Accreditation Submission to the Australian Medical Council

2021 Follow-Up Assessment:

Request for Additional Information

Royal Australasian College of Surgeons | Australian Medical Council Limited

Contents

List of tables

List of acronyms

AMC	Australian Medical Council
AOA	Australian Orthopaedic Association
ASPS	Australian Society of Plastic Surgeons
Au	Australia
BRIPS	Building Respect, Improving Patient Safety
BSET	Board of Surgical Education and Training
CBT	Competency-Based Training
CEO	Chief Executive Officer
CPD	Continuing Professional Development
CV	Curriculum vitae
D&I	Diversity and Inclusion (Plan)
EB	Education Board
EGM	Executive General Manager
EPA	Entrustable Professional Activity
EVOPP	External Validation of Professional Performance
FEX	Fellowship Examination
FSSE	Foundation Skills for Surgical Educators
FTC	Federal Training Committee
GSET	General Surgery SET
IHC	Indigenous Health Committee
M&E	Monitoring and Evaluation (Framework)
MCNZ	Medical Council of New Zealand
MEL	Monitoring, Evaluation and Learning
MIHI	Māori/Indigenous Health Institute
NZ	New Zealand
NZOA	New Zealand Orthopaedic Association
NZVR	New Zealand Vocational Registration
OHNS	Otolaryngology Head and Neck Surgery
OWR	Operating with Respect
P&RS	Plastic and Reconstructive Surgery
RACS	Royal Australasian College of Surgeons
RACSTA	Royal Australasian College of Surgeons Trainees' Association
RAP	Reconciliation Action Plan

RRA	Reconsideration, Review and Appeals
SET	Surgical Education and Training
SEAM	Surgical Education and Assessment Modules
SIMG	Specialist International Medical Graduate
STB	Specialty Training Board
STP	Specialist Training Program
TIMS	Trainee Information Management System
WBA	Workplace-based assessment

Australian Medical Council Limited

AMC/MCNZ feedback on the RACS submission

The assessment team has reviewed the College's accreditation submission and commends the College on the document. The team has requested further information, as detailed below, structured according to the approved accreditation standards. The team has also identified areas to be explored in further detail during the assessment visit.

The additional information submission is due to the AMC by Tuesday 1 June 2021.

Scope of the 2021 follow up assessment

The team is conducting a follow up assessment of the Royal Australasian College of Surgeons (RACS). The review will focus on the remaining conditions and consider the impact of the significant developments reported under each standard.

Standard 1 The context of training and education

The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal).

Condition 1: Review the relationships between Council, the Education Board, the Board of Surgical Education and Training and the specialty training boards to ensure that the governance structure enables all training programs to meet RACS policies and AMC standards. (Standard 1.2)
Additional information: Terms of reference for the Governance Committee and BSET (Condition 1)
The terms of reference for the Governance Committee and the Board of Surgical Education and Training (BSET) are provided (Standard 1 Appendix has been submitted to the AMC but is not publicly available).
Condition 2: RACS must develop and implement a stronger process for ongoing evaluation as to whether each of these programs remain consistent with the education and training policies of the College. (Standard 1.2)
Additional information: Framework for training programs across speciality societies (Condition 2)
The Framework for training programs across specialties will be incorporated in the Monitoring and Evaluation (M&E) Framework presently being developed. The M&E Framework will a) include an evaluation plan to assess the implementation of education and training processes in line with RACS policies and b) offer recommendations to improve the SET programs.
Condition 4: Provide evidence of effective implementation, monitoring and evaluation of the: i. Reconciliation Action Plan ii. Building Respect, Improving Patient Safety (BRIPS) Action Plan iii. Diversity and Inclusion Plan (Standards 1.6 and 1.7)
Additional information: 2020 data on current numbers of Aboriginal and Torres Strait Islander and Māori, and female trainees and fellows (Condition 4)
Trainee demographic data is provided in Table 1.

Table 1. Trainee demographic data as of 2020

Trainee demographic	Total Number
Aboriginal and Torres Strait Islander	6
Māori	1
Female	407
Male	913

