainees in the old program, and the three competency reports for those in the new program.
  - The Professional Performance Report was applied to all trainees; replacing the previous In-Training Assessment Report used in the old program. The submission was required quarterly for all trainees to allow for early identification of issues. It was previously six monthly for trainees in the old program.

**Orthopaedic Surgery AU**

- Reported in Annual Report ([Appendix 9](#))

**Orthopaedic Surgery NZ**

- No change.

**Otolaryngology Head and Neck Surgery**

- No change
- Work based assessments will be reviewed as part of curriculum review in 2015-2016.

**Paediatric Surgery**

- No changes. The Board of Paediatric Surgery continues to favour the “MOUSE” rather than DOPS for assessment of skills in the operating theatre.

**Plastic and Reconstructive Surgery AU**

- The Mini CEX and DOPS are currently used as effective work based assessment tools for P&RS SET trainees.

**Plastic and Reconstructive Surgery NZ**

- No change
- No changes planned

**Urology**

- The Board of Urology continues to use DOPS and Mini-CEX and feel they provide valuable information regarding a trainee’s competence in clinical and operative encounters. All SET1-SET4 trainees are required to complete 1 DOPS and 1 Mini-CEX per quarter and must submit these with their mid-term and end of term assessments. Where there are concerns regarding a trainee’s competence in clinical or operative encounters, trainees are encouraged to undertake additional DOPS and/or mini-CEX in order to monitor progress and assess improvements.

**Vascular Surgery**

- No change
- No changes planned

**Recommendation 17**

Report in annual reports to the AMC on the procedures for identification and management of under-performing trainees.

*CLOSED IN 2013 REPORT*

The College is requested to continue reporting against this Recommendation in future reports.

## AMC Accreditation 2015 – Standard 5 Assessment

### Summary update of progress

#### College generic

- Identification and management of under-performing trainees rests with specialty boards. The College supports specialties in this process through provision of generic courses and resources such as *Keeping Trainees on Track*, *Foundation Course for surgical educators* and *SAT SET*. (See Professional Development, Section 9)
- All specialties address management of underperforming trainees in their regulations, e.g. [Paediatric Surgical Education and Training Regulations](#) pp 25-26; and [Vascular regulations and Regulations for assessment of clinical training in Vascular Surgery](#) and [Regulations for the Vascular Surgical training program](#) .
- As reported in Standard 1, the College will work via the EAG to address discrimination, bullying and sexual harassment.
- The College has implemented a formal process for lodging complaints in regard to discrimination, bullying and sexual harassment. Fellows, Trainees and IMGs who feel impacted by unreasonable behaviours in the workplace are encouraged to seek support, including counselling through recommended agencies in Australia and New Zealand, funded by the College.

#### General Surgery

- No change as the process works well.

#### Orthopaedic Surgery AU

- Reported in Annual Report ([Appendix 9](#))

#### Paediatric Surgery

- The Board has intensified efforts to liaise with SET One supervisors to more carefully identify underperforming trainees in this first year. Protocols described in the KTOT course are used to facilitate remediation. SET One supervisors are not responsible for other trainees in their institution. Boot Camp for trainees before commencing training outlines the course structure and curriculum and outlines protocols that will be followed if underperformance is identified.

#### Plastic and Reconstructive Surgery AU

- Updated Training Regulations for have been completed for *Trainee Misconduct* and *Consideration of Dismissal from the PRS Training Program*, and will be submitted to RACS for approval. The updated regulations are based on the new RACS Principles Based Policies.

#### Plastic and Reconstructive Surgery NZ

- The Board has clear procedures in place to identify and manage under-performing trainees to assist them to address performance issues and continue in the programme.
- No changes planned

#### Urology

- The Board of Urology recognises the complexity in identifying and managing under-performing trainees. The Board will shortly be developing a supervisor's guide, which will incorporate extensive information and resources, specifically tailored to the management of under-performing trainees.

#### Vascular Surgery

- No changes planned

**AMC Accreditation 2015 – Standard 5  
Assessment**

**3 Statistics and annual updates**

**Summary update of progress**

**College generic**

- For information on examination performance, see pp.27-35 in the [2014 Activities Report](#) available for public access on the RACS website. This now includes reporting on JDocs examination performance.

**AMC Accreditation 2015 – Standard 6  
Monitoring and evaluation**

**Standard 6: Monitoring and evaluation**

Areas covered by this standard: program monitoring and outcome evaluation

**6.1 Ongoing monitoring**

- 6.1.1 The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- 6.1.2 Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- 6.1.3 Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.

**Recommendation 22**

Recommendation 22				
Introduce procedures to collect feedback on the training program from external stakeholders such as health administrators and health consumer groups.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC	X			
AMC commentary in response to the College's 2014 report				
The College does not appear to have introduced specific procedures to address this, relying instead on other feedback mechanisms with administrators. Feedback from health consumer groups has not been addressed.				

**Summary update of progress**

**College generic**

- The College consulted widely with health administrators and external expert medical educators in relation to the development and introduction of the JDocs framework (<http://jdocs.surgeons.org>). This also involved extensive consultation with prevocational doctors, their supervisors and medical training groups. Also see sections 1.3, 1.5, 3.2, 3.5, and 5.4 for information about JDocs.
- The 2014 review of the SET training program highlighted trainee performance, including attrition from SET, for specific cohorts including: PGY at selection, surgical specialty and gender. Performance parameters included exam pass rates, clinical performance in training rotations, changing specialty, withdrawal and dismissal from training. The report was presented to the Board of SET, Education Board and to the EAG for consideration. Activities stemming from this report will include surveys and interviews with past trainees and other external stakeholders. The presentation to BSET is attached at [Appendix 5](#).
- Of particular concern for our College is how to nurture and maintain effective communication between our stakeholders, including Fellows, Trainees, IMGs, and junior doctors hoping to become trainees, medical students and also College staff, Specialist Societies, governments and statutory bodies.

In 2014 Council ratified College use of social media platforms like Twitter, Facebook Linked in and YouTube to better engage with stakeholders. Also see Standard 7.3 Communication with trainees.

- The College conducted its fourth Surgical Workforce Census across Australia and New Zealand. The 2014 Census was administered as an online survey. The surgical workforce census

## AMC Accreditation 2015 – Standard 6 Monitoring and evaluation

- determines the scope of work being done by Fellows
- tracks the hours worked in the public and private sectors
- documents retirement intentions
- captures workforce details of Fellows working in regional, rural and remote locations.

### Planned changes

- In 2015 the EAG, comprised of community members, was convened with a focus on addressing bullying, discrimination and harassment. See Standard 1.
- The EAG commissioned an independent survey of all College Fellows, Trainees and IMGs to establish the scope of discrimination, bullying and sexual harassment. Information about the survey can be found [here](#).
- The EAG set up a confidential pathway to hear from individuals willing to share their experiences of discrimination, bullying and sexual harassment, so the group can better understand the problem and can recommend ways to stop it. Information about 'sharing experiences' can be found on the College website at <http://www.surgeons.org/about/expert-advisory-group/sharing-experiences>.

Individuals – identified or confidentially – could tell their story by phone, Skype or face-to-face interview with a qualified, independent researcher, or they could complete an [online questionnaire](#).

- The EAG called for submissions on an [Issues Paper](#) on discrimination, bullying and sexual harassment in the practice of surgery.
- Building on a pilot study on the general public's perceptions of surgeons conducted in 2013, the College conducted a follow up survey of a sample of Fellows assessing their self-perception of their key qualities and services.

The pilot study results identified characteristics that the general public and surgeons deemed important; both these groups placed high importance on professional standards. Possessing high ethical standards was the quality that had the highest proportion of surgeons and the general public deem as an 'essential' quality in a surgeon.

- The College responded to reports of some surgeons charging 'extortionate' fees. The conduct of these surgeons breaches the College's Code of Conduct.
- In 2015 the College has initiated the Sustainability in Healthcare Committee which will oversee matters including but not limited to: access to services, cost effective use of resources, public and private sector engagement and improved integration of surgical services across the healthcare sector. A key objective over the next 12 months will be to engage with health consumer groups to ensure their input is taken into consideration across a breadth of College activities including, where relevant, the training program.
- In 2014 the College undertook a comprehensive audit of all college committees for external expert representation, including for community representatives. Four committees were identified for community representative participation: Governance and Advocacy Committee, the Professional Development and Standards board, External Affairs and Education Board. The policy was reviewed to reflect these changes.

### Cardiothoracic Surgery

- During hospital post inspections, hospital administrators are interviewed and are offered the opportunity to provide input regarding the quality of the accredited training post.

## AMC Accreditation 2015 – Standard 6 Monitoring and evaluation

### General Surgery

- During the inspections, hospital administrators are interviewed and have the ability to provide input into the quality of training posts
- At the end of each term, trainees are sent an anonymous feedback survey to complete which asks questions about the training post they have just completed. The survey seeks feedback on all areas of their experience including clinical, operative, education, supervision, research etc.
- As part of the Strategic Plan, the Board also surveyed all hospital approved supervisors to request their input on issues concerning general surgery training.

### Neurosurgery

- No change.

### Orthopaedic Surgery AU

- Reported in Annual Report ([Appendix 9](#))
- AOA trainees are required to complete a trainee evaluation at the end of each term. The survey addresses training and supervision, workplace experiences, working hours and on-call requirements, Bone School and AOA administration and support.  
Likewise, Directors of Training are similarly asked for regular feedback on training processes.
- Whenever AOA runs a workshop/training activity, evaluations are collected at the conclusion of the session to ascertain its usefulness and to identify additional topics for future workshops.
- Our Selection and Accreditation processes have feedback mechanisms built in to gather feedback from participants at all levels.
- AOA also conducts an annual member survey.
- The AOA 21 Research Project was structured according to recommendations of an external review of AOA programs, which incorporated extensive feedback from AOA Members, Trainees and other stakeholder groups. Further information can be found in section 5 of the Annual Report.
- An annual review of Selection is conducted in September each year. Feedback gathered on the Selection process is incorporated into this session along with the findings of structured statistical analysis.
- Trends are identified through survey and feedback mechanisms and action taken accordingly to rectify deficiencies in AOA Programs or to better serve the needs of our members.

### Orthopaedic Surgery NZ

- The NZOA CEO is member of the ACC Consumer Outlook Group. NZOA also has close relationships with Consumer Groups such as Arthritis NZ and Osteoporosis NZ.

### Otolaryngology Head and Neck Surgery

- No change.

### Paediatric Surgery

- Contact has been made with Bowel Group for Kids Inc and the Cystic Fibrosis Association (face to face meeting planned with CFA on 31 July 2015). Board of Paediatric Surgery also plans to approach the Kids Cancer Project to further this recommendation also.

### Plastic and Reconstructive Surgery AU

- In 2015 the Society engaged regularly with hospital networks, hospital administrators and Heads of Units to allow for consultation and feedback of the training program.

## AMC Accreditation 2015 – Standard 6 Monitoring and evaluation

- No significant or common issues arose from trainee evaluation forms during the last 12 months. The Board will continue to monitor and report on any concerns raised.
- The Society engaged with the Consumer Health Forum in respect of a number of issues.
- The Society worked with Monash University with regard to the transitioning from the former Breast Implant Registry to the new Australian Breast Device Registry being managed by Monash.
- All trainees complete a *Trainee Evaluation of Hospital Rotation* at the conclusion of each training period. These assist to inform hospital post accreditation.

### Plastic and Reconstructive Surgery NZ

- The hospital accreditation inspections involve meeting with hospital administrators face to face to discuss training issues in depth and trainee problems such as bullying and harassment issues. These meetings are fully documented in the hospital inspection report.
- The Trainee representative on the Board is in regular contact with the New Zealand trainees and provides a valuable way for the Board to gain ongoing feedback from trainees to inform programme development.
- No changes planned

### Urology

- During regular onsite inspections of training posts, inspectors meet with health administrators to discuss issues relating to the post. These meetings also provide an opportunity for the administrators to provide constructive feedback regarding the post or the nature of the training program as a whole.
- The Board of Urology also attempts to ensure any proposed initiatives within the training program take into account the implications from a jurisdictional perspective (i.e. number of compulsory training courses, meetings, timing of exams etc.).

This was particularly evident when the Board determined that trainees would only be offered the opportunity to sit the SSE (Urology) in June and October rather than February and June to avoid potential trainee absences for study leave at the beginning of the clinical year when hospital induction activities were scheduled.

### Vascular Surgery

- No change

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## 6.2 Outcome evaluation

- 6.2.1 The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- 6.2.2 Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

### Summary update of progress

#### College generic

- See [Appendix 4](#) for examples of interactions and collaborations between representatives of the College, jurisdictions, and the wider medical community.



**AMC Accreditation 2015 – Standard 6  
Monitoring and evaluation**

**3 Statistics and annual updates**

**Summary update of progress**

**College generic**

- A major evaluation of SET was conducted in 2014. The report highlighted trainee performance, including attrition from SET, for specific cohorts including: PGY at selection, surgical specialty and gender. Performance parameters included exam pass rates, clinical performance in training rotations, changing specialty, withdrawal and dismissal from training. The report was presented to the Board of SET, Education Board and to the EAG for consideration. The presentation to BSET is attached at [Appendix 5](#).
- As in previous years, the RACS Trainee Association (RACSTA) conducted surveys of trainees at the conclusion of each 6-month rotation in 2014. Participation in these surveys is voluntary and the results are confidential. RACSTA submits summarised reports of survey findings to the Board of SET.

**AMC Accreditation 2015 – Standard 7**  
**Issues relating to trainees**

## **Standard 7: Issues relating to trainees**

Areas covered by this standard: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes

### **7.1 Admission policy and selection**

- 7.1.1 A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- 7.1.2 The processes for selection into the training program:
  - are based on the published criteria and the principles of the education provider concerned
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- 7.1.3 The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- 7.1.4 The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or for rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- 7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

### **Summary update of progress**

#### **College generic**

- There has been no change to the generic selection policy.
- All selection requirements are available on the College website at <http://www.surgeons.org/becoming-a-surgeon/surgery-as-a-career/selection-requirements/>
- In 2014 the Generic Surgical Science Exam was opened to junior doctors. Over time it is anticipated that this exam may become a prerequisite for all applications to SET. Some specialties have already announced their decisions around this, with changes in 2016.

#### **Cardiothoracic Surgery**

- No change

#### **General Surgery**

- In 2015 the Board in General Surgery will introduce the Procedural Skills and Professional Capabilities Form as a minimum eligibility criterion. The outcome of the form cannot yet be determined, however it is envisaged that candidates will have a standard set level of skills prior to commencing SET Training. Candidates will also be selected directly into SET2.

#### **Neurosurgery**

- No change

#### **Orthopaedic Surgery**

- No change

#### **Otolaryngology Head and Neck Surgery**

- No change

**AMC Accreditation 2015 – Standard 7**  
**Issues relating to trainees**

**Paediatric Surgery**

- No change

**Plastic and Reconstructive Surgery**

- No change

**Urology**

- No change

**Vascular Surgery**

- No change

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**7.2 Trainee participation in education provider governance**

- 7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training

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**7.3 Communication with trainees**

- 7.3.1 The education provider has mechanisms to inform trainees about the activities of its decision-making committees, in addition to communication by the trainee organisation or trainee representatives.
- 7.3.2 The education provider provides clear and easily accessible information about the training program, costs and requirements, and any proposed changes.
- 7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

**Summary update of progress**

**College generic**

- There has been no change to the activities of the College Trainee Association, RACSTA.
- There has been no change in the relationship between RACSTA and the College. RACSTA continues to be represented on College boards and committees, including Council.
- The College continues to communicate with all members (Trainees, Fellows, IMGs) through the weekly eJournal – *Fax Mentis*, and the monthly *Surgical News* (paper and online) and eNews of *Council Highlights*. The latter is also published on the College website. In 2014 Council ratified College use of social media platforms like [Twitter](#), [Facebook](#), Linked in and [YouTube](#) to better engage with stakeholders. Our goal is to become more interactive to encourage debate and discussion on topical issues. Also see Standard 6.1 Ongoing monitoring.
- Fees for all activities are available for public access on the College website
- The College continues to be responsible for the administration of Stage 1 of the selection process and for advising the applicants whether they meet the generic eligibility criteria and can progress to Stage 2 or not.

**Cardiothoracic Surgery**

- No change

**General Surgery**

- No change

**AMC Accreditation 2015 – Standard 7**  
**Issues relating to trainees**

**Neurosurgery**

- No change

**Orthopaedic Surgery**

- No change

**Otolaryngology Head and Neck Surgery**

- No change

**Paediatric Surgery**

- No change

**Plastic and Reconstructive Surgery**

- No change

**Urology**

- No change

**Vascular Surgery**

- No change

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**7.4 Resolution of training problems and disputes**

- 7.4.1 The education provider has processes to address confidentially problems with training supervision and requirements.
- 7.4.2 The education provider has clear impartial pathways for timely resolution of training related disputes between trainees and supervisors or trainees and the organisation.
- 7.4.3 The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- 7.4.4 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

**1 Accreditation recommendations**

Recommendations to be addressed in the 2015 progress report

*No accreditation recommendations to be reported.*

**2 Summary of significant developments introduced or planned**

**Summary update of progress**

**College generic**

The Expert Advisory Group (EAG) was formed in 2015 to address concerns regarding bullying, discrimination and sexual harassment in the health sector. See 1.1 Governance.

**3 Statistics and annual updates**

**Summary update of progress**

**College generic**

- Data regarding numbers of trainees entering, undertaking and completing SET can be found on pages 13 - 26 in the [2014 Activities Report](#).

**AMC Accreditation 2015 – Standard 8**  
**Implementing the training program: delivery of educational resources**

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

Areas covered by this standard: supervisors, assessors, trainers and mentors and clinical and other educational resources

**8.1 Supervisors, assessors, trainers and mentors**

- 8.1.1 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the program and the responsibilities of the education provider to these practitioners. It communicates its goals and objectives for specialist medical education to these practitioners.
- 8.1.2 The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training and professional development of supervisors and trainers.
- 8.1.3 The education provider routinely evaluates supervisor and trainer effectiveness including feedback from trainees.
- 8.1.4 The training organisation has processes for selecting assessors in written, oral and performance-based assessments who have demonstrated relevant capabilities.
- 8.1.5 The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

**Recommendation 27**

Recommendation 27				
Report in annual reports to the AMC on:				
<ul style="list-style-type: none"> <li>• changes in the workload of supervisors after the introduction of SET</li> <li>• the introduction of training for supervisors and trainers in the new work-based assessment methods</li> <li>• progress in developing a process for trainee evaluation of their supervision.</li> </ul>				
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?				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
AMC commentary in response to the College's 2014 report				
The College has provided various updates in regards to this recommendation. There is good support for supervisors through training and workshops, although there is little detail about work based assessment training. Outpatient access continues to be a problem for a number of specialties in NSW. No commentary was provided on trainee evaluation.				

**Summary update of progress**

**College generic**

- The College provides a comprehensive range of free training courses for all Fellows (including Supervisors, Assessors, Trainers, and Mentors), International Medical Graduates and senior Trainees in order to enhance them as surgical educators. These are delivered in a range of modalities to address the objectives of the program as well as different learning styles and access issues. These include:
  1. Foundation Skills for Surgical Educators,
  2. Supervisors and Trainers for SET (SATSET),
  3. Keeping Trainees on Track (KTOT),
  4. Surgical Teachers Course,
  5. The Graduate Programs in Surgical Education with the University of Melbourne
  6. Training Standards: Interpretation and Application,

**AMC Accreditation 2015 – Standard 8**  
**Implementing the training program: delivery of educational resources**

7. SET Selection Interviewer Training,
8. The Academy of Surgical Educators Forum,
9. Meeting of the Faculty of Surgical Trainers (RCS Edinburgh) and Academy of Surgical Educators Forum planned for 2015
10. Academy Educator Studio Sessions.

Programs 1-5 have specific reference to work place based assessment tools, techniques and theoretical underpinnings and range from a three hour workshop to a three day residential. SATSET and KTOT are also provided in online formats.

- Surgical Educators within the College are also supported by their own community of practice, The Academy of Surgical Educators. The Academy fosters and promotes the pursuit of excellence in surgical education by providing professional development opportunities, rewarding and recognising surgical educators and supporting research in surgical education. The Academy currently has a membership base of 595 comprised of Fellows, Trainees, International Medical Graduates and others with an interest in surgical education.
- A Multi-Source Feedback e-Tool based on the College Surgical Competence and Performance guide became available in 2014, supported by an e-Learning module to encourage Fellows to monitor and reflect on their performance. Participation in this multi-source (360°) performance review contributes points towards CPD requirements.

### **Cardiothoracic Surgery**

- No change

### **General Surgery**

- The Board is looking at holding an induction workshop for supervisors to discuss how to manage underperforming trainees and increase their understanding of due process and appeals. This is being reviewed as part of the Strategic Plan.
- At the end of each term, trainees are sent an anonymous feedback survey to complete which asks questions about the training post they have just completed. The survey seeks feedback on all areas of their experience including supervisors. A new section focussing on the approved supervisor together with the training co-ordinator and hub supervisor, where applicable, has been introduced into the feedback form.