Additional information: General to Standard 1
Reasons behind 17/18 applications for reviews, reconsiderations and appeals being upheld?
The 17/18 decisions relate to requests for reconsideration as part of the application process for selection, which involves the applicant meeting specific and well outlined requirements. Applications for RRA arose mainly from applicants failing to pay proper attention to the requirements outlined in the selection regulations, particularly as they relate to the structured curriculum vitae scoring. The scoring and transcription for all reconsiderations were double checked to ensure no error had been made. One error was identified and consequently that outcome was changed. No errors were found in the remaining 17 applications and thus the original outcomes for those applications were upheld. Selection is of high importance to our stakeholders (applicants) and the presumption in these cases is that the application for reconsideration will be eligible under ground 3.2.2 of the regulation which states: 3.2.2: *"That relevant and significant information, whether available at the time of the original decision or which became subsequently available, was not considered or not properly considered in the making of the original decision;".*
The matrix indicated in the 4 stages of management and response to COVID-19
The matrix is provided. This matrix includes example situations that were worked through in response to the emergence of the COVID-19 pandemic (The Standard 1 Appendix has been submitted to the AMC but is not publicly available)
Matrix/table providing a high-level overview of RACS and each specialty/programs' progress against the remaining conditions (as relevant to the condition)
The matrix outlining the progress achieved against the remaining conditions is attached as an accompanying document (The matrix has been submitted to the AMC but is not publicly available).

Standard 2 The outcomes of specialist training and education

The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes).

Condition 7: Clearly and uniformly articulate program and graduate outcomes (for all specialties) which are publicly available, reflect community needs and which map to the nine RACS competencies. (Standard 2.2 and 2.3)
Additional information: Summary document on the ten competences and mapping to the outcome and progress made in each specialty in Australia and New Zealand (Condition 7)
Table 2 outlines the documentation provided to demonstrate the mapping of graduate outcomes to the ten competencies per specialty. The graduate outcomes in the finalised curricula are clearly articulated for those programs. These graduate outcomes will be appropriately customised where required to align with the unique elements of each program.
Additional information: Timeline for the finalisation of all specialties having graduate outcomes embedded in the curriculum (Condition 7)
The specialty-specific timelines are outlined in Table 2.

Table 2. Timeline for the finalisation of all specialties to have graduate outcomes embedded in the curriculum

Specialty training board/committee	Timeline
Board of Cardiothoracic Surgery	Continuing to progress the curriculum revision. The current curriculum is provided (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Australian Board in General Surgery	The new curriculum will be completed by the end of the year and implemented for GSET in 2022. The current curriculum is provided (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
New Zealand Board in General Surgery	The new GSET Program has graduate outcomes embedded in the regulations and will be assessed by the new suite of competency assessments: Procedure-Based Assessments and Entrustable Professional Activities. The current curriculum is provided (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Board of Neurosurgery	The current graduate outcomes are on the website and already embedded in the curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Australian Orthopaedic Association Federal Training Committee	Program and graduate outcomes are defined in the AOA 21 Curriculum rolled out in 2017 (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
New Zealand Board of Orthopaedic Surgery	This is outlined within the New Zealand Orthopaedic Association Curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Board of Otolaryngology Head and Neck Surgery (OHNS)	Included in the OHNS Curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
New Zealand OHNS Training Education and Accreditation Committee	See response of the Board of OHNS.
Board of Paediatric Surgery	Awaiting RACS Professional Skills Curriculum to finalise all graduate outcomes. The current curriculum is provided (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Australian Board of Plastic and Reconstructive Surgery	Documentation to be provided at the AMC/MCNZ meetings.
New Zealand Board of Plastic and Reconstructive Surgery	Nothing to report (documentation to be provided at the AMC/MCNZ meetings).
Board of Urology	Graduate outcomes are embedded within the curriculum. However, due to considerations of intellectual property these have not been made publicly available. Alignment of assessment processes is likely to occur over the coming two years and a summary document could be made publicly available at that time (documentation to be provided at the AMC/MCNZ meetings).
Board of Vascular Surgery	Due to be embedded in January 2022. The current curriculum map is provided (Standard 2 Appendix has been submitted to the AMC but is not publicly available).

Standard 3 The specialist medical training and education framework

The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum).