### **Neurosurgery**

- The Board conducted a Supervisor Workshop, ran by the Neurosurgical Society of Australasia, specifically for neurosurgery. The workshop was attended by the supervisor (or their nominees) for 29 of the 30 institutions with accredited training positions.

The Supervisors Workshop agenda covered a review of all aspects of the SET Program including challenges with the supervisor role and practical issues relating to selection, assessment and training.

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**Orthopaedic Surgery AU**

- Reported in Annual Report ([Appendix 9](#)).
  - No change, this continues to be managed regionally on a case-by-case basis. By way of example:
    - Some Directors of Training will organise for their Trainees to join them in their private rooms in order to provide an opportunity for the Trainee to work up a patient 'cold' including initial physical examination and assessment.
    - Some Training Sites organise targeted clinical sessions for trainees which are designed to simulate an outpatient clinic experience
- This particular issue has been identified as part of the external review undertaken by Jason Frank, RCPSC and is being purposefully addressed as part of the *AOA 21 Research Project* (refer to Annual Report, [Appendix 9](#)).
- Training for AOA Trainee Supervisors and Directors of Training:
    - Helping underperforming trainees – webinar, face-to-face national and regional
    - Trainee supervision – A planned approach – face-to-face national

**Orthopaedic Surgery NZ**

- No change

**Otolaryngology Head and Neck Surgery**

- No change

**Paediatric Surgery**

- No change

**Plastic and Reconstructive Surgery AU**

- Changes to the PPA Report have been made in order to minimise workload for Supervisors.
- New P&RS Supervisors are encouraged to undertake the RACS KTOT and SATSET courses.
- Outpatient access for trainees is assessed during the accreditation process.

**Plastic and Reconstructive Surgery NZ**

- No change
- Planned changes: The Board will survey trainees to inform programme planning.

**Urology**

- In terms of trainee evaluation of their supervision, all SET Urology trainees are required to complete a confidential post assessment form at the end of each year and participate in a confidential meeting with trainees from their State to discuss each post. This information is summarised and collated with feedback from the previous 3 years. Any aspects of concern provided to the inspectors when the posts are being reinspected, especially where the same issues have been evident over the past 3 years.
- Additionally, hospital inspectors contact previous trainees (from the previous 2-3 years) as part of the inspection process to obtain their feedback.
- As mentioned in response to Recommendation 17, the Board of Urology is developing a Guide for Supervisors to provide them with information and resources to assist them in their role.

**Vascular Surgery**

- No change

**AMC Accreditation 2015 – Standard 8**  
**Implementing the training program: delivery of educational resources**

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## **8.2 Clinical and other educational resources**

- 8.2.1 The education provider has a process and criteria to select and recognise hospitals, sites and posts for training purposes. The accreditation standards of the education provider are publicly available.
- 8.2.2 The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- 8.2.3 The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training and opportunities for informal teaching and training in the work environment.
- 8.2.4 The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients and clinical problems for training purposes, while respecting service functions.

### **Supplementary question:**

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

### **Summary update of progress**

#### **College generic**

- This issue has less impact on the smaller specialties which rotate their trainees around different regions during their training program.
- As part of ongoing discussions with jurisdictional representatives from NSW, College representatives continue to advocate for improved access to ambulatory and consultative surgery. The practice of trainees attending patient consultations in their supervisor's rooms continued in 2014.

### **Summary of Post accreditation activities**

## **2 Summary of significant developments introduced or planned**

### **Summary update of progress**

#### **College generic**

- No changes to arrangements for monitoring the quality of clinical training; the accreditation of training programs, institutions or training posts; access to outpatient and ambulatory experience; interaction with health services; process by which supervisors are appointed; nor to the roles of supervisors, assessors, trainers and/or mentors.

## **3 Statistics and annual updates**

Please provide data showing:

A summary of accreditation activities including sites visited, sites / posts accredited or not accredited.

### **Summary update of progress**

- A list of hospital posts accredited and dis-accredited is provided at [Appendix 6](#).



## Standard 9: Continuing professional development

Areas covered by this standard: continuing professional development; retraining and remediation of under-performing fellows

### 9.1 Continuing professional development programs

- 9.1.1 The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- 9.1.2 The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- 9.1.3 The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- 9.1.4 The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- 9.1.5 The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- 9.1.6 The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

### 9.1 MCNZ additional criteria: Continuing professional development (CPD) – to meet Medical Council requirements for recertification

The following elements need to be defined:

- The categories of practitioner and the number of practitioners undertaking their recertification programme.
- Any categories of practitioner that are not enrolled in recertification programmes.
- Confirmation that the recertification programme is available for practitioners registered within a vocational scope of practice who are non-members.
- Details of the hours per year that members are required to spend on recertification activities and how that is comprised.
- Details of the process that is in place for evaluating whether practitioners participating in the programme are meeting the requirements.
- Whether the education provider collects information about:
  - the numbers of and outcomes for practitioners who undertake regular practice reviews
  - whether their practitioners have undertaken a credentialling process and if so whether there are checks in place to ensure those practitioners are doing CPD appropriate for their clinical responsibilities.
- How the education provider has respect for cultural competence and identifies formal components of the recertification programme that contributes to the cultural competence of fellows and affiliates. (Please refer to the additional information provided about cultural competence under standard 3.1).

#### 9.1.1 Summary update of progress

##### College generic

- The RACS boasts a comprehensive professional development program that aims to support surgeons in all aspects of their professional life by encouraging professional growth and enhanced workplace performance. The program assists participants to maintain and develop

## **AMC Accreditation 2015 – Standard 9 Continuing professional development**

knowledge, skills and attitudes essential for meeting the changing needs of patients, technological advancements, the health care system and the greater societal context. Lifelong learning through professional development can improve a surgeon's capabilities and help realise their full potential as surgeons, as well as individuals.

- New CPD courses and workshops developed in 2014 provided participants with skills in teamwork, decision-making, training standards, neurotrauma and transition to practice. See [Appendix 7](#) for more information on these activities.
- RACS has established an independent Expert Advisory Group to provide advice on tackling the issue of discrimination, bullying and sexual harassment. The recommendations from this group will be based on extensive surveys, research, consultations and submissions from Fellows, Trainees and IMGs. It is expected that the recommendations will lead to the development of an even more comprehensive suite of educational programs to improve the level of professionalism in surgery, to change the current culture and provide a safer working environment.
- All professional development activities are Continuing Professional Development (CPD) approved and incorporate one or more of the nine surgical competencies. The activities listed in [Appendix 7](#) will be offered at least once in 2015 across Australia and New Zealand, in a range of modalities and are grouped by competency.

### **9.1.2 Summary update of progress**

#### **College generic**

- The CPD program is scheduled for review in early 2016. In particular the RACS will focus on activities undertaken in Category 1: Surgical Audit and Peer Review and Category 3: Performance Review. In regard to Surgical Audit and Peer Review, RACS will be reviewing the existing framework regarding the type and rigor of audit Fellows participate in and also how to better support remote/isolated/locum surgeons to participate in meaningful audit. In terms of Performance Review RACS will investigate how to encourage participation in learner-centric activities including multi-source feedback and practice visits. Revisions to the CPD program will include a review of existing MBA and MCNZ standards to ensure compliance with all requirements.

### **9.1.3 Summary update of progress**

#### **College generic**

- The RACS is undertaking a significant amount of work to improve its assessment and recognition of CPD providers and activities. A review of the approval and accreditation process was undertaken this year to ensure that all activities approved or accredited by the College are assessed against the same criteria regardless of their target audience (Fellow/Trainee/IMG/J-Doc). An online provider portal is currently under development which will support Fellows to more easily identify activities relevant to their needs/scope of practice while enabling education providers to upload a Fellow's attendance directly into their CPD record. Through these enhancements the aim is to have more education providers submit their activities for assessment by RACS while simultaneously encouraging Fellows to participate in activities that have undergone a rigorous quality assurance process. In 2016 the College will undertake an audit of CPD approved activities by attending selected events to ensure that the quality of education being delivered is in keeping with the educational standards set by the RACS.

## **AMC Accreditation 2015 – Standard 9 Continuing professional development**

### **9.1.4 Summary update of progress**

#### **College generic**

- The College continues to make enhancements to its CPD Online system and in June 2015 launched the first release of an electronic portfolio system to improve the level of access for users and provide a universal approach to lifelong learning. In 2015 the RACS transitioned away from aggregate data collection towards recording information about the specific type of activities (i.e. journal readings, M & M meetings, conferences) a Fellow is participating in within each individual CPD category. The expectation is that over time the College will be better able to report on the breadth and extent to which Fellows participate in a particular type/s of activity which will help to inform future reviews and curriculum development. In regards to participation in the program, the College has continued to undertake a rigorous enforcement of compliance. As outlined in the previous progress report, the College has aligned CPD non-compliance with failure to comply with the Code of Conduct. A robust process has been developed to support this objective and the College achieved 100% compliance for those Fellows participating in the RACS program for the 2013 CPD year, which included the removal of one surgeon's Fellowship for persistent refusal to comply. For the 2014 year, compliance is currently at 99.9% with those Fellows who continue to remain non-compliant being managed through the College's breaches of the Code of Conduct policies.

### **9.1.5 Summary update of progress**

#### **College generic**

- The College continues to offer access to CPD and educational activities to those surgeons who are not Fellows of the College through the Maintenance of Professional Standards (MOPS) program. Services provided include use of CPD Online, subscription to the ANZ Journal of Surgery and access to the College library. The Professional Development Department has a range of education activities that are available for non-members of the College, including e-Learning options for remote and isolated surgeons. The only courses that exclude non-members are the Scholarship and Teaching programs that are fully subsidised by the College. These are cost free to attend and are delivered specifically to educate and support College supervisors and trainers.

### **9.1.6 Summary update of progress**

#### **College generic**

- All Fellows of the College are required to participate in an approved, on-going professional development program. Those who are found to be non-participant during the year are managed through the breaches of the Code of Conduct policies which include a series of escalating reminders about the importance of CPD and the consequences of failing to comply. Fellows may also be contacted by their relevant speciality society representative on the College's Professional Development and Standards Board (PDSB) to ascertain if they require assistance in meeting the requirement. The Chair of Professional Standards also assists those who may be having difficulty with their CPD requirements to ensure that they are given the support needed to achieve future compliance.

#### **MCNZ additional criteria**

#### **The categories of practitioner and the number of practitioners undertaking their recertification program.**

- Of the 773 New Zealand Fellows, 538 are participating in the RACS program and 237 in the New Zealand Orthopaedic Association (NZOA) program. In addition 84 surgeons who are vocationally registered but are not Fellows of the College are participating in the Maintenance of Professional Standards (MOPS) program.

## **AMC Accreditation 2015 – Standard 9 Continuing professional development**

### **Any categories of practitioner that are not enrolled in the recertification programs.**

- Surgeons who are not Fellows and who do not have vocational registration are not eligible to participate.

### **Confirmation that the recertification program is available to practitioners registered within a vocational scope of practice who are not members**

- As outlined in 9.1.5, the College continues to offer access to its CPD program and educational activities to those surgeons who are not Fellows of the College. Services provided include use of CPD Online, subscription to the ANZ Journal of Surgery and access to the College library. The Professional Development Department has a range of education activities that are available for non-members of the College, including e-Learning options for remote and isolated surgeons. For the 2015 CPD year, 84 New Zealand practitioners are enrolled in the MOPS program and 3 Professional Development courses have been delivered in New Zealand.

### **Details of hours that members are required to spend on recertification activities and how that is comprised.**

- Fellows in operative practice must participate in peer reviewed surgical audit and at least 70 hours of recertification activities per annum. A Fellow's CPD requirement is dependent on their practice type:
  - Operative practice in hospitals or day surgery units  
Peer reviewed Surgical Audit; Clinical Governance – Quality Improvement, Evaluation of Patient Care and Professional Advocacy (10 points) and; Performance Review and/or Maintenance of Knowledge and Skills (60 points)
  - Operative procedures in rooms only  
Peer reviewed Surgical Audit and Performance Review and/or Maintenance of Knowledge and Skills (60 points)
  - Operative practice as a locum only  
Peer reviewed Surgical Audit (if not available, submit a Locum Logbook to the RACS for review) and Performance Review and/or Maintenance of Knowledge and Skills (60 points)
  - Clinical consulting practice only  
Performance Review and/or Maintenance of Knowledge and Skills (60 points)
  - Other practice type (research, administration, academic, teaching, assisting etc.)  
Performance Review and/or Maintenance of Knowledge and Skills (30 points)

### **Whether the education provider collects information about:**

- **The numbers of and outcomes for practitioners who undertake regular practice reviews**
  - **Whether their practitioners have undertaken a credentialling process and if so whether there are checks in place to ensure those practitioners are doing CPD appropriate for their clinical responsibilities.**
- The NZOA continues to progress its practice visit program, with 20 reviews having taken place in 2015. Overall 75% of New Zealand Orthopaedic surgeons have either visited or been visited over the five years that the program has been in operation. The NZOA's program is recognised as a Protected Quality Assurance Activity (PQAA) and while specific outcomes cannot be reported; the program is broadly achieving its objectives. As outlined in 9.1.2, the College will examine ways to better integrate practice review across the broader Fellowship.
  - Credentialling is undertaken by a surgeon's employing District Health Board (DHB) and/or the private hospital in which s/he operates. The College does not collect data on whether the employer/private hospital has carried out this activity.

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### How the education provider has respect for cultural competence and identifies formal components of the recertification program that contributes to the cultural competence of fellows and affiliates.

- The College has a comprehensive suite of online resources to support cultural competency and indigenous health professional development including:
  - Network for Indigenous Cultural and Health Education Portal
  - Australian Indigenous Health and Cultural Learning Online Modules
  - Intercultural Learning for Medical Specialists

In addition, the College also offers the Process Communication Model (PCM) course where participants learn how to motivate and communicate with their peers and patients according to their needs, identify signs of distress within individuals, develop ways of responding and communicate with patients, Fellows and affiliates in a way that suits their preferred style of communication.

The College has moved forward with the Aboriginal and Torres Strait Islander Action Plan (2014-2016) (see [Appendix 2](#)) and is making progress with the development of a Māori Action Plan in New Zealand. A workshop to discuss possible content of this plan will be held in August 2015.

- Ongoing work occurring in 2015 around bullying, discrimination and sexual harassment will inform the development of education activities.

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## 9.2 Retraining

9.2.1 The education provider has processes to respond to requests for retraining of its fellows.

### Summary update of progress

#### College generic

- The College has a process of retraining and reskilling surgeons overseen by the Executive Directors for Surgical Affairs in Australia and New Zealand. However, there are limitations for the College in this area as we are not the employers and cannot ensure appropriate positions are available for retraining or reskilling. Retraining applies to surgeons who previously possessed the skills in the areas where there are now deficiencies. Reskilling requires the attainment of skills not previously possessed which may pertain to a new procedure or an alteration in devices used. This is particularly relevant to surgeons returning to practice after an absence, or those who have not kept up with surgical developments and pertains mainly to technical skills and less commonly to non-technical areas. The College's policy on this matter is under review in 2015.

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## 9.3 Remediation

9.3.1 The education provider has processes to respond to requests for remediation of its fellows who have been identified as underperforming in a particular area.

### Summary update of progress

#### College generic

- The College employs two Executive Directors of Surgical Affairs (EDSA) to help Fellows in need, e.g. at the time of a personal crisis. It is recognised that Fellows appreciate being able to confidentially discuss matters with a practising surgeon with the breadth of experience of the types of crisis that surgeons may face.

## **AMC Accreditation 2015 – Standard 9 Continuing professional development**

- All requests regarding remediation are managed through the Executive Directors for Surgical Affairs in Australia and New Zealand.
- The College, in 2015, via the independently established Expert Advisory Group, will lead work to address discrimination, bullying and sexual harassment in the workplace (see above 9.1.1). The outcome and on-going work in this area will likely result in some Fellows requiring remediation in this area/s.
- The College also continues to progress its work in delivering an electronic multi source feedback tool. The tool measures performance against the RACS competencies and can assist in identifying areas for improvement across technical and non-technical competencies. The expectation is that in completing the process Fellows will be better able to identify areas where underperformance may be an issue and then undertake relevant remediation and education activities to address these gaps.
- Data for CPD participation is published on pages 47- 49 in the [Activities Reports](#) which are available for public access on the RACS website.

### **Continuing Professional Development – Compliance**

#### **Summary update of progress**

#### **College generic**

- As of 4 August 2015, for the 2014 CPD year:
  - There were 5700 active Fellows in Australia and New Zealand with a requirement to participate in CPD for the 2014 year
  - 4444 Fellows had a requirement to participate in the RACS CPD Program – 3908 in Australia and 536 in new Zealand
  - 1256 reported participating in an alternative approved program
- Of the 4444 Fellows participating in the RACS program, 4418 (99.9%) are compliant with their CPD requirement. In Australia 99.9% (3882) are compliant and in New Zealand 100% (536) are compliant.

For Fellows participating in other approved programs:

- Australian Orthopaedic Association  
The AOA reported 85% compliance with their CPD program for the 2013 year; figures for 2014 are not yet available. The College is currently working with the AOA on this matter to ensure a high level of compliance is consistent for all RACS Fellows regardless of their program.
- New Zealand Orthopaedic Association  
As of August 2015, 99.5% of RACS Fellows participating in the NZOA program are compliant.
- Royal Australian and New Zealand College of Ophthalmologists  
The College currently liaising with RANZCO to finalise compliance information (note: all RACS Fellows participating in RANZCO program were compliant for the 2013 year)
- Australian and New Zealand College of Obstetricians and Gynaecologists  
All RACS Fellows participating in the RANZCOG program are compliant for 2014.
- Royal College of Physicians and Surgeons of Canada  
All RACS Fellows participating in the RCPSC program are compliant for 2014.

#### **Professional Development Activities**

For the 2015 year, the College has conducted 21 activities with 301 participants attending and 100 have interacted with the eLearning programs. This comes to a total of 27 activities, with 401 participants.

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**Continuing professional development**

**eLearning program interaction in 2015**

- SAT SET - 32 views
- SET SIT - 18 views
- Code of Conduct - 21 views
- Acute Neurotrauma - 19 views
- Indigenous Health Modules - 2 views
- Indigenous Health and Inter Cultural Competency Modules - 11 views

**Academy of Surgical Educators - Member Statistics**

The Academy of Surgical Educators (ASE) currently has a membership base over 550. Activities delivered in 2014 are summarised, with a list of surgical educators' activities, including attendees at [Appendix 8](#).

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Continuing professional development**

**List of Appendices**

Appendix 1	Policies approved by RACS Council 2014
Appendix 2	RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016
Appendix 3	Accredited courses 2014
Appendix 4	RACS representatives at external meetings and committees
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Appendix 6	List of hospital posts accredited / reaccredited in 2014
Appendix 7	New CPD courses and workshops List of professional development courses 2015
Appendix 8	Academy of Surgical Educators - Overview 2014 Academy of Surgical Educators – List of activities 2014
Appendix 9	AOA Annual report to the Royal Australasian College of Surgeons, May 2015



## Appendix 1.

### Appendix 1: Policies approved by RACS Council 2014

#### **January 2014**

Approved policies:

##### **Leadership**

- Councillors Position Descriptions

##### **Education**

- Conduct of the Fellowship Examinations
- Observers of the Fellowship Examinations
- Notification of Special Circumstances and Disability
- Fellowship Eligibility and Feedback Review
- Surgical Science and Clinical Examination Committee Terms of Reference
- Anatomy Subcommittee Terms of Reference
- Pathology Subcommittee Terms of Reference
- Physiology Subcommittee Terms of Reference
- CLEAR Committee Terms of Reference
- Board in General Surgery Terms of Reference
- Board in General Surgery Project Management Committee Terms of Reference
- College Surgical Education and Training (CSET) Fee

##### **Removal of obsolete policies**

- Defined Scope of Practice Fellowships Working Party
- Safe Working Hours Working Party Terms of Reference
- Identification and Management of Academic Misconduct
- Research in Surgical Education and Training Working Party

#### **February 2014**

Approved policies:

##### **Professional Standards**

- Credentialing and Scope of Practice for Surgeons Position Paper (revised)
- CPD Program Participation and Compliance Policy (revised)
- MOPS Registration, Participation & Compliance Policy (revised)

##### **Professional Development**

- Professional Development Activities – Judgement Policy (revised)
- Professional Development Activities – Management and Leadership Policy (revised)
- Professional Development Activities – Professionalism and Health Advocacy Policy (revised)
- Professional Development Activities – Communication, Collaboration and Teamwork Policy (revised)
- Professional Development Activities – Scholarship and Teaching Policy (revised)
- Professional Development Fees and Refunds Policy (revised)
- Development and Review Policy (revised)

##### **External Affairs**

- External Events Policy (new)

##### **Education**

##### **New and revised policies**

- Conduct of the SET Clinical Examination
- Conduct of the Generic Surgical Science Examination
- Conduct of the Generic Surgical Science Examination for Junior Doctors
- Conduct of the Paediatric Pathophysiology Examination
- Conduct of the Paediatric Anatomy and Embryology Examination
- Conduct of the PRSSP Examination
- Conduct of the Orthopaedic Principles and Basic Science Examination
- Conduct of the Surgical Science Examination in Urology

## Appendix 1.

- Conduct of the Cardiothoracic Surgical Science and Principles Examination
- Conduct of the Surgical Science Examination in Neurosurgery
- Conduct of the Surgical Science Examination in Vascular Surgery
- Conduct of the Surgical Science Examination in OHNS
- Conduct of the Surgical Science Examination in General Surgery

### **Removal of obsolete policy**

- Conduct of the Surgical Science Examination – Specialty Specific Component

### **March 2014**

Approved policies:

#### **Resources**

- Purchasing – Supplier Evaluation

#### **Relationships**

- Anatomical Specimens Used For Skills Training
- Animal Tissue Used For Skills Training
- Long Service Awards

### **April 2014**

Approved policies:

#### **Education**

- Appointments to the Court of Examiners
- College Recordings (New)
- Plastic and Reconstructive Surgery Oversight Committee (New)
- Specialist Assessment of International Medical Graduates in Australia
- Censor in Chief's Review Committee Terms of Reference
- Surgical Science and Clinical Examinations Committee Terms of Reference
- Clinical Subcommittee Terms of Reference

#### **Removal of obsolete policy**

- Surgical Science and Clinical Examination Committee Review Working Party Terms of Reference

#### **Relationships and advocacy**

- Skills & Education Centre, Terms of Reference
- Advocacy Paper on Alcohol Related Harm

### **May 2014**

Approved policies:

#### **Education**

- Appointments to the Court of Examiners
- Examiners Scholarship Policy
- EMST Scholarship Policy

#### **Relationships**

- Governance and Advocacy Committee Terms of Reference
- Surgical News Policy
- Media Response Policy
- Public Relations Policy
- Guidelines for Joining Coalitions & Alliance Groups

### **June 2014**

Approved policies:

#### **Resources**

- Delegations Manual (revised)

#### **Professional standards**

- Long Elective Operating Lists Policy (new)

#### **RAAS**

## Appendix 1.

- RAAS Board Terms of Reference (revised membership)
- Morbidity Audit Committee Terms of Reference (revised name and membership)
- Board of Surgical Research Terms of Reference (revised membership)
- Section of Academic Surgery Terms of Reference (revised composition and size)

### External Affairs

- International Travel Grant Policy (revised)
- Handling Complaints to the International Development Program (new)
- Malaysian Travelling Fellowship Policy (revised)

### July 2014

Approved policies:

#### External Affairs

- ASC Policy covering the new ASC Visitor funding arrangements

#### Education

- Board of Surgical Education and Training Terms of Reference

#### Relationships

- ANZ Journal of Surgery
- Social Media
- Privacy of Personal Information and Disclosure
- Recognition of Outstanding Service
- RP Jepson Medal
- Justin Miller Medal

### August 2014

Approved policies:

#### Resources

- Purchasing of Goods and Services Policy to increase the minimum value of a purchase order to \$15,000.
- Changes to the Delegations Manual to reflect the increase in the minimum value of a purchase order to \$15,000.

#### Relationships

- Amendments to the Foundation for Surgery Board's Terms of Reference to change the composition of the Board
- Amendments to the Election and Co-option to Council Policy to revert to electing the President at the February Council meeting
- Amendments to the Terms of Office and Council Election Process for Officer Bearers and Other Key Positions Policy
- Entitlements for Councillors in Key Positions Policy update
- Remuneration Standards for Staff policy

#### Professional Standards

- revised Informed Consent Position Paper
- revised Informed Financial Consent Position Paper

#### RAAS

- Amendments to the Foundation for Surgery Tour de Cure Cancer Research Scholarship policy

### September 2014

Approved policies:

#### Relationships

- Appeals Mechanism Policy (updated)
- Employee Training & Development Policy and Procedure (updated)
- Intellectual Property Policy (updated)

#### Fellowship Services

- Indigenous Health Committee Terms of Reference (revised)

## Appendix 1.

- RACS Aboriginal and Torres Strait Islander medal (new)
- RACS Māori medal (new)
- Aboriginal and Torres Strait Islander ACS Award (new)
- Māori ASC Award (new)
- Disbanding of the Disaster Preparedness Sub-Committee (new)
- Sections Terms of Reference (revised)

### Education

- IMG Assessment Interview Panels Terms of Reference
- IMGs Assessed with a Defined Scope of Practice

### Professional Standards

- Surgeons and Trainees Interactions with the Medical Industry position paper

### **October 2014**

Approved policies:

### Resources

- Travel and Accommodation policy (revised)
- College Corpora and Investment Reserve policy (new)

### Relationships

- NSW Annual Medical Students Award (updated)
- Outstanding Service to the Community Award (updated)
- David Theile Lecture (updated)

### Professional Standards

- Elective Surgery Position Paper (Revised)
- Admission to Fellowship Policy (Revised)
- Excessive Fees Position Paper (Revised)
- Fees Complaints Process Policy (New)

### Fellowship Services

- RACS Visitors Program Policy (Revised)
- Damian McMahon Trauma Paper Prize (New)
- Rural and Regional Surgical Services Position Paper (Revised)

### RAAS

- Foundation for Surgery Small Project Grant Policy (New)
- Foundation for Surgery Health Technology Assessment Scholarship (New)

### External Affairs

- Equipment and In-Kind Donations Policy
- Rowan Nicks International and Pacific Island Scholarship Policies
- Rowan Nicks United Kingdom and Republic of Ireland and ANZ Exchange Fellowship policies

### Education

- Conduct of the Fellowship Examinations
- College Surgical Education Training (CSET) Fee
- Specialty SET Fee
- IMG Agreement
- SET Misconduct
- Medical Registration for the Surgical Education and Training Program
- Professional Development Opportunities for International Medical Graduates
- Short Term Specialist Training in Australia (formerly Endorsement of Short Term Specialist Training)
- IMG Misconduct

### **November 2014**

Approved policies:

### External Affairs

Global Health Strategy 2014-2016

## Appendix 1.

### Education

#### Approved Policies

- Board of Cardiothoracic Surgery Terms of Reference
- EMST Participant Assessment 9th Edition
- Clinical Examination Subcommittee Terms of Reference
- Surgical Science Examinations Subcommittee Terms of Reference; which replaces retiring policies:
- Anatomy Subcommittee Terms of Reference (retired)
- Pathology subcommittee Terms of Reference (retired)
- Physiology Subcommittee Terms of Reference (retired)

#### Relationships

- The Graham Coupland Award and Lecture (updated)

#### Professional Standards

- Professional Conduct Committee Terms of Reference with amendment to 3.4.4 to say 'One member who is a non-Fellow and who has been a member of the Appeals Committee'
- Code of Conduct Handling Potential Breaches Policy (amended)
- Fellowship: Retired and Deceased Fellows Policy (amended)

## Appendix 2.

### **Appendix 2: RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016**

**Key commitments of the *RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016* include:**

- The development of a Reconciliation Action Plan as an expression of our commitment to reconciliation between non-Indigenous and Indigenous Australians and embed initiatives into core business.
- The annual award of the RACS Aboriginal and Torres Strait Islander Health Medal to recognise Fellows who have made outstanding contributions to Aboriginal and Torres Strait Islander health.
- The introduction of Trainee recruitment and retention strategies for Aboriginal and Torres Strait doctors. Progression to specialist training is not commensurate with the rates in non-Indigenous doctors. There is a growing cohort of junior doctors that need to be supported to enable them to have equal specialist training opportunities as other medical graduates.
- The offering of annual Foundation for Surgery Aboriginal and Torres Strait ASC Awards to enable Aboriginal and Torres Strait Islanders doctors/final year medical students to attend our annual scientific congress.
- The establishment of a scholarship program to support Aboriginal and Torres Strait Islander Trainees.
- Implementing a positive affirmation policy to facilitate an increase in the number of Indigenous Trainees who have achieved the minimum standards for selection.
- The honorary appointment of an Aboriginal or Torres Strait Islander Community Elder in Residence to promote and support the incorporation of Aboriginal Australia in the culture of the College by providing opportunities to relate and identify with Aboriginal and Torres Strait Islander people, their cultures and social norms.
- The development of an advocacy strategy in Aboriginal and Torres Strait Islander Health to provide the context for College engagement with stakeholders, policy makers and the community.
- The identification, promotion and support of Fellows working with or have an interest in Aboriginal and Torres Strait Islander health
- The development of staff recruitment strategies for Aboriginal and Torres Strait Islander people. Increasing employment opportunities for Aboriginal and Torres Strait Islanders in the College is a desired outcome of closing the gap in Indigenous disadvantage. It also demonstrates recognition by the College that Aboriginal and Torres Strait Islander people bring unique skills and knowledge to the workplace and reinforces the College's ongoing commitment to, and provision of, a diverse and culturally rich workplace that reflects Australian society.
- Investigating opportunities for inclusion of cultural awareness and safety issues in the surgical training programs via the key competencies of the College. The College is responsible for the training of the surgical workforce and all Fellows are part of the health service delivery system. Ensuring that surgeons are culturally competent and are able to provide appropriate care to Aboriginal and Torres Strait Islander communities is consistent with this responsibility.
- The inclusion of Aboriginal and Torres Strait Islander health and perspectives in the curriculum will also put the College in a good position of compliance when the Australian Medical Council accreditation standards governing Indigenous health competency in the specialist medical colleges is introduced.

### Appendix 3.

#### Appendix 3: Accredited courses 2014

The following courses were approved in 2014 as accredited by the Royal Australasian College of Surgeons. A full list of RACS accredited courses is available on the website at <http://www.surgeons.org/education-training-providers/accreditation-of-educational-courses-and-activities/>

Organisation	Course
Macquarie University	Graduate Diploma of Specialised Surgery (former name: Postgraduate Certificate in Advanced Surgery)
University of Sydney (USyd)	Clinical Epidemiology
BloodSafe	Iron Deficiency Anaemia (IDA) course
University of Newcastle (UON)	Advanced Surgical Anatomy Postgraduate Training Course
University of Adelaide	Master of Surgical Science (MSSc).
University of Edinburgh / Royal College of Surgeons of Edinburgh	ChM in General Surgery
University of Tasmania (UTAS)	Applied Surgical Anatomy Brain and Spinal Cord
University of Notre Dame (UND)	Advanced Clinical Anatomy
Australian School of Advanced Medicine, Macquarie University	Graduate Diploma of Anatomy

The following course was approved in 2014 as re-accredited by the Royal Australasian College of Surgeons

Organisation	Course
University of Sydney	Master of Surgery

## Appendix 4.

### Appendix 4: RACS representatives at external meetings and committees

Organisation name	Committee name	RACS representative name	
Advisory Committee on Medical Devices (TGA)	TGA	Professor Guy Maddern	
Advisory Committee on Safety of Medical Devices (TGA)	TGA	Professor Guy Maddern	
Alcohol Policy Coalition (APC)	Alcohol Policy Coalition (APC)	Jason Chuen, FRACS (rotates VIC Chair)	
AMA (Victoria Council)	AMA (Victoria Council)	A Cochrane	confirmed July 2014
ANTI-CANCER COUNCIL OF VICTORIA (Rep. On Council)	ANTI-CANCER COUNCIL OF VICTORIA (Rep. On Council)	R Thomas TBC	confirmed July 2013
ANTI-CANCER COUNCIL OF VICTORIA (Rep. On Metro Health – Eastern )	ANTI-CANCER COUNCIL OF VICTORIA (Rep. On Metro Health – Eastern )	Adrian Fox	confirmed 9 Sept 2013 email
ANZCA	ANZCA Faculty of Pain Medicine	Assoc Prof Rupert Leigh Atkinson, AO, FRACS	
ANZCA	ANZCA Faculty of Pain Medicine	Dr Andrew Christian Zacest, FRACS	
ANZCA	Australia & New Zealand College of Anaesthetists Council Observer	Mr Graeme John Campbell, FRACS	
ANZCA	Australia & New Zealand College of Anaesthetists Council Observer	Prof Michael Grigg, FRACS	
ANZCA VICTORIAN REGIONAL COMMITTEE	ANZCA VICTORIAN REGIONAL COMMITTEE	Debra Devonshire	confirmed July 2014
Area of Need Advisory Committee	Area of Need Advisory Committee	Mr Robert Costa	
Asian Surgical Association	Asian Surgical Association Council	Prof Bruce Henry Barraclough, AO, FRACS	
Asian Surgical Association		Assoc Prof Daryl Robert Wall, AM, FRACS	



#### Appendix 4.

Organisation name	Committee name	RACS representative name
Australian & New Zealand Society of Blood Transfusion Nation	Australian & New Zealand Society of Blood Transfusion Expert Working Group for the Revision of NHMRC/ASBT Clinical Practice Guidelines and use of Blood Comp (2001)	Mr Philip Gregory Truskett, FRACS, AM
Australian Cancer Network	Australian Cancer Network Melanoma Guidelines	Prof Bruce Henry Barraclough, AO, FRACS
Australian Commission of Safety and Quality in Health Care	Clinical Practice Guidelines Development Priorities Advisory Group	Raffi Qasabian
Australian Commission of Safety and Quality in Health Care	Atlas Advisory Group	Mr Simon Williams, FRACS
Australian Council Healthcare Standards	Australian Council for Healthcare Standards	Mr Philip Gregory Truskett, FRACS, AM
Australian Day Surgery Council	Australian Day Surgery Council	Assoc Prof Frederick Anthony Hugh Bartholomeusz, OAM, RFD, F
Australian Day Surgery Council	Australian Day Surgery Council	Mr Darcy Jack Economos, FRACS
Australian Day Surgery Council	Australian Day Surgery Council	Mr William Stewart Mackie, FRACS
Australian Institute of Health & Welfare	National Health Priority Areas (NHPA)	
Australian Medical Association	AMA National Ethics and Medical Legal Committee	Assoc Prof Anthony John Buzzard, FRACS
Australian Medical Association	AMA Professional Services Review ENT Panel	Dr Robert John Black, OAM, RFD, FRACS
Australian Medical Association	AMA Professional Services Review ENT Panel	Mr Michael Magnus Jay, FRACS
Australian Medical Association	AMA Professional Services Review ENT Panel	Mr Stuart Malcolm Miller, FRACS
Australian Resuscitation Council	Australian Resuscitation Council	Assoc Prof Franklin Herbert Griffin Bridgewater, FRACS

**Appendix 4.**

<b>Organisation name</b>	<b>Committee name</b>	<b>RACS representative name</b>
Australian Resuscitation Council	Australian Resuscitation Council	Mr Hugh Finlay Macneil, FRACS
Australians Donate	Australians Donate National Association	Dr Deborah Jean Verran, FRACS
Bariatric Surgery Register steering committee	Bariatric Surgery Register steering committee	Ms Meron Edith Pitcher, FRACS
Cancer Australia	Expert Group to formulate the Cancer Australia Statement – influencing best practice in breast cancer surgery	A/Prof Andrew Spillane
Cancer Australia	Cancer Australia National Reference Group	Ms Meron Edith Pitcher, FRACS
Cancer Australia	Cancer Australia National Reference Group	Prof Michael Andrew Henderson, FRACS
Cancer Australia		Miss Jane Louise O'Brien, FRACS
Cancer Australia		Mr Neil Francis Bright, FRACS
Cancer Australia		Prof Christobel Saunders, FRACS
Cancer Intercollegiate Group		
CEC – Blood Clinical and Scientific Advisory Committee (BCSAC)	CEC – Blood Clinical and Scientific Advisory Committee (BCSAC)	Mr Vincent Lam
Clinical Surgical Training Council (CTSC)	Clinical Surgical Training Council (CTSC)	A/Prof David Storey
Collaborating Hospitals Audit of Surgical Mortality (CHASM)	Collaborating Hospitals Audit of Surgical Mortality (CHASM)	Dr Mary Langcake
Committee of Presidents of Medical Colleges (CPMC)	Committee of Presidents of Medical Colleges (CPMC)	Prof Michael Grigg, FRACS
Committee of Presidents of Medical Colleges (CPMC)	CPMC Indigenous Health Subcommittee	Assoc Prof Kelvin Matthew Kong, FRACS
Committee of Presidents of Medical Colleges (CPMC)	Recognition of Medical Specialties Advisory Committee	Prof Ian Ronald Gough, FRACS
Committee of Presidents of Medical Colleges (CPMC)	Specialist Education Accreditation Committee	Assoc Prof Jenepher Ann Martin, FRACS

**Appendix 4.**

<b>Organisation name</b>	<b>Committee name</b>	<b>RACS representative name</b>
Credentialing and Scope of Practice Policy Implementation (CSPPi) Department of Health	Credentialing and Scope of Practice Policy Implementation (CSPPi)	B Waxman
Department of Health	Cardio Thoracic Clinical Advisory Group	Assoc Prof Bruce Brahamam Davis, FRACS
Department of Health	DHA Health Technology Assessment Review	Prof Guy John Maddern, FRACS
Department of Health	DHA MSAC Assessment Application 1124 Cryotherapy for Renal & Prostate Cancer	Mr William John Lynch, FRACS
Department of Health	DHA Program Advisory Group for the National Bowel Cancer Screening Program	Mr Ian Godwin Faragher, FRACS
Department of Health	DHA Quality Working Group for the National Bowel Cancer Screening Program	Mr Ian Godwin Faragher, FRACS
Department of Health	Diagnostic Imaging Review Consultation Committee	Dr Bernard Matthew Bourke, FRACS
Department of Health	HIC Expert Panel	Mr Philip Gregory Truskett, FRACS, AM
Department of Health	HIC Expert Panel	Ms Meron Edith Pitcher, FRACS
Department of Health	Informed Financial Consent Taskforce	Mr Philip Gregory Truskett, FRACS, AM
Department of Health	Medicare Benefits Consultative Committee Skin Group	Mr Hamish Cromie McArthur Foster, FRACS
Department of Health	Medicare Benefits Schedule Inguinal Hernia Consultation Review Committee	Prof Richard Clive Turner, FRACS

#### Appendix 4.

Organisation name	Committee name	RACS representative name
Department of Health	Medicare Benefits Schedule Review Cardiac Services for Implantable Electronic Devices Consultation Review Committee	Prof Paul Gerard Bannon, FRACS
Department of Health	Medicare Benefits Schedule Skin Services Review Consultation Review Committee	Assoc Prof Frederick Anthony Hugh Bartholomeusz, OAM, RFD, F
Department of Health	Medicare Benefits, SQS, Safety Quality & Sustainability	Prof David Watters, FRACS
Department of Health	Medicare Benefits, SQS, Safety Quality & Sustainability	Mr Simon Williams, FRACS
Department of Health	Medicare Benefits, SQS, Safety Quality & Sustainability	Prof Guy John Maddern, FRACS
Department of Health	Medicare-funded treatment of Obesity	Prof Peter John Hewett, FRACS
Department of Health	National Bowel Cancer Screening Program Clinical Advisory Group	Mr Ian Godwin Faragher, FRACS
Department of Health	Professional Services Review Panel	Assoc Prof Michael Andrew Murphy, FRACS
Department of Health	Professional Services Review Panel	Assoc Prof Peter Frederick Thursby, OAM, FRACS
Department of Health	Professional Services Review Panel	Dr Alan Edward Bray, FRACS
Department of Health	Professional Services Review Panel	Dr Christopher Marden John Cain, FRACS
Department of Health	Professional Services Review Panel	Mr John Lennon Anderson, FRACS
Department of Health	Professional Services Review Panel	Mr John Lincoln Knight, FRACS
Department of Health	Professional Services Review Panel	Mr Michael Maxwell Derek Lawrence-Brown, AO, FRACS
Department of Health	Professional Services Review Panel	Mr Quentin John Malone, FRACS
Department of Health	Prostheses Clinical Advisory Group	Dr Christopher Marden John Cain, FRACS