Condition 8: Enhance and align the non-technical competencies across all surgical specialties including a consideration of the broader patient context. (Standard 3.2)
Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
The Australian Orthopaedic Association Federal Training Committee (AOA FTC) and the New Zealand Board (NZ) of Orthopaedic Surgery have embedded non-technical competencies in their curricula. The Board of Otolaryngology Head and Neck Surgery has developed a curriculum, in conjunction with RACS, that incorporates the non-technical competencies. The Board of Urology released their revised curriculum for Trainees commencing from 2021 and it aligns closely with the recently developed Professional Skills Curriculum. The Australian and New Zealand Boards in General Surgery are incorporating non-technical competencies into their current curriculum development, due to be implemented in 2022. A full revision of the Board of Neurosurgery's curriculum will be released in 2021. The Boards of Cardiothoracic Surgery, Vascular Surgery and Paediatric Surgery are awaiting the finalisation of the Professional Skills Curriculum, due in 2022.
Additional information: Documentation on how the professional skills curricula will be embedded across all surgical specialties (Condition 8)
The following documentation is provided: • RACS Professional Skills Curriculum draft (Standard 3 Appendix has been submitted to the AMC but is not publicly available) • The AOA FTC and the NZ Board of Orthopaedic Surgery curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available) • The Board of Otolaryngology Head and Neck Surgery curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available) • The Board of Neurosurgery curriculum (Standard 2 Appendix has been submitted to the AMC but is not publicly available) • The Boards of Plastic and Reconstructive Surgery and Urology will provide documentation at their respective meetings with the AMC/MCNZ.
Condition 9: As it applies to the specialty training program, expand the curricula to ensure trainees contribute to the effectiveness and efficiency of the healthcare system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of settings within the Australian and/or New Zealand health systems. (Standard 3.2.6)
Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
Timelines for the inclusion of the delivery of safe, high-quality and cost-effective health care reflects the response provided against Condition 8. The curricula already implemented incorporate these key elements, and those in development, including the Professional Skills Curriculum draft, will ensure that these are captured.

Condition 10: Document the management of peri-operative medical conditions and complications in the curricula of all specialty training programs. (Standard 3.2.3, 3.2.4 and 3.2.6)
Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
This condition has been met by the majority of the Specialty Training Boards/Committee. Those outstanding include the Board of Cardiothoracic Surgery, who is awaiting their curriculum review, and the Australian and New Zealand Boards in General Surgery who are finalising their newly developed curriculum, which is due for implementation in early 2022.
Additional information: Documentation on where peri-operative medical conditions and complications have been embedded in each programs' curricula (Condition 10)
Documentation to address this condition is as described in Table 2 (Standard 2 Appendix has been submitted to the AMC but is not publicly available).
Condition 11: Include the specific health needs of Aboriginal and Torres Strait Islanders and/or Māori, along with cultural competence training, in the curricula of all specialty training programs. (Standard 3.2.10)
Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
The Indigenous Health Committee (IHC) was closely involved in the development of the Professional Skills Curriculum content for the Cultural Competence and Cultural Safety competency and Te Rautaki Māori 2020-2023 (Standard 3 Appendix has been submitted to the AMC but is not publicly available).
Condition 12: In conjunction with the Specialty Training Boards, develop a standard definition across all training programs of 'competency-based training' and how 'time in training' and number of procedures required complement specific observations of satisfactory performance in determining 'competency'. (Standard 3.4.2)
Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
A literature review is currently being conducted on peer-reviewed and grey literature to understand the current landscape relating to competency-based training. This will include definitions of 'competency-based training' as well as time in training and number of procedures that surgical specialties have in place. This review will form the basis of an iterative and comprehensive consultation phase, scheduled for 2022, that will capture specialty-specific perspectives for context and highlight areas of overlap.
Condition 13: RACS has a policy that is applicable to all specialty training programs to remove the overt and hidden barriers to flexible forms of training. RACS must build on the existing policy and processes and liaise with hospitals to implement flexible training. (Standard 3.4.3)

Additional information: Plans for implementation and timelines for implementation for each remaining condition under this standard (Conditions 8, 9, 10, 11, 12, 13)
The following wording regarding flexible training has been proposed for inclusion in the Hospital Training Post Accreditation Standards, pending approval at June BSET: 11.1.1 "*Surgical units must assess all requests for flexible training on a case-by-case basis and in accordance with the employing hospital's policy."* In addition, there is a requirement that a written explanation outlining why an application has been rejected should be provided to applicants and, where relevant, how the application could be modified to increase the likelihood of success in the future.
Additional information: A table showing the number of part-time positions available and total number of trainees for each specialty. (Condition 13)
Table 3 shows the number of part time positions available or currently filled. These numbers reflect the attempts of hospitals to accommodate flexible training on a needs basis.

Table 3. Total number of Trainees and number of part time positions available by specialty, 2021

Specialty training board/committee	Total number of Trainees	No. part time positions available
Board of Cardiothoracic Surgery	41	0
Australian Board in General Surgery	449	7
New Zealand Board in General Surgery	77	0
Board of Neurosurgery	56	0*
Board of Otolaryngology Head and Neck Surgery (OHNS)	78	1
New Zealand OHNS Training Education and Accreditation Committee	23	0
Australian Orthopaedic Association Federal Training Committee	231	38
New Zealand Board of Orthopaedic Surgery	58	0
Board of Paediatric Surgery	29	1
Australian Board of Plastic and Reconstructive Surgery	87	1†
New Zealand Board of Plastic and Reconstructive Surgery	20	2
Board of Urology	104	0
Board of Vascular Surgery	50	1