**Appendix 4.**

<b>Organisation name</b>	<b>Committee name</b>	<b>RACS representative name</b>
Department of Health	Prostheses Clinical Advisory Group	Mr Christopher John Love, FRACS
Department of Health	Prostheses Clinical Advisory Group	Mr Gary Raymond Speck, FRACS
Department of Health	Prostheses Clinical Advisory Group	Mr Myron Andrew Rogers, FRACS
Department of Health	Prostheses Clinical Advisory Group	Ms Meron Edith Pitcher, FRACS
Department of Health	Therapeutic Goods Administration Internet Site Redevelopment External Reference Group	
Department of Veterans' Affairs	Department of Veteran's Affairs Pay for Payment Advisory Committee	Prof David Ferguson Scott, AM, FRACS
DHS EMEAC working group, Faculty of Pain Medicine	DHS EMEAC working group, Faculty of Pain Medicine Training Unit Accreditation Committee	Graeme Campbell Pauline Waites, FRACS
Gastroenterology Society of Australia	Conjoint Committee on Gastrointestinal Endoscopy	Mr Andrew James Luck, FRACS
Gastroenterology Society of Australia	Conjoint Committee on Gastrointestinal Endoscopy	Mr Graham Leslie Cullingford, FRACS
Gastroenterology Society of Australia	Conjoint Committee on Gastrointestinal Endoscopy	Mr John Leonard Stuchbery, FRACS
Gastroenterology Society of Australia	Gastroenterological Society of Australia Colonoscopy Recertification Committee	Mr Adrian Hamilton Secker, FRACS
Gastroenterology Society of Australia	GESA Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy	Mr Benjamin Napier Thomson, FRACS
Gastroenterology Society of Australia	GESA Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy	Mr James William Edward Moore, FRACS
Gastroenterology Society of Australia		Dr Sulman Ahmed, FRACS
Gastroenterology Society of Australia		Mr Andrew Alexander Hill, FRACS

#### Appendix 4.

Organisation name	Committee name	RACS representative name
Gastroenterology Society of Australia		Mr Steven Roger Dubenec, FRACS
GP Procedural Training Program Committee	GP Procedural Training Program Committee	Mr Gary Fermanis
Health Care Complaint Commission (HCCC)	Health Care Complaint Commission (HCCC)	Mr Robert Costa
Health Education and Training Institute (HETI)	Health Education and Training Institute (HETI)	A/Prof David Storey
Health Quality & Safety Commission	Surgical Site Infection Surveillance Steering Committee (NZ)	Mr Allan Panting
Health Services Group (HSG)	Health Services Group (HSG)	Mr Anthony Buzzard
Hospital Mortality Report Advisory Committee	Hospital Mortality Report Advisory Committee	Professor Guy Maddern
Hunter Postgraduate Medical Institute	Hunter Postgraduate Medical Institute	Assoc Prof Paul Christopher Myers, FRACS
Hunter Postgraduate Medical Institute	Hunter Postgraduate Medical Institute	Mr Anaimattam Natesa Santhanam, FRACS
Integrating the Healthcare Enterprise (IHE)	IHE IT Infrastructure	Mr Michael John Sandow, FRACS
Integrating the Healthcare Enterprise (IHE)	IHE IT Infrastructure	Mr William Stewart Mackie, FRACS
Interplast	Interplast	Prof Bruce Henry Barraclough, AO, FRACS
Interplast	Interplast	Prof Donald Roger Marshall, AM, FRACS
Interplast	Interplast	Mr Keith Mutimer, FRACS
Joint Consultative Committee On Surgery	Joint Consultative Committee on Surgery	Assoc Prof John Campbell Graham, FRACS
Joint Consultative Committee On Surgery	Joint Consultative Committee on Surgery	Dr Anthony John Green, OAM, FRACS
Master of Clinical Medicine External Advisory Group	Master of Clinical Medicine External Advisory Group	Prof Stephen Deane

#### Appendix 4.

Organisation name	Committee name	RACS representative name
Medical Industry Association	Medical Industry Association of Australia and Medical Industry Association of New Zealand Code of Practice Committee	Prof David Harry Sonnabend, FRACS
Medicines Australia		Dr John Michael Quinn, FRACS
National Blood Authority Australia	Critical Bleeding/Massive Transfusion Clinical Reference Group	Prof Zsolt Balogh, FRACS
National Blood Authority Australia	National Blood Authority Clinical Reference Groups	Prof Russell Lindsay Gruen, FRACS
National Breast and Ovarian Cancer Centre	National Breast and Ovarian Cancer Centre Bisphosphonates Working Group for Early Breast Cancer	Mr David Philip Moss, FRACS
National Breast and Ovarian Cancer Centre	National Breast and Ovarian Cancer Centre Bisphosphonates Working Group for Early Breast Cancer	Mr Peter Andrew Barry, FRACS
National E-Health Transition Authority	National eHealth Transition Authority Stakeholder Product Consultation Group	Assoc Prof Bruce Brahamam Davis, FRACS
National E-Health Transition Authority	NEHTA Stakeholder Reference Forum	Prof Julian Anderson Smith, FRACS
National E-Health Transition Authority	NHMRC Guideline Development Committee of Overweight and Obesity	Mr George Herbert Hopkins, FRACS
National Health and Medical Research Council (NHMRC)	Community & Consumer Advisory Group (CCAG)	
National Health Board	General Surgery Prioritisation Working Group (NZ)	Mr Allan Panting
National Prescribing Service	National Prescribing Service: Australian Prescriber Editorial Advisory Panel	Mr Mark Joseph Westcott, FRACS
NSW and ACT Alcohol Policy Alliance (NAAPA)	NAAPA	John Crozier??
NSW Institute of Medical Education and Training	NSW Institute of Medical Education and Training	Mr Philip Gregory Truskett, FRACS, AM

**Appendix 4.**

<b>Organisation name</b>	<b>Committee name</b>	<b>RACS representative name</b>
NSW Medical Board	NSW Medical Board	Mr Anthony A. Evers
NSW Surgical Services Taskforce	NSW Surgical Services Taskforce	Mary Langcake, FRACS (rotates Chair NSW State Committee)
Nursing Issues	Nursing Issues	Mr Tim Musgrove
Orthopaedic Outreach	Orthopaedic Outreach Management Committee	Dr John Michael Quinn, FRACS
Orthopaedic Outreach	Orthopaedic Outreach Management Committee	Mr John Charles Batten, FRACS
PMCV Education subcommittee (POSTGRADUATE MEDICAL COUNCIL OF VICTORIA)	PMCV Education subcommittee (POSTGRADUATE MEDICAL COUNCIL OF VICTORIA)	TBC
Post Graduate Medical Education	Post Graduate Medical Education	Mr Greg Harvey, FRACS
Private Health Facilities Advisory Committee	Private Health Facilities Advisory Committee	Mr Tim Musgrove
Psychosurgery Review Board, Qld Committee of Medical Specialist Colleges (QCOMSC)	Psychosurgery Review Board, Qld Committee of Medical Specialist Colleges (QCOMSC)	Mr Peter McNeill , Prof Jeff Rosenfeld (principal Representative)
Royal College of Physicians and Surgeons of Canada	CANMeds 2015 International Advisory Group	Mr Simon Williams, FRACS
Royal College of Surgeons of England	RCSE Advisory Board Sir Arthur Sims Commonwealth Travelling Professorship	Peter John Morris, AC, FRACS (HON)
SA Surgical Services Taskforce	SA Surgical Services Taskforce	Mr Philip Gregory Truskett, FRACS, AM (nominated for vacant membership position - to be confirmed)
Simulation Australia	Australian Society of Simulated Health (ASSH)	
Special Medical Review Council		Assoc Prof John Arthur Lewis Hart, FRACS



**Appendix 4.**

<b>Organisation name</b>	<b>Committee name</b>	<b>RACS representative name</b>
Standards Australia		Ms Meron Edith Pitcher, FRACS
Standards Australia		Prof Michael Besser, AM, FRACS
Standards Australia CS-100 Bicycles Committee	Standards Australia CS-100 Bicycles Committee	Prof Michael Besser
Tasmanian Infection Prevention & Control	Tasmanian Infection Prevention & Control	Mr Greg Harvey, FRACS
Tasmanian State Surgical Services Committee	Tasmanian State Surgical Services Committee	Professor Richard Turner
The Australian Council on Healthcare Standards (ACHS)	Australian Council for Healthcare Standards	
The Australian Council on Healthcare Standards (ACHS)		Mr Philip Gregory Truskett, FRACS, AM
The Garnett Passe and Rodney Williams Memorial Foundation	Garnett Passe and Rodney Williams Memorial Foundation	Dr Thomas Benedict Hugh, FRACS
The Royal Australian and New Zealand College of Radiologists	RANZCR Quality Use of Digital Imaging Program	Dr Bernard Matthew Bourke, FRACS
Therapeutic Goods Administration	Therapeutic Goods Administration Urogynaecological Devices Working Group	Dr Caroline Rainsford Dowling, FRACS
Therapeutic Guidelines Limited	Therapeutic Guidelines Limited Expert Writing Group to update the Antibiotic topics in eTG complete	Dr Lawrence Pietro Malisano, FRACS
University of Newcastle	University of Newcastle Master of Clinical Medicine Program External Advisory Group	Prof Stephen Arthur Deane, FRACS
VICNISS Hospital Acquired Infection Surveillance Program - Advisory Committee	VICNISS Hospital Acquired Infection Surveillance Program - Advisory Committee	David Love
Workcover - Whole Person Impairment (WPI) Co-ordinating Committee	Workcover - Whole Person Impairment (WPI) Co-ordinating Committee	Dr Neil Berry
WA Department of Health	Anaesthetic Mortality Committee	Prof Mark Newman

confirmed July 2013

#### Appendix 4.

Organisation name	Committee name	RACS representative name
WA Department of Health	Clinical Senate Committee	vacant
Council of Medical Colleges in New Zealand		Professor Randall Morton
New Zealand Resuscitation Council		Mr Murray Cox
NZ Ministry of Health's Working Group on Nurse Endoscopists		Mr Rowan French
NZ Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy		Mr David Vernon & Mr Mark Thomson Fawcett
NZ National Health Board	Orthopaedic Surgery Prioritisation Working Group	Mr Allan Panting
NZ National Health Board	General Surgery Prioritisation Working Group	Mr Allan Panting
NZ Health Quality & Safety Commission	Surgical Site Infection Surveillance Programme Steering Group	Mr Richard Lander
NZ National Health IT Board	National Information Clinical Leaders Group	Mr Richard Lander

Appendix 5: Dean's presentation to BSET, October 2014.

# SET EVALUATION

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Board of SET, Sydney 17 October

**Education Development and Research Department**

Zaita Oldfield

Michael Rasmussen

**Dean of Education**

Stephen Tobin



# Key concepts

- Pool of trainees
- PGY at selection (not commencement)
- Exit = loss without completion/FEX
- Not about SET introduction
- Not about the surveys (noted)



# Brief history

- **Pre 2008**  
Basic Surgical Training (BST)  
Advanced/Specialty Surgical Training (AST/SST)
- **2007**  
Selection to SET
- **2008**  
First year of SET

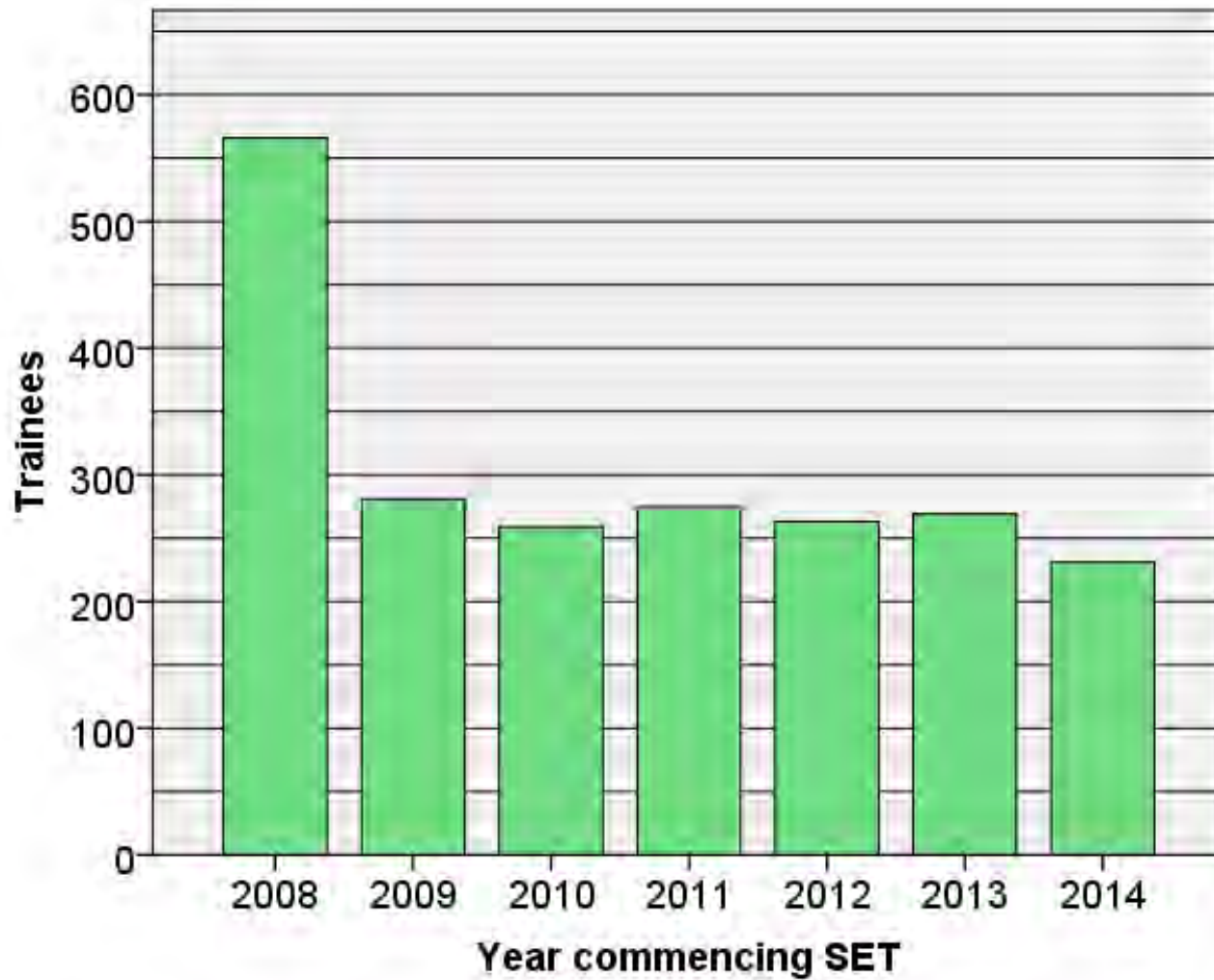


# Approaches to evaluation

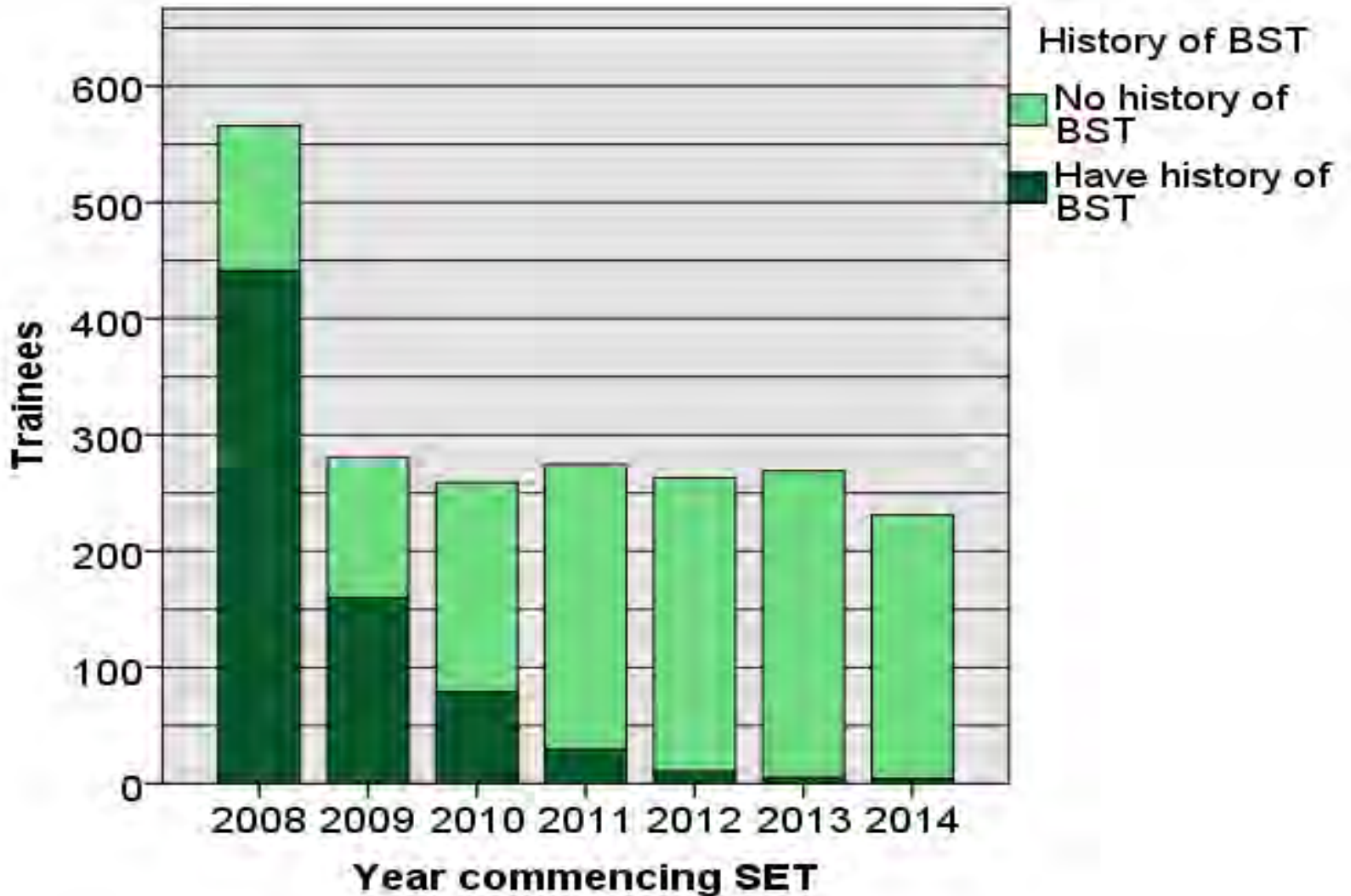
- **2010**  
2-day workshop
- **2013**  
Surveys of SET Supervisors, Younger Fellows,  
SET Trainees
- **2014**  
Retrospective data analysis



# SET intake

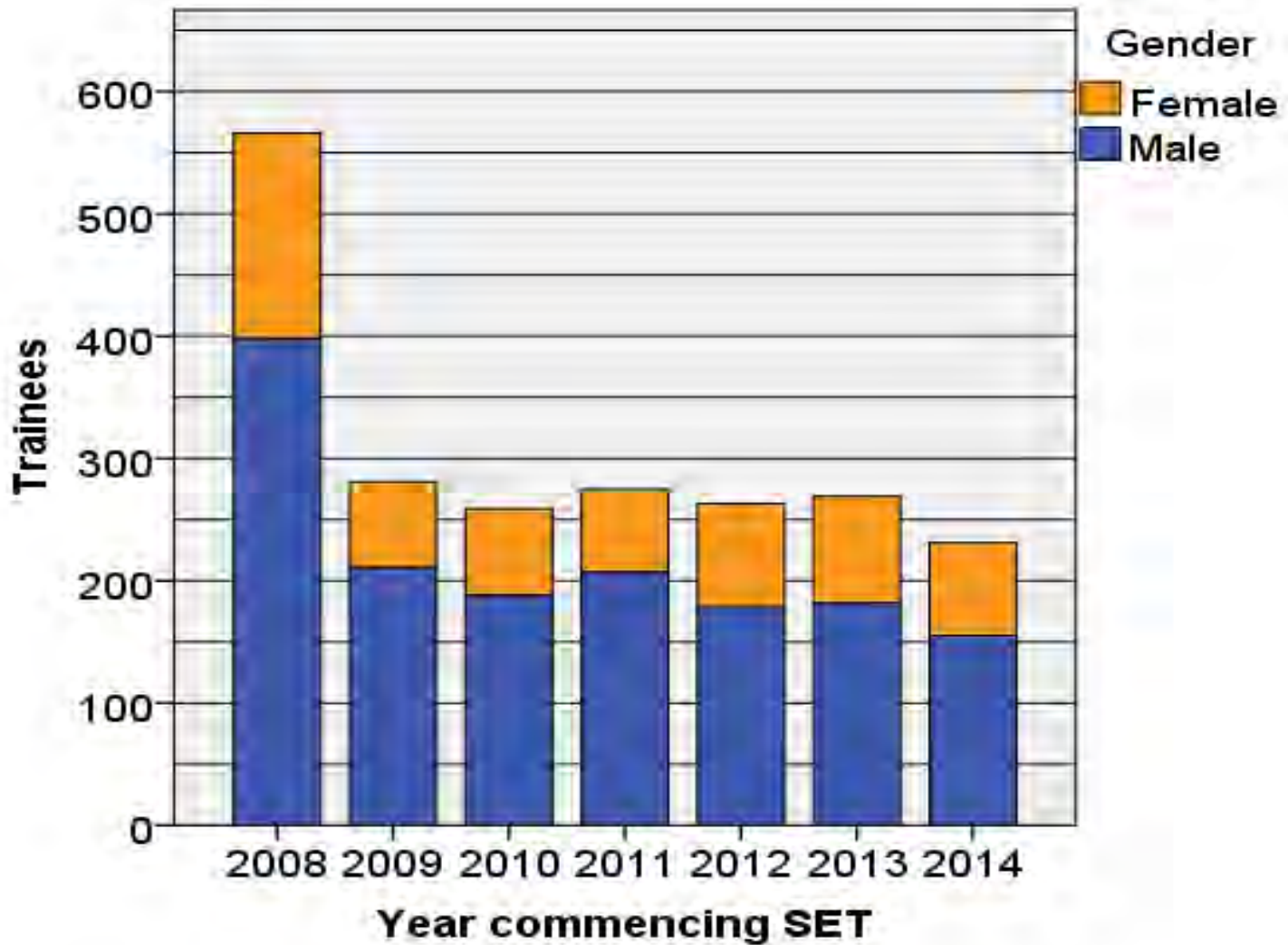


# SET intake

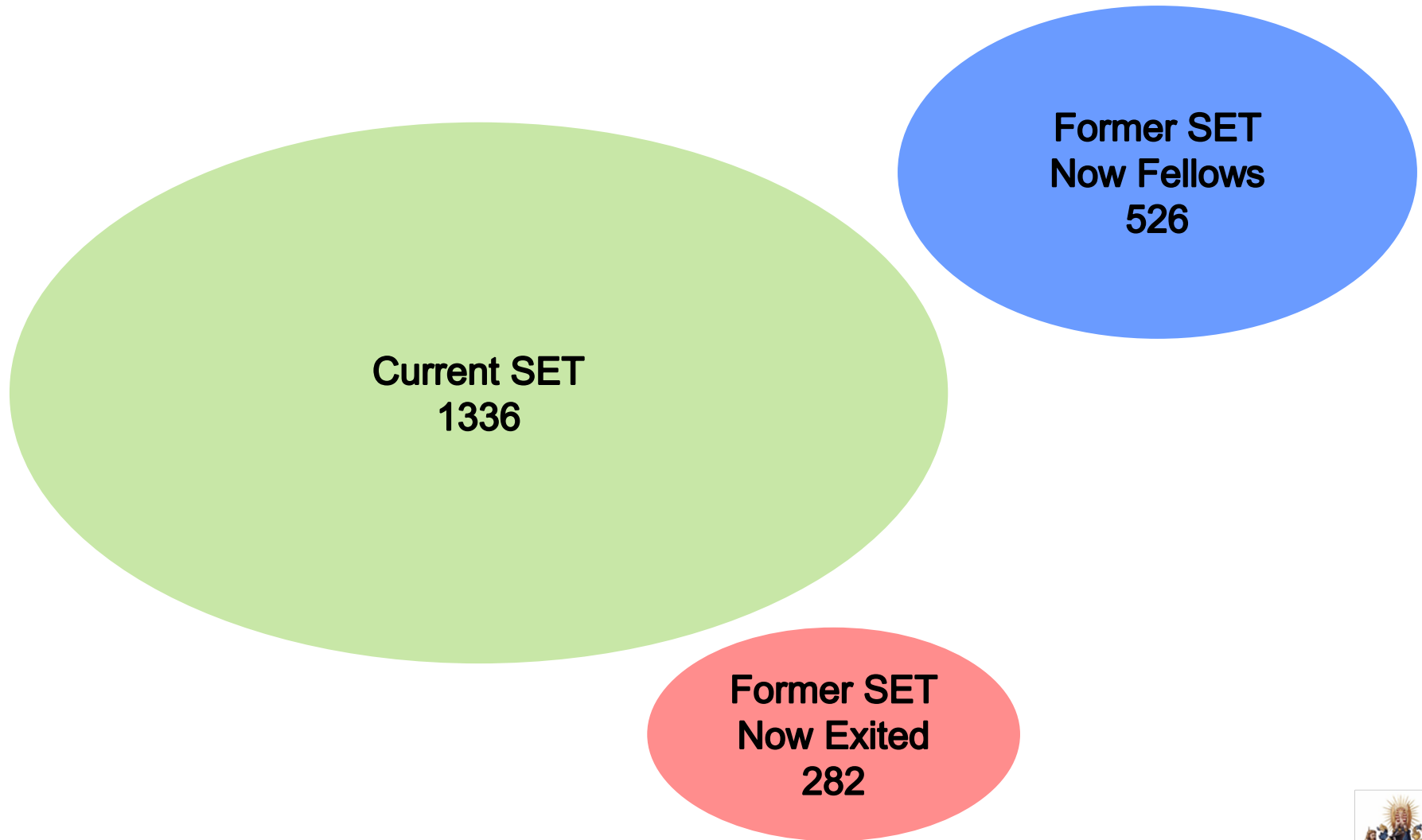




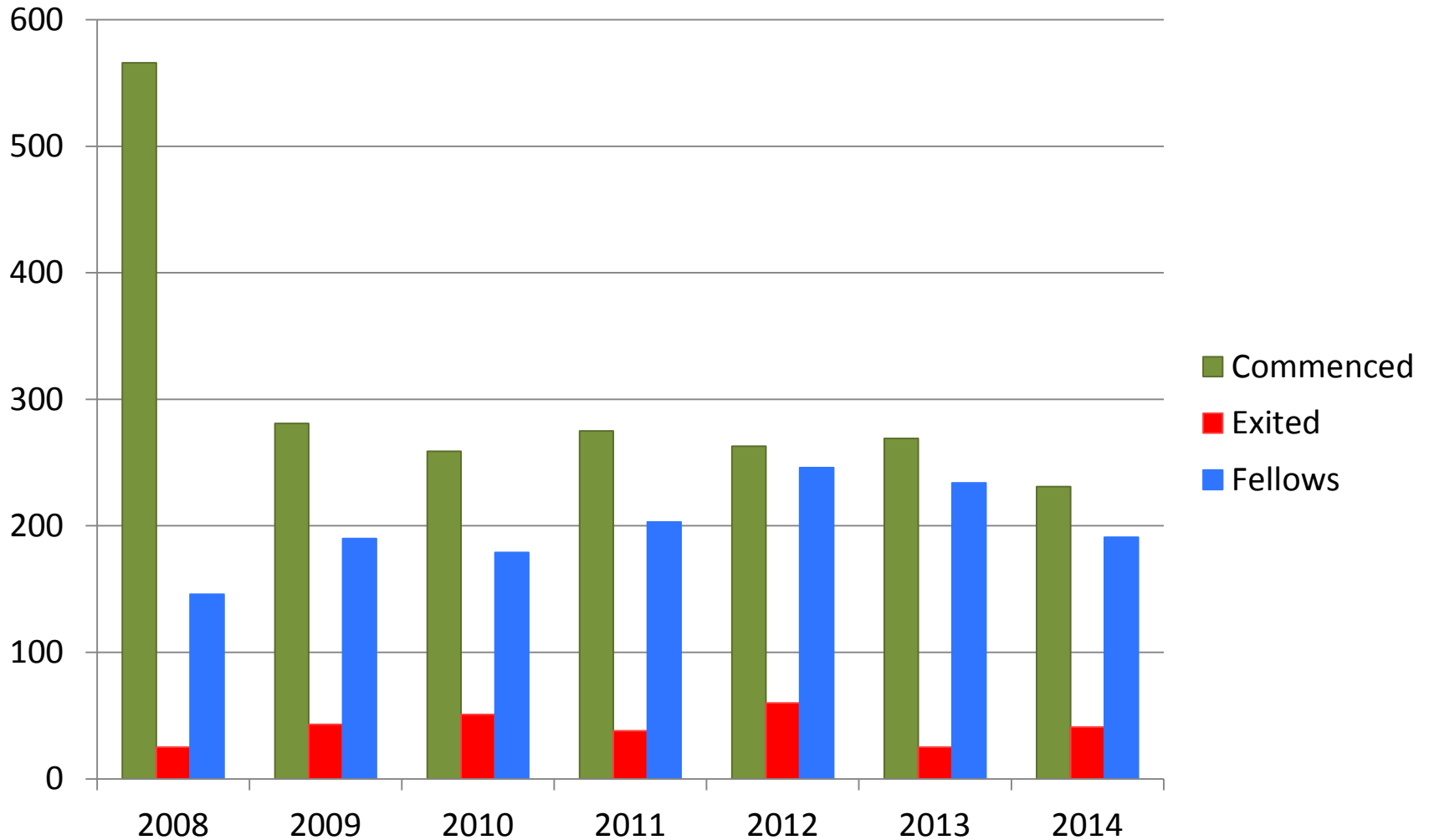
# SET intake



# Current and former SET (2144) trainees from 2008



# Trainees who commenced, exited and became Fellows since inception of SET



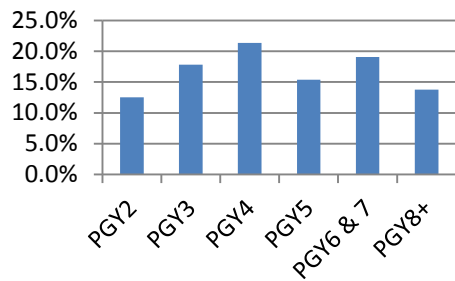
# PGY at selection intake per year

Trainees commencing SET by year and PGY at selection							
Year	PGY2	PGY3	PGY4	PGY5	PGY6 & 7	PGY8+	Total
2008	12.5%	17.8%	<b>21.4%</b>	15.4%	<b>19.1%</b>	13.8%	566
2009	<b>23.1%</b>	16.7%	14.6%	<b>18.1%</b>	15.3%	12.1%	281
2010	17.4%	<b>18.9%</b>	<b>20.5%</b>	12.7%	17.8%	12.7%	259
2011	16.4%	<b>19.6%</b>	<b>19.3%</b>	13.5%	12.4%	18.9%	275
2012	10.6%	<b>24.0%</b>	<b>25.5%</b>	13.3%	12.5%	14.1%	263
2013	13.4%	<b>22.7%</b>	<b>24.2%</b>	14.9%	11.2%	13.8%	269
2014	9.5%	<b>20.8%</b>	<b>19.0%</b>	17.7%	16.9%	16.0%	231
<b>Total PGY</b>	312	423	444	324	333	308	2144

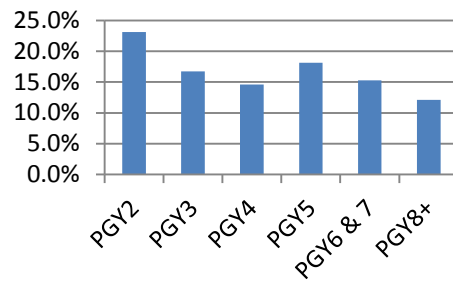


# PGY at selection intake per year

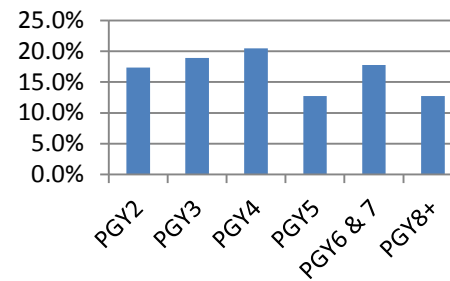
**2008 PGY at selection intake**



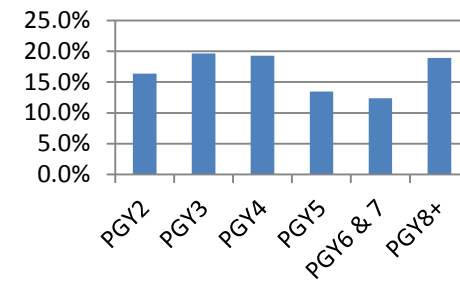
**2009 PGY at selection intake**



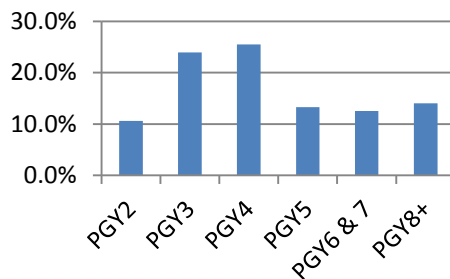
**2010 PGY at selection intake**



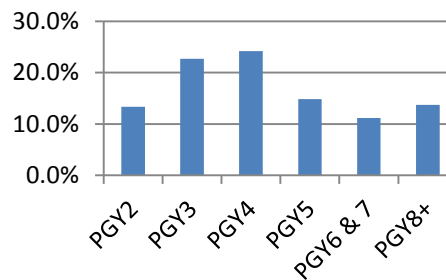
**2011 PGY at selection intake**



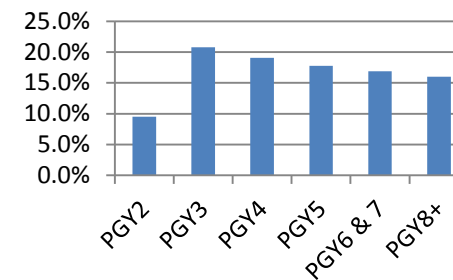
**2012 PGY at selection intake**



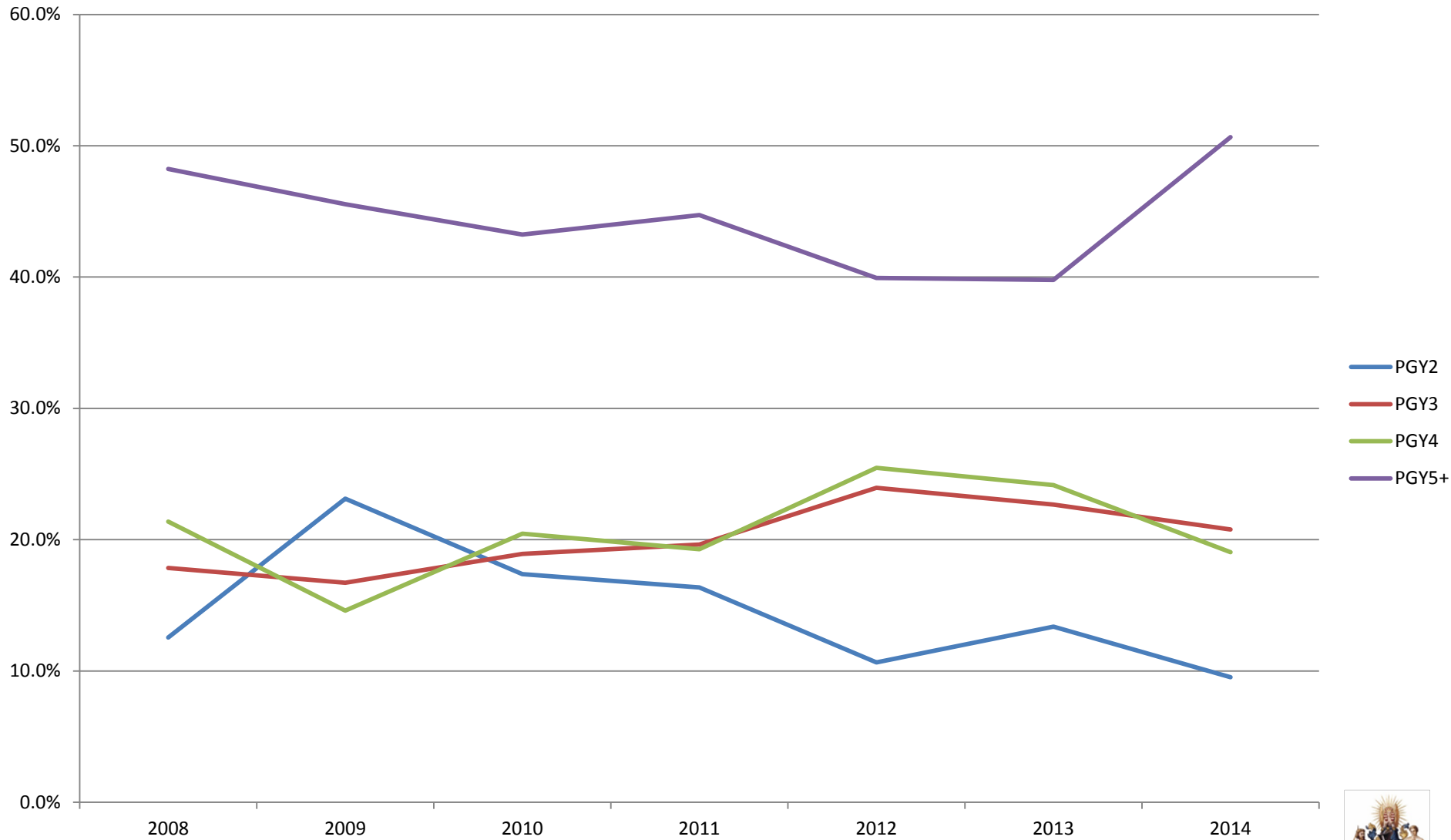
**2013 PGY at selection intake**



**2014 PGY at selection intake**



# PGY at selection intake per year



# Trainee PGY at selection 2007 - 2013

Specialty	PGY2	PGY3	PGY4	PGY5	PGY 6&7	PGY8+	Total
CAR	6	13	8	10	6	13	56
GEN	195	226	173	105	84	131	914
NEU	7	21	26	13	12	9	88
ORT	20	43	107	101	85	80	436
OHN	16	32	37	32	33	11	161
PAE	3	8	14	5	10	8	48
PLA	5	14	34	27	51	27	158
URO	39	49	28	23	41	15	195
VAS	21	17	17	8	11	14	88
<b>Total PGY</b>	<b>312</b>	<b>423</b>	<b>444</b>	<b>324</b>	<b>333</b>	<b>308</b>	<b>2144</b>
<b>Total PGY%</b>	<b>14.5%</b>	<b>19.8%</b>	<b>20.7%</b>	<b>15.1%</b>	<b>15.5%</b>	<b>14.4%</b>	<b>100%</b>



# Trainee PGY at selection 2007 - 2013

	PGY2	PGY3	PGY4	PGY5	PGY 6 & 7	PGY8+	Total
Total PGY%	14.5%	<b>19.8%</b>	<b>20.7%</b>	15.1%	15.5%	14.4%	100%
Female%	<b>39.4%</b>	<b>40.0%</b>	27.0%	26.5%	23.4%	15.9%	29.1%
CAR	10.7%	<b>23.2%</b>	14.3%	17.9%	10.7%	<b>23.2%</b>	100%
GEN	<b>21.3%</b>	<b>24.7%</b>	18.9%	11.5%	9.2%	14.3%	100%
NEU	8.0%	<b>23.9%</b>	<b>29.5%</b>	14.8%	13.6%	10.2%	100%
ORT	4.6%	9.9%	<b>24.5%</b>	<b>23.2%</b>	19.5%	18.3%	100%
OHN	9.9%	19.9%	<b>23.0%</b>	19.9%	<b>20.5%</b>	6.8%	100%
PAE	6.3%	16.7%	<b>29.2%</b>	10.4%	<b>20.8%</b>	16.7%	100%
PLA	3.2%	8.9%	<b>21.5%</b>	17.1%	<b>32.3%</b>	17.1%	100%
URO	20.0%	<b>25.1%</b>	14.4%	11.8%	<b>21.0%</b>	7.7%	100%
VAS	<b>23.9%</b>	<b>19.3%</b>	<b>19.3%</b>	9.1%	12.5%	15.9%	100%





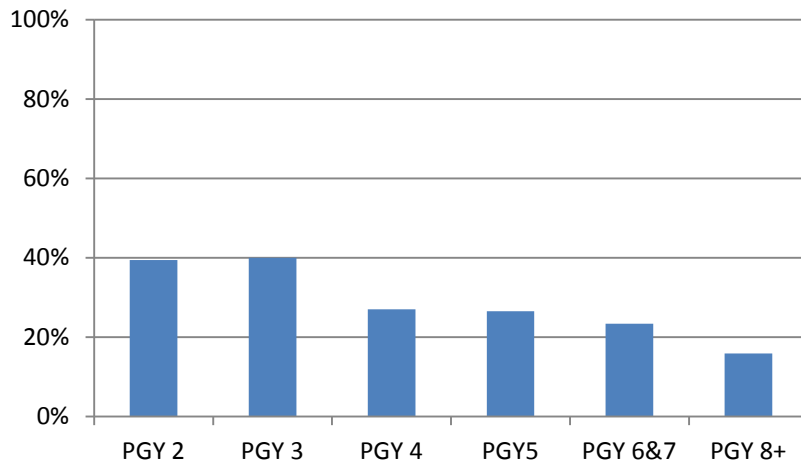
# Trainee age at selection 2007 - 2013

Specialty	24-27	28-29	30-31	32-34	35-40	41+	Total
<b>Total Age%</b>	12.4%	<b>26.8%</b>	<b>24.7%</b>	21.7%	12.2%	2.2%	100%
<b>Female%</b>	<b>36.4%</b>	<b>28.7%</b>	27.4%	24.0%	18.4%	17.1%	26.8%
<b>CAR</b>	17.7%	<b>24.4%</b>	<b>28.8%</b>	17.7%	2.2%	8.8%	100%
<b>GEN</b>	15.0%	<b>27.7%</b>	<b>24.7%</b>	17.9%	12.5%	2.0%	100%
<b>NEU</b>	7.0%	<b>29.6%</b>	<b>26.7%</b>	19.7%	15.4%	1.4%	100%
<b>ORT</b>	5.2%	<b>25.9%</b>	23.7%	<b>29.2%</b>	13.4%	2.3%	100%
<b>OHN</b>	10.7%	<b>29.5%</b>	<b>25.5%</b>	23.4%	9.3%	1.3%	100%
<b>PAE</b>	18.2%	<b>21.1%</b>	<b>31.5%</b>	18.4%	10.5%	0.0%	100%
<b>PLA</b>	6.5%	19.7%	<b>27.6%</b>	<b>24.3%</b>	19.1%	2.6%	100%
<b>URO</b>	19.4%	<b>30.0%</b>	<b>22.2%</b>	19.4%	7.2%	1.6%	100%
<b>VAS</b>	<b>29.9%</b>	<b>24.3%</b>	20.2%	18.9%	10.8%	2.7%	100%

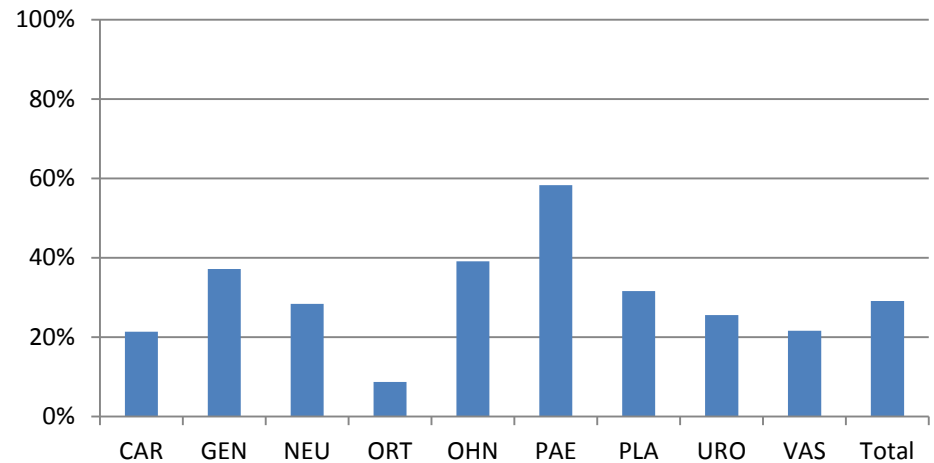


# Female trainees

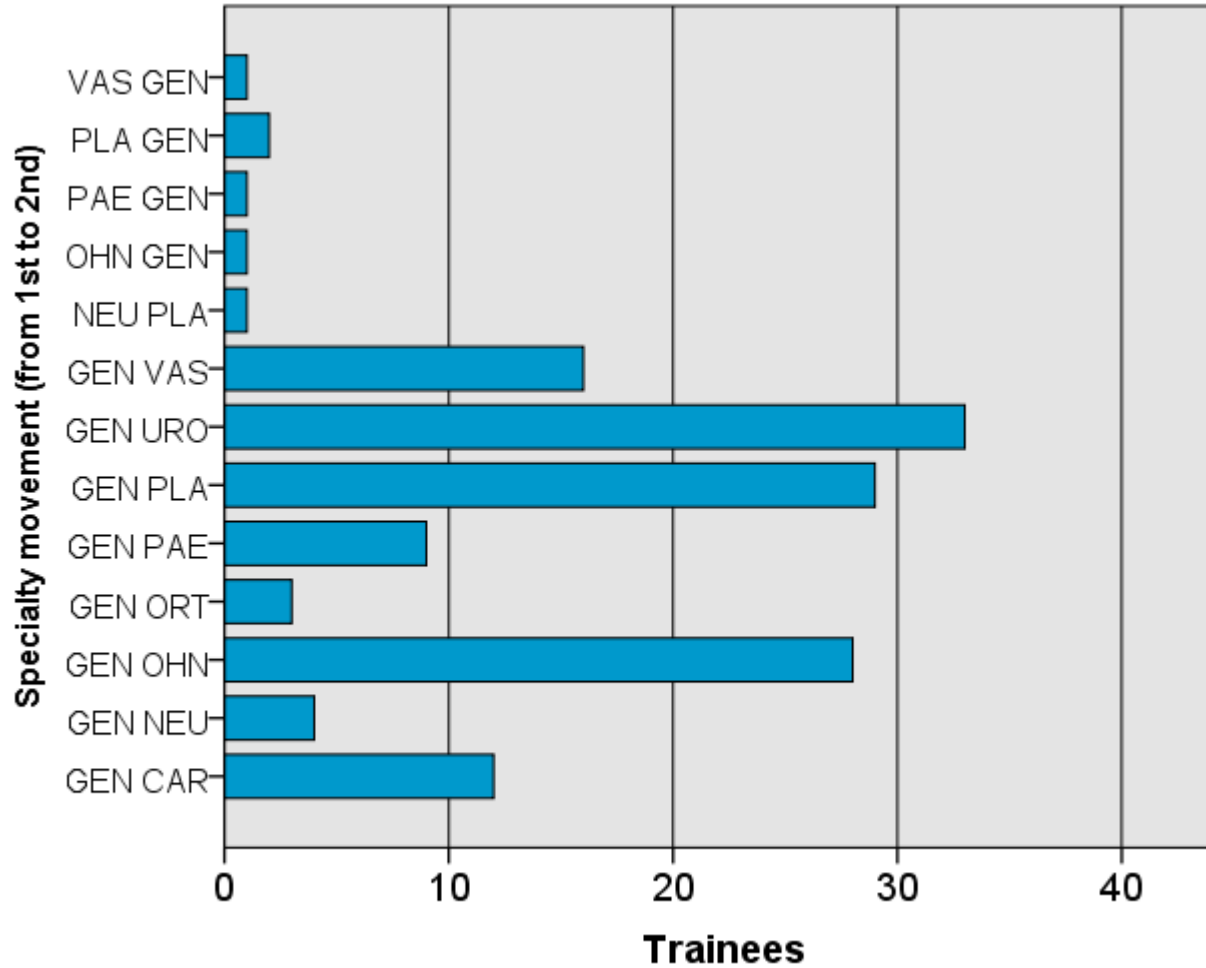
## Proportion by PGY at selection



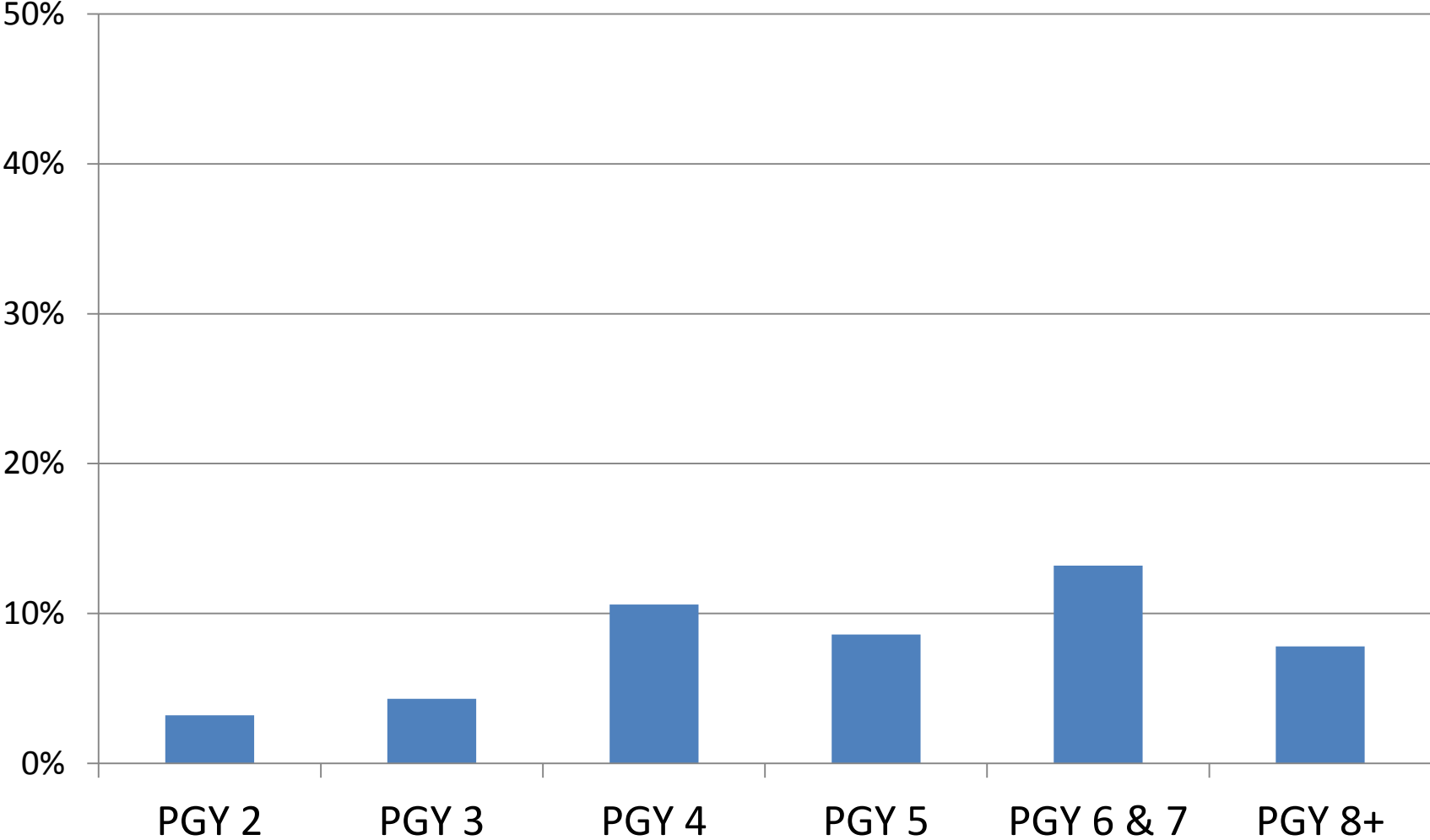
## Proportion per specialty



# Number of trainees changing specialty



# Trainees who changed specialty, as a proportion of all trainees by PGY at selection



# SET Examinations

- Generic Surgical Sciences Exam (GSSE)
- Specialty specific Surgical Sciences Exams
- Clinical Exam (CE)
- Fellowship Exam (FEX)



# Exam attempts and pass rates per year

Number attempting exams							
	2008	2009	2010	2011	2012	2013	2014
GSSE	84	126	196	271	299	341	TBA
Spec SSE	43	280	247	383	379	429	TBA
CE	152	136	210	265	279	293	TBA
FEX	254	215	234	352	358	336	TBA
IMG FEX	46	54	58	41	39	42	TBA

Exam pass rates							
	2008	2009	2010	2011	2012	2013	2014
GSSE	92.0%	84.1%	84.7%	87.0%	78.9%	75.4%	TBA
Spec SSE	57.0%	80.4%	57.1%	62.9%	53.3%	56.9%	TBA
CE	93.0%	85.3%	89.0%	91.0%	82.8%	90.1%	TBA
FEX	83.0%	91.6%	82.5%	64.5%	63.1%	66.1%	TBA
IMG FEX	57.0%	48.1%	71.0%	54.0%	41.0%	42.9%	TBA



# FEX attempts and pass rates by specialty

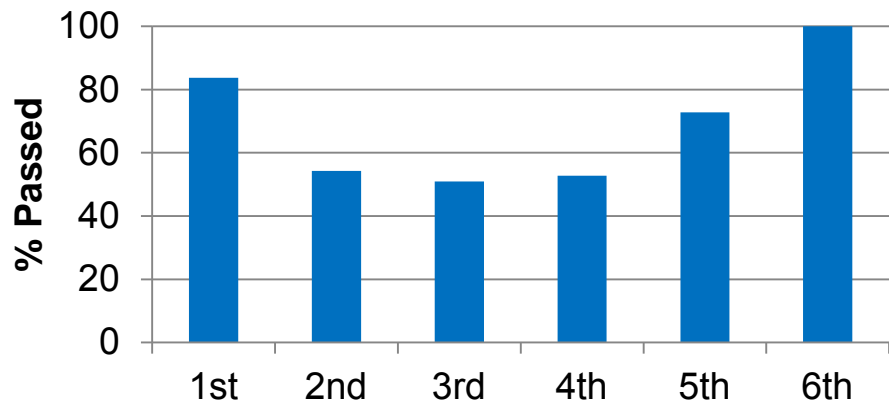
Number attempting FEX							
	2008	2009	2010	2011	2012	2013	2014
CAR	5	4	17	8	9	6	TBA
GEN	88	96	88	111	90	66	TBA
NEU	11	14	12	11	11	11	TBA
ORT	76	76	77	70	60	40	TBA
OHN	20	23	28	25	22	23	TBA
PAE	5	4	5	7	3	4	TBA
PLA	14	20	25	31	16	18	TBA
URO	22	22	27	23	24	22	TBA
VAS	13	10	13	9	7	17	TBA

FEX pass rates							
	2008	2009	2010	2011	2012	2013	2014
CAR	80%	75%	71%	50%	100%	83%	TBA
GEN	77%	77%	76%	71%	62%	73%	TBA
NEU	73%	79%	50%	91%	91%	55%	TBA
ORT	76%	88%	87%	83%	70%	78%	TBA
OHN	90%	87%	71%	92%	77%	44%	TBA
PAE	100%	100%	80%	71%	67%	50%	TBA
PLA	71%	80%	84%	71%	63%	83%	TBA
URO	82%	96%	93%	78%	79%	77%	TBA
VAS	80%	70%	92%	89%	43%	65%	TBA

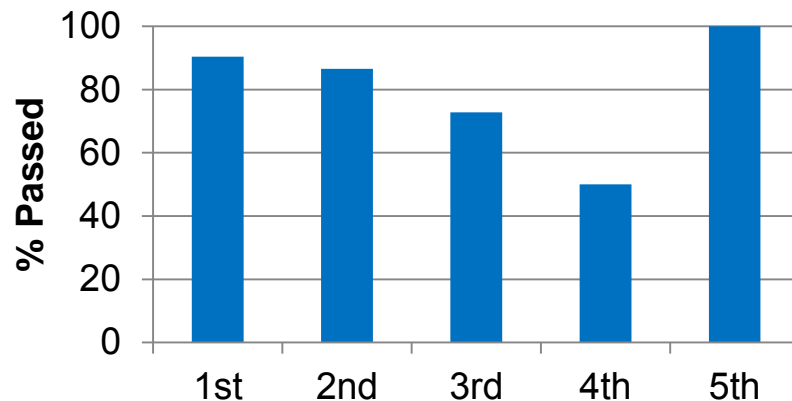


# Exam pass rates per attempt 2008 - 2014

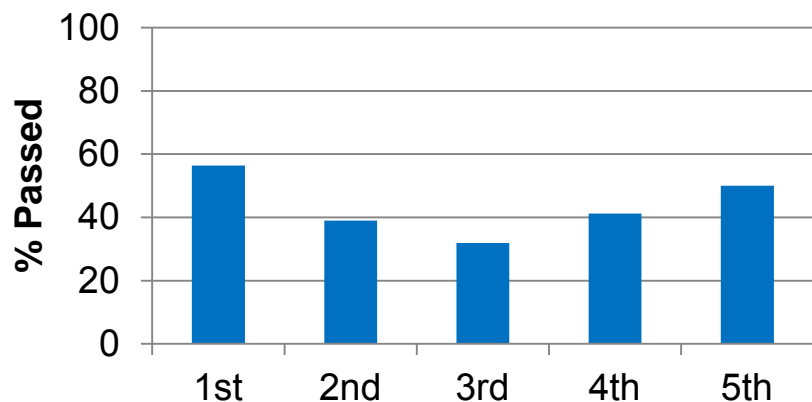
## GSSE pass rate by attempt



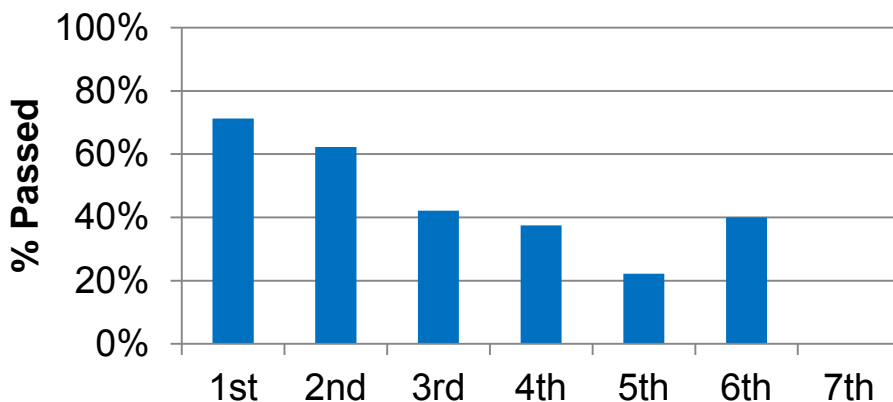
## CE pass rate by attempt



## Specialty SSE pass rate by attempt

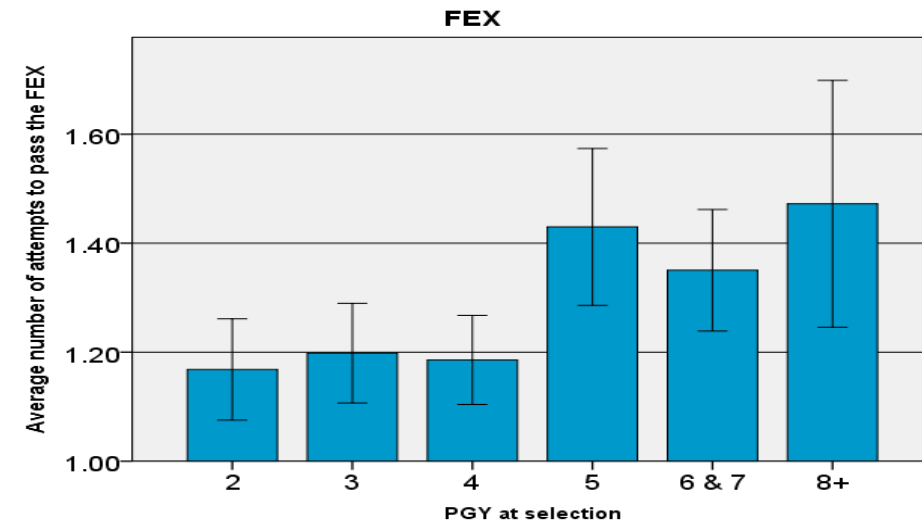
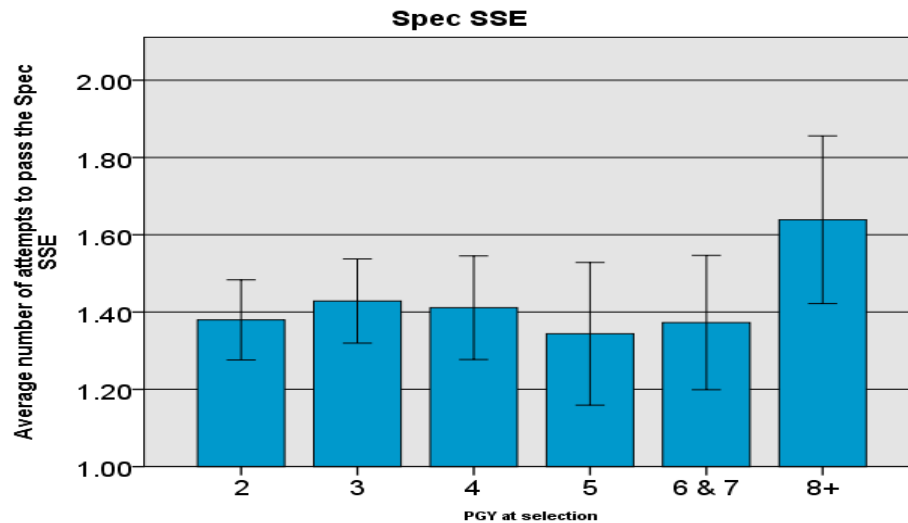
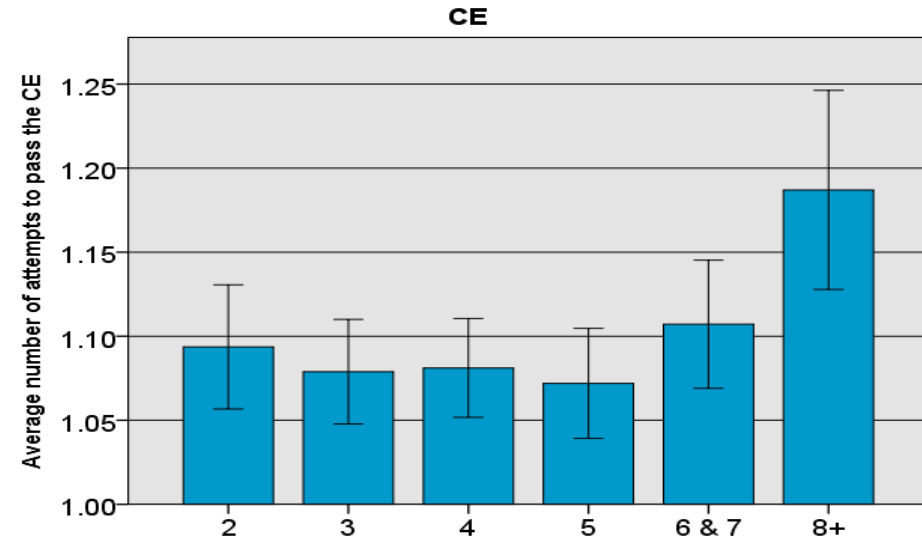
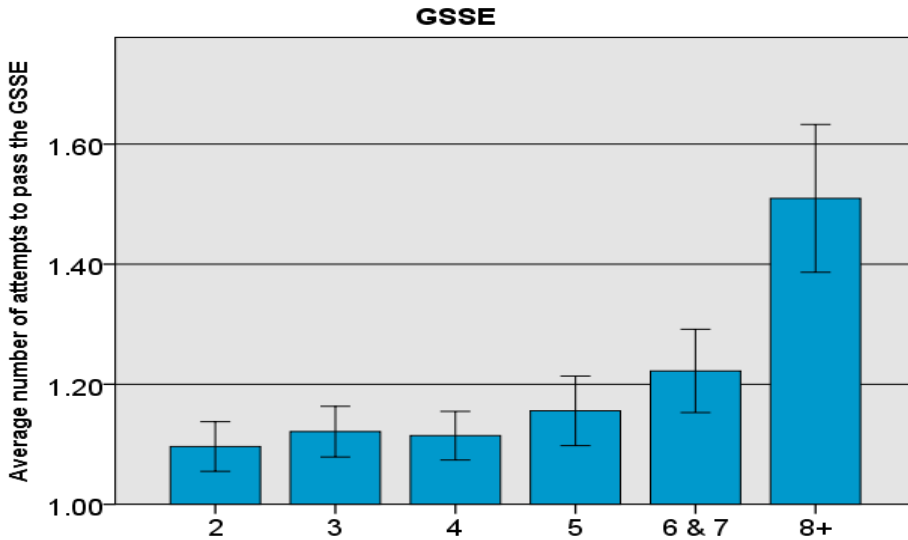


## FEX pass rate by attempt





# Average number of attempts to pass exams - by PGY at selection



Error Bars: 95% CI

Error Bars: 95% CI



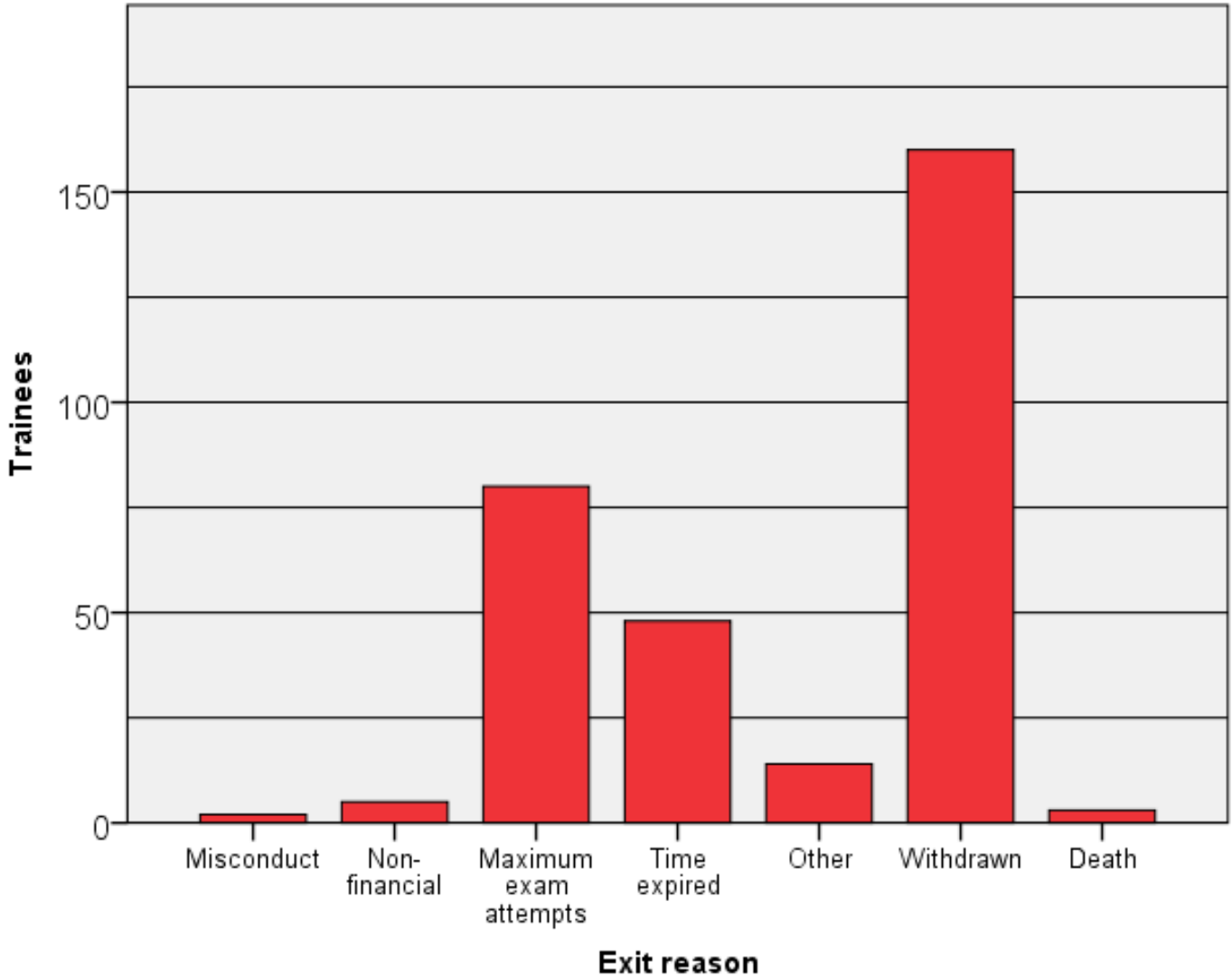
# Unsatisfactory rotation by PGY at selection

Table 7.7 – Proportion of trainees with one or more unsatisfactory rotations recorded in their SET training transcript across PGY level at selection

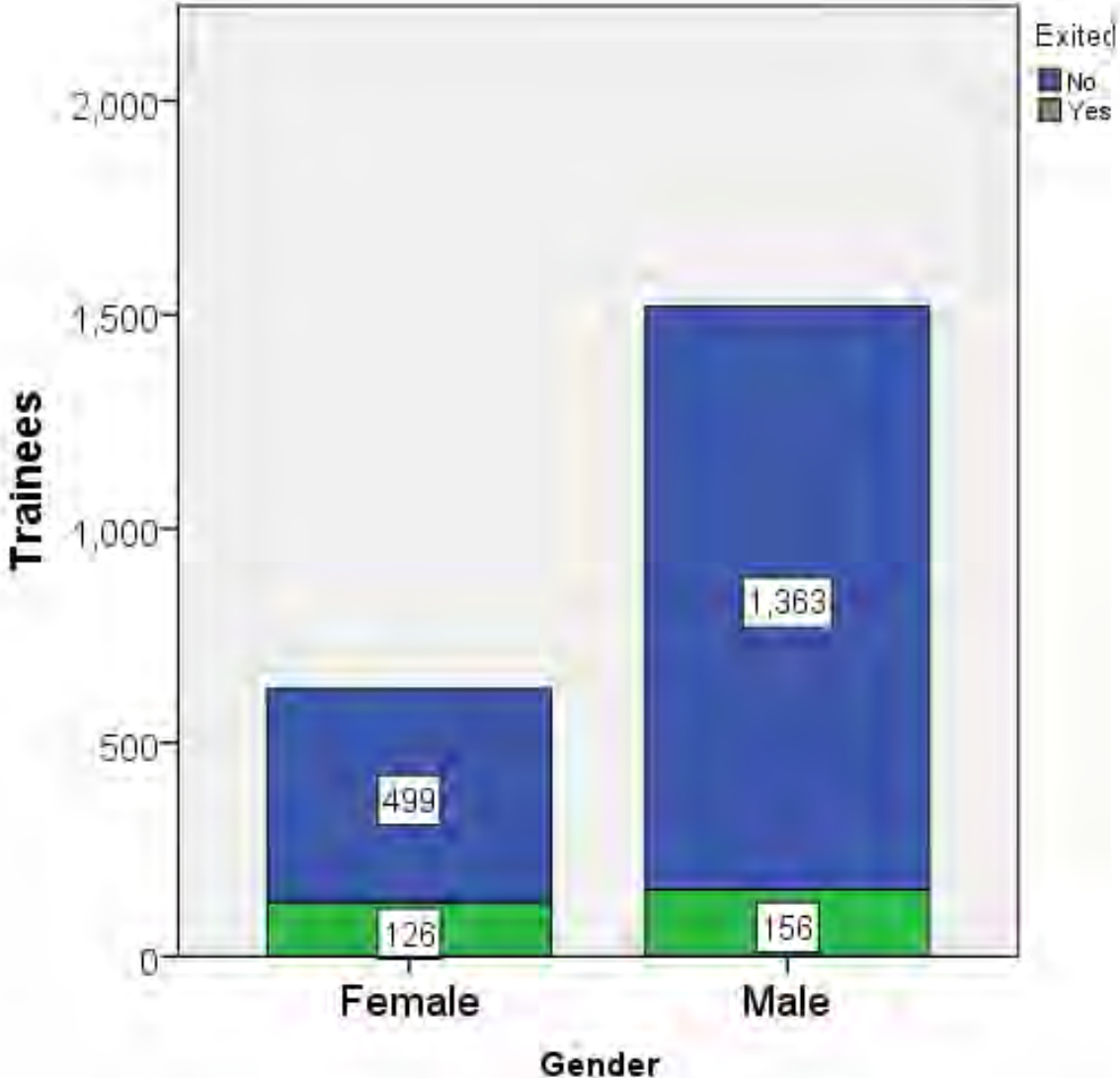
Satisfactory	PGY2	PGY3	PGY4	PGY 5	PGY 6 & 7	PGY8+	Total
100% satisfactory rotation	167	257	237	149	158	157	1125
Less than 100% Satisfactory rotation	7	15	19	8	15	21	85
No transcript yet	0	24	29	29	26	20	128
Total	172	296	285	186	199	198	1336
%less than satisfactory	4.1%	5.1%	6.7%	4.3%	7.5%	<b>10.6%</b>	6.4%
PGY 8+ RR	2.6	2.1	1.6	2.5	1.4	1.0	1.7



# 312 Trainees exiting SET 2008 - 2014



# Trainee attrition (282) – gender %



# Exit reasons across gender

	Female	Female%	Male	Male%
Misconduct	0	0.0%	2	1.1%
Unpaid fees	2	1.5%	3	1.7%
Maximum exam attempts	28	20.6%	52	29.5%
Time expired	23	16.9%	25	14.2%
Other	3	2.2%	11	6.3%
Withdrawn	80	58.8%	80	45.5%
Death	0	0.0%	3	1.7%



# Discussion points

## Selection

### Exiting trainees

- Definitions; “comparable” to other programs
- Entry level performance
- In-training assessments
- Female vs male %

### FEX success rates

- Sign-off for examination
- Standard of examination
- Impact of training program
- Certification



# SUMMARY

- More detailed data is available
- Time required / should do 'dynamic' evaluation
  
- Consider in-training assessments
- Supervisor training – standards
  
- Concept of sign-off
- Competency-based training / time framed



**Appendix 6.**

**Appendix 6: List of hospital posts accredited / reaccredited in 2014**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
Flinders Medical Centre	CAR	SA	AUSTRALIA	1/01/2014	31/12/2015	2014 FEB
Royal Adelaide Hospital	CAR	SA	AUSTRALIA	1/01/2014	31/12/2015	2014 FEB
Liverpool Hospital	GEN AU	NSW	AUSTRALIA	1/01/2014	31/12/2014	2014 FEB
Nepean Hospital	OHN AU	NSW	AUSTRALIA	1/01/2015	31/12/2015	2014 FEB
Ipswich Hospital	OHN AU	QLD	AUSTRALIA	1/01/2014	31/12/2018	2014 FEB
Toowoomba Hospital	OHN AU	QLD	AUSTRALIA	1/01/2014	31/12/2018	2014 FEB
Canberra Hospital	URO	ACT	AUSTRALIA	1/01/2014	31/12/2014	2014 FEB
Royal Prince Alfred Hospital	URO	NSW	AUSTRALIA	1/01/2014	31/12/2014	2014 FEB
Ipswich Hospital	URO	QLD	AUSTRALIA	1/01/2014	31/12/2018	2014 FEB
Redcliffe Hospital	URO	QLD	AUSTRALIA	1/01/2014	31/12/2018	2014 FEB
Greenslopes Private Hospital	URO	QLD	AUSTRALIA	1/01/2014	31/12/2018	2014 FEB
Sir Charles Gardiner	URO	WA	AUSTRALIA	1/01/2014	31/12/2014	2014 FEB
Geelong Hospital	GEN AU	VIC	AUSTRALIA	2014	2015	2014 JUN
Swan Hill District Hospital	GEN AU	VIC	AUSTRALIA	2014	2015	2014 JUN
Epworth Eastern Hospital	GEN AU	VIC	AUSTRALIA	2014	2014	2014 JUN
Liverpool Hospital	GEN AU	NSW	AUSTRALIA	2014	2015	2014 JUN
Auckland Hospital and Starship Children's Hospital	NEU	NZ	NEW ZEALAND	1/01/2015	31/12/2019	2014 JUN
Wellington Hospital	NEU	NZ	NEW ZEALAND	1/01/2015	31/12/2016	2014 JUN
Liverpool Hospital	NEU	NSW	AUSTRALIA	1/01/2015	31/12/2015	2014 JUN
John Hunter Hospital	NEU	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 JUN
Royal North Shore Hospital	NEU	NSW	AUSTRALIA	1/01/2015	31/12/2016	2014 JUN
Royal Adelaide Hospital + Women's and Children's Hospital combined	NEU	SA	AUSTRALIA	1/01/2015	31/12/2019	2014 JUN
Flinders Medical Centre	NEU	SA	AUSTRALIA	1/01/2015	31/12/2019	2014 JUN
Palmerston North Hospital (Mid Central DHB)	ORT NZ	NZ	NEW ZEALAND	April 2014	April 2019	2014 JUN
Royal Hobart Hospital	PAE	TAS	AUSTRALIA	1/01/2014	31/12/2019	2014 JUN
Gold Coast Hospital	PAE	QLD	AUSTRALIA	1/01/2014	31/12/2019	2014 JUN
Royal Children's Hospital Brisbane	PAE	QLD	AUSTRALIA	1/01/2014	31/12/2014	2014 JUN
Mater Children's Hospital	PAE	QLD	AUSTRALIA	1/01/2014	31/12/2019	2014 JUN
Royal Newcastle Centre	URO	NSW	AUSTRALIA	1/01/2014	31/12/2018	2014 JUN
Toowoomba Hospital	URO	QLD	AUSTRALIA	1/01/2014	31/12/2014	2014 JUN
Austin Health	CAR	VIC	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Liverpool Hospital	CAR	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Prince Charles Hospital	CAR	QLD	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
John Hunter Hospital	CAR	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT



**Appendix 6.**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
Wollongong Hospital & Figtree Private Hospital	NEU	NSW	AUSTRALIA	1/01/2015	31/12/2016	2014 OCT
Gosford Hospital	URO	NSW	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Liverpool Hospital	URO	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Nepean Hospital	URO	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Royal North Shore Hospital	URO	NSW	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Sydney Adventist Hospital	URO	NSW	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Tweed Hospital	URO	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Wollongong Hospital	URO	NSW	AUSTRALIA	1/01/2014	31/12/2016	2014 OCT
Auckland Hospital	URO	NZ	NEW ZEALAND	1/01/2014	31/12/2016	2014 OCT
North Shore Hospital	URO	NZ	NEW ZEALAND	1/01/2014	31/12/2019	2014 OCT
Wellington Hospital	URO	QLD	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Mater Private Hospital Brisbane	URO	TAS	AUSTRALIA	1/01/2012	31/12/2016	2014 OCT
Launceston Hospital	URO	VIC	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Alfred Hospital	URO	VIC	AUSTRALIA	1/01/2014	31/12/2015	2014 OCT
Austin Health	URO	VIC	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Ballarat Hospital	URO	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Box Hill Hospital (Eastern Health)	URO	VIC	AUSTRALIA	1/01/2014	31/12/2015	2014 OCT
Royal Melbourne Hospital	URO	VIC	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Bunbury Regional Hospital At South West Health Campus	URO	WA	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Geelong Hospital	PLA AU	VIC	AUSTRALIA	1/01/2009	31/12/2013	2014 OCT
Gold Coast Hospital	PLA AU	QLD	AUSTRALIA	1/01/2009	31/12/2013	2014 OCT
Fairfield Hospital	PLA AU	NSW	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Mount Hospital	PLA AU	WA	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Princess Margaret Hospital	PLA AU	WA	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Royal Perth Hospital	PLA AU	WA	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Sir Charles Gardiner Hospital	PLA AU	WA	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Box Hill Hospital	PLA AU	VIC	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Maroondah Hospital	PLA AU	VIC	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Western Hospital	PLA AU	VIC	AUSTRALIA	1/01/2010	31/12/2014	2014 OCT
Melanoma Institute Australia	PLA AU	NSW	AUSTRALIA	1/01/2014	31/12/2014	2014 OCT
Royal Darwin Hospital	PLA AU	SA	AUSTRALIA	1/01/2013	31/12/2014	2014 OCT
Royal Brisbane Hospital	PLA AU	QLD	AUSTRALIA	4/08/2014	1/02/2015	2014 OCT
Bankstown Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Concord Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Liverpool Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT

**Appendix 6.**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
Prince of Wales Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Royal Prince Alfred Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
St George Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
St Vincent's Hospital (Sydney)	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Sydney Children's Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Lady Cilento Children's Hospital	PLA AU	QLD	AUSTRALIA	1/01/2015	31/12/2015	2014 OCT
Flinders Medical Centre	PLA AU	TAS	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Royal Hobart Hospital	PLA AU	NSW	AUSTRALIA	1/01/2011	31/12/2015	2014 OCT
Royal North Shore Hospital	PLA AU	NSW	AUSTRALIA	1/01/2012	31/12/2016	2014 OCT
Sydney Hospital - Hand Surgery Unit	PLA AU	NSW	AUSTRALIA	1/01/2012	31/12/2016	2014 OCT
The Children's Hospital At Westmead	PLA AU	NSW	AUSTRALIA	1/01/2012	31/12/2016	2014 OCT
Westmead Hospital	PLA AU	NSW	AUSTRALIA	1/01/2012	31/12/2016	2014 OCT
Mater Private Hospital Brisbane	PLA AU	QLD	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Greenslopes Private Hospital	PLA AU	QLD	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Princess Alexandra Hospital	PLA AU	QLD	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Royal Brisbane Hospital	PLA AU	QLD	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Royal Children's Hospital (QLD)	PLA AU	QLD	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Queen Elizabeth Hospital	PLA AU	SA	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Royal Adelaide Hospital	PLA AU	SA	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Adelaide Women's and Children's Hospital	PLA AU	SA	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
The Australian Craniofacial Institute	PLA AU	SA	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Austin Hospital	PLA AU	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Peter MacCallum Cancer Centre	PLA AU	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Royal Children's Hospital (VIC)	PLA AU	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
St Vincent's Hospital (Melbourne)	PLA AU	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
St Vincent's Private East Melbourne (formerly Mercy Private)	PLA AU	VIC	AUSTRALIA	1/01/2013	31/12/2017	2014 OCT
Alfred Hospital	PLA AU	VIC	AUSTRALIA	1/01/2014	31/12/2018	2014 OCT
Frankston Hospital	PLA AU	VIC	AUSTRALIA	1/01/2014	31/12/2018	2014 OCT
Royal Melbourne Hospital	PLA AU	VIC	AUSTRALIA	1/01/2014	31/12/2018	2014 OCT
Southern Health	PLA AU	VIC	AUSTRALIA	1/01/2014	31/12/2018	2014 OCT
Auburn Hospital	PLA AU	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Macquarie University Private Hospital	PLA AU	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Nepean Hospital	PLA AU	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Sydney Adventist Hospital	PLA AU	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Royal Hobart Hospital	VAS	TAS	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT

**Appendix 6.**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
Wollongong Hospital	VAS	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
St George Hospital	VAS	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Royal Adelaide Hospital	VAS	SA	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Port Macquarie Base Hospital	VAS	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Royal North Shore Hospital	VAS	NSW	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Geelong Hospital	VAS	VIC	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Austin Health	VAS	VIC	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Wellington Hospital	VAS	NZ	NEW ZEALAND	1/01/2015	31/12/2019	2014 OCT
Gold Coast Hospital	VAS	QLD	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT
Flinders Medical Centre	VAS	VIC	AUSTRALIA	1/01/2015	31/12/2019	2014 OCT

**List of hospital posts disaccredited in 2014**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
Nepean Hospital	NEU	NSW	AUSTRALIA	disaccredited		2014 JUN
Jackson Memorial Hospital	URO	USA	OVERSEAS	disaccredited		2014 JUN
Lanarkshire Hospitals NHS	URO	UK	OVERSEAS	disaccredited		2014 JUN
Royal Surrey County Hospital	URO	UK	OVERSEAS	disaccredited		2014 JUN
Vancouver General Hospital	URO	Canada	OVERSEAS	disaccredited		2014 JUN
NSW Liverpool	GEN AU	NSW	AUSTRALIA	1x SET 2 Post disaccredited		2014 JUN
NSW St George	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
WA Hollywood Private Hospital	GEN AU	WA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
WA St John of God (Bunbury)	GEN AU	WA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
WA St John of God (Subiaco)	GEN AU	WA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
WA St John of God (Murdoch)	GEN AU	WA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
SA Flinders Medical Centre	GEN AU	SA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
SA Modbury Public Hospital	GEN AU	SA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
SA Repatriation General Hospital Daw Park	GEN AU	SA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
SA Riverland General Hospital	GEN AU	SA	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Albury-Wodonga Health (NSW Use)	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Bankstown - Lidcombe Hospital	GEN AU	NSW	AUSTRALIA	2x SET 1 Post disaccredited		2014 OCT
NSW Belmont District Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
Broken Hill Health Service	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Concord Repatriation General Hospital	GEN AU	NSW	AUSTRALIA	2x SET 1 Post disaccredited		2014 OCT

**Appendix 6.**

Hospital Name	Specialty	Region	Country	Valid From	Valid Til	BSET Mins Approved
NSW John Hunter Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Liverpool Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Mona Vale Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Prince of Wales Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Royal Prince Alfred Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NSW Wyong Hospital	GEN AU	NSW	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Alfred Hospital	GEN AU	VIC	AUSTRALIA	7x SET 1 Post disaccredited		2014 OCT
VIC Maroondah Hospital	GEN AU	VIC	AUSTRALIA	3x SET 1 Post disaccredited		2014 OCT
VIC Royal Melbourne Hospital	GEN AU	VIC	AUSTRALIA	3x SET 1 Post disaccredited		2014 OCT
VIC St Vincent's Hospital Melbourne	GEN AU	VIC	AUSTRALIA	3x SET 1 Post disaccredited		2014 OCT
VIC Monash Medical Centre	GEN AU	VIC	AUSTRALIA	2x SET 1 Post disaccredited		2014 OCT
VIC Peter MacCallum Cancer Institute	GEN AU	VIC	AUSTRALIA	2x SET 1 Post disaccredited		2014 OCT
VIC Western Hospital	GEN AU	VIC	AUSTRALIA	2x SET 1 Post disaccredited		2014 OCT
VIC Albury-Wodonga Health (VIC Use)	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Ballarat Base Hospital Campus	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Bendigo Hospital	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Central Gippsland Health Service	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Frankston Hospital	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Geelong Hospital	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Swan Hill District Health	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Tasmanian Health Organisation - North West	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Werribee Mercy Hospital	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
VIC Wimmera Base	GEN AU	VIC	AUSTRALIA	1x SET 1 Post disaccredited		2014 OCT
NZ Christchurch	GEN NZ	NZ	NEW ZEALAND	2x SET 1 Post disaccredited		2014 OCT
NZ Middlemore	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
NZ North Shore	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
NZ Auckland City	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
NZ Waikato	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
NZ Wellington	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
NZ Dunedin	GEN NZ	NZ	NEW ZEALAND	1x SET 1 Post disaccredited		2014 OCT
Sydney Hospital	OHN AU	NSW	AUSTRALIA	1x SET1P disaccredited effective from Term 1 2015		2014 OCT
Royal Prince Alfred	OHN AU	NSW	AUSTRALIA	1x SET1P disaccredited effective from Term 1 2015		2014 OCT
Sydney Adventist Hospital	URO	NSW	AUSTRALIA	disaccredited effective from 2015		2014 OCT

## Appendix 7.

### Appendix 7: CPD and Professional Development

#### New CPD courses and workshops

- The College used funding from the Commonwealth Rural Health Continuing Education (RHCE) grants program to develop and deliver four workshops in rural and remote Australia to promote teamwork and help surgeons, anaesthetists and scrub practitioners to work together more effectively in the operating theatre. The program, *NOTSS, ANTS and SPLINTS: Working together to help perioperative teams in rural and remote locations* uses material developed by the Royal College of Surgeons of Edinburgh, the University of Aberdeen and the National Health Service. The frameworks used are the Non-Technical Skills for Surgeons (NOTSS), Anaesthetists' Non-Technical Skills (ANTS) and Scrub Practitioners' List of Intra-operative Non-Technical Skills (SPLINTS).
- *Clinical Decision Making: A Complex Competency* is a three-hour workshop to enhance understanding of surgical decision-making processes. It is particularly useful for supervisors dealing with struggling Trainees or as a self-improvement exercise.
- *Training Standards: Interpretation and Application* is a three-hour workshop to enhance supervisors' and trainers' understanding of the nine RACS competencies and aligns behaviours and standards of performance to these. The course offers a framework and guide for assessing Trainees against the nine RACS competencies.
- The *Acute Neurotrauma: Enhancing head injury management for rural clinicians* workshops continued in 2014. This workshop provides the foundation for improved head injury management, equipping clinicians with skills to deal with cases of neurotrauma using equipment commonly found in rural hospitals. Workshops, focusing on training in burr-hole surgery for head trauma emergencies were offered in two locations in 2014. An eLearning package of four modules is available on the RACS website.
- The Professional Development Department with Regional Offices delivered two-day *Preparation for Practice* workshops for younger Fellows and late stage Trainees to learn about setting up private practice.

#### List of professional development courses 2015

Program name	Modality	Number delivered	Region
<b>TECHNICAL EXPERTISE</b>			
Management of Acute Neurotrauma in a rural setting	Simulation Workshop	1	QLD
Management of Acute Neurotrauma in a rural setting	Online	Ongoing	N/A
<b>JUDGEMENT AND DECISION MAKING</b>			
Clinical Decision Making: a complex competency	Blended	5	NSW NZ ACT
<b>PROFESSIONAL</b>			
Building towards Retirement	Workshop & Webinar	1	QLD
International Medical Symposium	Seminar	1	VIC
AMA Impairment Guidelines 5 <sup>th</sup> ed: Difficult cases	Workshop	1	QLD
Writing Medico Legal Reports	Workshop	1	SA
Code of Conduct	Online	Ongoing	N/A
Multi source Feedback	e-Tool & Online	Ongoing	N/A
<b>HEALTH ADVOCACY</b>			
Australian Indigenous Health and Cultural Learning Modules	Online	Ongoing	N/A

**Appendix 7.**

<b>Program name</b>	<b>Modality</b>	<b>Number delivered</b>	<b>Region</b>
Network for Indigenous Cultural and Health Education (NICHE) Portal	Online	Ongoing	N/A
Intercultural Learning for Medical Specialists	Online	Ongoing	N/A
Surgery and the Frail Older Person	Seminar	1	VIC
<b>COMMUNICATION</b>			
Communication Skills for Cancer Clinicians: Breaking Bad News	Simulation Workshop	2	VIC
Communication Skills for Cancer Clinicians: Transitioning to Palliative Care	Simulation Workshop	1	VIC
Communication Skills for Cancer Clinicians: Discussing Death and Dying	Simulation Workshop	1	VIC
Process Communication Model: Seminar 1	Simulation Workshop	3	VIC, QLD, TAS
Process Communication Model: Seminar 2	Simulation Workshop	1	NSW
Process Communication Model: Refresher	Simulation Workshop	1	VIC
<b>COLLABORATION AND TEAMWORK</b>			
Non-Technical Skills for Surgeons	Workshop	4	NSW, QLD, VIC, NZ
Safer Australian Surgical Teamwork	Workshop	4	NSW, VIC
<b>MANAGEMENT AND LEADERSHIP</b>			
Strategy and Risk Management for Surgeons	Workshop	1	VIC
Finance for Surgeons	Workshop	1	QLD
Younger Fellows Forum	Residential workshop	1	WA
Preparation for Practice	Workshop	5	VIC, QLD, SA, NSW, NZ
<b>SCHOLARSHIP AND TEACHING</b>			
Foundation Skills for Surgical Educators	Workshop	10	NSW, VIC, WA, QLD, NT, TAS, SA, NZ
Supervisors and Trainers for SET	Workshop	8	QLD, NSW, VIC, WA, QLD, ACT, SA
Supervisors and Trainers for SET	Online	Ongoing	N/A
Keeping Trainees on Track	Workshop	8	TAS

### Appendix 7.

Program name	Modality	Number delivered	Region
			VIC QLD NSW SA NZ
Keeping Trainees on Track	Online	Ongoing	N/A
Surgical Teachers Course	Residential workshop	3	TAS VIC NSW
Training Standards: Interpretation and Application	Online	Ongoing	N/A
SET Selection Interviewer Training	Online	Ongoing	N/A
The Academy of Surgical Educators Forum	Seminar	1	NSW
Faculty of Surgical Trainers and Academy of Surgical Educators Forum	Workshop	1	WA
Academy Educator Studio Sessions	Seminar & Webinar	6	VIC
Graduate Programs in Surgical Education	Workshop	1 per subject	VIC
Critical Literature Evaluation and Research course for consultants	Workshop	1	NSW

## Appendix 8.

### Appendix 8: Academy of Surgical Educators - Overview 2014

The Academy continues to support, enhance and recognise surgical educators within the College.

- Membership of over 550 and around 1100 attendees participating in surgical educator activities and courses.
- An active community of practice
- Implemented a reward and recognition program for surgical educators: the Educator of Merit, Supervisor, International Medical Graduate Clinical Assessor of the Year Awards
- Recognises all serving Supervisors and Professional Development facilitators with Educator of Commitment Awards.
- The Dean of Education has made presentations about the Academy of Surgical Educators and its activities at the RACS Annual Scientific Congress, International Conference on Surgical Education and Training (ICOSSET), Australian and New Zealand Association for Health Professional Educators (ANZAHPE), International Conference on Residency Education (ICRE) and the Australian and New Zealand Medical Education Training Forum (ANZMET) incorporating the National Prevocational Medical Education Forum.
- Educational activities delivered in 2014:
  - Conjoint Medical Education Seminar,
  - Academy Forum,
  - National Simulation Health Educator Training program (NHET Sim),
  - Foundation Skills for Surgical Educators,
  - Supervisors and Trainers for Surgical Education and Training (SAT SET),
  - Keeping Trainees on Track (KTOT),
  - Surgical Education and Training Selection Interviewer Training (SET SIT),
  - Non- Technical Skills for Surgeons (NOTSS),
  - Surgical Teachers Course,
  - Graduate Programs in Surgical Education
  - Educator Studio Sessions.
- The 4th International Medical Symposium on 'Revalidation' was held on Friday, March 14, at Hilton on the Park, Melbourne. It was hosted by the Royal Australasian College of Surgeons, the Royal Australasian College of Physicians and Royal College of Physicians and the Surgeons of Canada and involved international and domestic presenters.
- The Academy hosted its second Forum in Adelaide with presentations from Assoc Prof Alison Jones on 'Developing Professionalism in Trainees' and Assoc Prof David Hillis on 'Surgeons are role models for professionalism'. This was delivered in association with the Surgical Research Society and Section of Academic Surgeons.
- The National Health Education and Training in Simulation is a program for surgical educators who use or intend to use simulation as an educational method to support the education and training of surgeons. Five courses were run in 2014 – four in basic training and one advanced, qualifying 82 surgeons as accredited NHET Sim graduates.
- The Educator Studio Sessions showcase presentations from renowned medical educators on topics of interest to members. Six sessions were delivered in 2014. Podcasts of the sessions are available to Academy member on the College website.
- The Graduate Programs in Surgical Education offered jointly by the University of Melbourne and the College offer a suite of programs (Masters, Diploma or Certificate) that address the specialised needs of teaching and learning in a modern surgical environment. The first cohort of six Masters graduates completed their studies in 2014.
- The Academy is supported by an interactive online learning community where members can gather ideas, share interests and research, find resources and keep abreast of upcoming events.



### Appendix 8.

- In 2014 the Academy of Surgical Educators launched the first of its 'Academy Awards' to support, enhance and recognise surgical educators within the College. The inaugural winners of the Educator of Merit – Supervisor / International Medical Graduate Clinical Assessor of the Year Award recipients are the late Prof Phillip Walker for QLD and Prof David Hardman for the ACT. The Educator of Merit Award – Professional Development Facilitator of the Year award was awarded to Mr David Birks of Victoria. The award winners were announced at the Academy Forum on November 13, 2014.

### Academy of Surgical Educators - List of activities 2014

Activity Title	Activities run	Attendees
Academy of Surgical Educators Forum	1	38
Academy Studio Session	2	24
Acute Neurotrauma	2	30
Acute Neurotrauma E-Learning Module	1	5
AMA Impairment Guidelines 5th Edition: Difficult Cases	1	27
Building Towards Retirement	1	36
Clinical Decision Making	4	54
Code of Conduct E-Learning Module	1	40
Communication Skills for Cancer Clinicians	2	18
Finance for Surgeons	1	16
Foundation Skills for Surgical Educators	4	42
IC and IH E-Learning Module	1	2
IH E-Learning Module	1	0
KTOT	11	131
NHET Sim	5	55
NOTSS	6	88
NOTSS Faculty Training	1	14
Preparation for Practice	2	49
Process Communication Model Part I	2	24
Process Communication Model Part II	1	12
Safer Australian Surgical Teamwork	4	60
SAT SET Course	8	103
SAT SET E-Learning Module	1	39
SET Selection Interviewer Training E-Learning Module	1	10
Strategy and Risk for Surgeons	1	15
Surgical Teachers Course	3	54
Training Standards: Interpretation and Application	3	30
Writing Medico legal Reports	1	29
Younger Fellows Forum (YFF)	1	38
<b>Total</b>	<b>73</b>	<b>1083</b>

## Appendix 9.

### Appendix 9: AOA Annual Report to RACS

## SERVICE AGREEMENT

## ANNUAL REPORT TO THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

**MAY 2015**

This report is prepared in accordance with Section 8.2 of the Service Agreement between the Australian Orthopaedic Association and the Royal Australasian College of Surgeons, signed on 20 August 2013.

### TABLE OF CONTENTS

1. Aims and Objectives of the Service Agreement
2. Progress in Achieving the Aims and Objectives
3. Difficulties Encountered in Achieving the Aims and Objective
4. Training Program Development
5. Strategic Planning
6. Education Revenue and Expenditure
7. Confirmation of Information Published on the public website of the Society or College
8. Appendices

## Appendix 9.

### **1. Aims and Objectives of the Service Agreement**

According to the AOA/RACS Service Agreement, AOA is responsible for all those activities marked 'S' in Appendix A Service Activity List. The Service Agreement can be found at Appendix A of this report.

### **2. Progress in Achieving the Aims and Objectives**

Since the execution of the Service Agreement, AOA has taken a 'business as usual' approach to delivery of the Orthopaedic Training Program while negotiating with the College regarding implementation of the Service Agreement, specifically the development of Principle Based Policies.

AOA has awaited completion of the required Principle Based Policies prior to developing Specialty Specific Regulations.

### **3. Difficulties Encountered in Achieving the Aims and Objectives**

AOA is committed to operating in accordance with the requirements of the Service Agreement. Implementation of changes required by the Service Agreement has been slow and there is a perceived lack of willingness to establish policies and processes consistent with what has been agreed. There seems to be a fundamental divergence of understanding on the concepts of principle based policies and more broadly, delegation of responsibility. This disconnect has made identifying a mutually agreeable way forward challenging.

### **4. Training Program Development**

Selection Regulations remained largely unchanged for the current round. The Selection Committee noted that changes from the previous year seemed positive but were keen to monitor the impact for an additional round prior to making any further significant changes. With the change in RACS policy, the competency-based pathway for demonstrating eligibility was discontinued.

Only minor changes for clarity and consistency were made to Training regulations in anticipation of provision of principle-based policies, which would require more substantial changes to be made.

A second annual National Trial Fellowship Exam was conducted in association with the AORA ASM in October 2014. The successful exam was once again very well received with both trainees and 'examiners' commenting on its benefits.

Please refer to Section 5 for further detail on changes to Bone School and training for Supervisors.

### **5. Education Strategic Planning**

AOA has previously reported on the significant external review, conducted by A/Professor Jason Frank from the Royal College of Physicians and Surgeons of Canada, which resulted in sixteen recommendations for change across AOA education and training programs. The AOA Board approved recommendations for change in October 2013. Subsequently, a two stage, eight-year implementation plan for the AOA 21 Research Project was developed and approved. Key areas that were prioritised for development in the first four years include revision of AOA competencies, assessment, eLearning, Bone School and building capability of Trainee Supervisors and Directors.

To date a Curriculum Review Committee has considered the essential abilities of an orthopaedic surgeon on their first day of independent specialist practice. A working draft is being used to facilitate consideration of the structure, composition and duration of training.

## Appendix 9.

An Assessment working party has been formed and has commenced a review of assessment methods and tools. Pilots of potential workplace-based assessment tools are expected to be conducted later in 2015. eLearning developments are continuing alongside the review of assessment to ensure effective delivery of any new methods adopted.

The review of Bone School has commenced with early improvements towards national standardisation and better teaching of 'non-technical skills' being progressively rolled out as insights are gained from the research undertaken.

Additional training for Trainee Supervisors and Directors of Training have been very well received. Further details of this can be found at Appendix B.

### **6. Confirmation of information published on the public website of the Society or College**

Comprehensive information on Orthopaedic Surgical Education and Training is available on the AOA and RACS websites. As part of AOA's online strategy a refresh of the pages relevant to SET is currently being planned.

### **7. Appendices**

Information that has already been submitted throughout the year, either to the Board of Surgical Education and Training meetings or for any other reason, has not been included.

Appendix A: AOA/RACS Service Agreement

Appendix B: Training for AOA Trainee Supervisors and Directors of Training

Appendix C: AOA Education Staff

Appendix D: Comment on relationship with Public Health and JR representatives

Appendix E: Feedback Mechanisms and Evaluation

Appendix F: AOA Trainee Data

Appendix G: AOA Accredited Training Sites

## Appendix 9.

### Appendix B

#### Training for AOA Trainee Supervisors and Directors of Training

Topic	Webinar	Face-to-face - National	Face-to-face - Regional
Helping Underperforming Trainees	✓	✓	✓
Trainee Supervision – A Planned Approach		✓	

### Appendix C

#### Education & Training Staff

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### Appendix D

#### Relationship with Public Health and JR representatives

AOA has active and regular involvement with a number of key stakeholders in regards to workforce and training issues. Stakeholders include Health Workforce Australia, Department of Immigration and Border Protection – Skills Australia, Australian Medical Association, Ministry of Health (NSW), Federal Department of Health, Minister for Health (Chief of Staff), Private Health Organisations, and Industry.

A JR continues to sit on the AOA Federal Training Committee. This representative is a full, voting member of the committee.

JR involvement is actively sought in training site accreditation inspections and SET Selection interviews.

### **Feedback Mechanisms & Evaluations**

AOA trainees are required to complete a trainee evaluation at the end of each term. The survey addresses training and supervision, workplace experiences, working hours and on-call requirements, Bone School and AOA administration and support.

Likewise, Directors of Training are similarly asked for regular feedback on training processes.

Whenever AOA runs a workshop/training activity, evaluations are collected at the conclusion of the session to ascertain its usefulness and to identify additional topics for future workshops.

Our Selection and Accreditation processes have feedback mechanisms built in to gather feedback from participants at all levels.

AOA also conducts an annual member survey.

The AOA 21 Research Project was structured according to recommendations of an external review of AOA programs, which incorporated extensive feedback from AOA Members, Trainees and other stakeholder groups. Further information can be found in section 5 of the Annual Report.

An annual review of Selection is conducted in September each year. Feedback gathered on the Selection process is incorporated into this session along with the findings of structured statistical analysis.

Trends are identified through survey and feedback mechanisms and action taken accordingly to rectify deficiencies in AOA Programs or to better serve the needs of our members.