* 22 posts have confirmed their willingness to provide flexible training posts

† 34 posts have confirmed their willingness to provide flexible posts

Standard 6 Monitoring and evaluation

Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action):

Condition 17: Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)
Additional information: Copy of Results Logic Model and draft M&E framework and strategy (Condition 17)
The M&E Framework Strategy document is provided (Standard 6 Appendix has been submitted to the AMC but is not publicly available). The Logic Model is discussed in section 4 and depicted in Figure 1.
Condition 19: Establish methods to seek confidential feedback from supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2)
Additional information: Results of supervisor survey (Condition 19)
The findings are described in the RACS Supervisor Survey results report provided (Standard 6 Appendix has been submitted to the AMC but is not publicly available).
Condition 20: Develop and implement completely confidential and safe processes for obtaining and acting on regular, systematic feedback from trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3)
Additional information: % of trainee responses to the RACSTA survey (Condition 20)
The following figures present the response rate for the RACSTA survey across 2018, 2019 and 2020: 2018: Term 1 - 28% Term 2 - 39% 2019: Term 1 - 37.5% Term 2 - 33.5% 2020: Term 1 - 23% Term 2 - 11.5%
Condition 21: Develop formal consultation methods and regularly collect feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)
Additional information: Stakeholder engagement and communication tools to understand the College's approach (Condition 21)
The key tool for ensuring stakeholder engagement is evaluated is outlined in the M&E Framework Strategy, in the stakeholder assessment and engagement matrix provided (Standard 6 Appendix has been submitted to the AMC but is not publicly available).

Standard 7 Trainees

Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes).

Condition 24: Further develop the selection policies for each surgical training program, particularly with regard to the provision of transparent scoring of each element in the curriculum vitae and the standardisation in the structure of referee reports. (Standard 7.1)
Additional information: Example of referee reports, CV and interview scoring matrix per specialty (Condition 24)
Scoring matrices are provided for most specialties (Standard 7 Appendix has been submitted to the AMC but is not publicly available). The Board of Urology has provided the CV scoring matrix and are able to provide examples of referee report and interview scoring matrices during the AMC/MCNZ meeting in June.
Condition 27: Promote and monitor the Diversity and Inclusion Plan through the College and Specialty Training Boards to ensure there are no structural impediments to a diversity of applicants applying for, and selected into all specialty training programs. (Standard 7.1)
Additional information: Status update on Diversity & Inclusion Plan and any subsequent actions (Condition 27)
The Building Respect 2020 Progress Report is provided (Standard 7 Appendix has been submitted to the AMC but is not publicly available).
Condition 28: Increase transparency in setting and reviewing fees for training, assessments, and training courses, while also seeking to contain the costs of training for trainees and specialist international medical graduates. (Standard 7.3.2 and 10.4.1)
Additional information: Initial KPMG report on fees (Condition 28)
The Trainee Fee Structure Internal Audit report prepared by KPMG is provided (Standard 7 Appendix has been submitted to the AMC but is not publicly available).

Additional information: General to Standard 7
Additional information: Update on application rate, Indigenous applicants and Indigenous new trainees for 2020-2021
Table 4 provides figures on the 2020; application rate, Indigenous application rate, number of new Trainees and number of Indigenous new Trainees.

Table 4. Number of applicants, Indigenous applicants, new Trainees and new Indigenous Trainees, 2020/2021

Specialty training board/committee	Number of applicants	Number of Indigenous applicants	Number of new Trainees	Number of new Indigenous Trainees
Board of Cardiothoracic Surgery*	N/A	N/A	N/A	N/A
Australian Board in General Surgery	270	0	92	0
New Zealand Board in General Surgery	61	2	18	1
Board of Neurosurgery	65	1	13	0
Board of Otolaryngology Head and Neck Surgery	72	0	10	0
New Zealand OHNS Training Education and Accreditation Committee	15	1	5	1
Australian Orthopaedic Association Federal Training Committee	191	0	42	0
New Zealand Board of Orthopaedic Surgery	44	2	13	2
Board of Paediatric Surgery	19	0	3	0
Australian Board of Plastic and Reconstructive Surgery	69	0	17	0
New Zealand Board of Plastic and Reconstructive Surgery	18	0	4	0
Board of Urology	51	0	20	0
Board of Vascular Surgery	42	1	10	0

*Due to COVID-19, selection for Cardiothoracic surgery in 2020 was cancelled.

Standard 8 Implementing the program – delivery of education and accreditation of training sites

Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts).

Condition 30: Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1)
Additional information: Access to the cultural safety training course link (Condition 30)
The cultural safety training courses are available to members and invited guests via the RACS Indigenous Health webpage: https://www.surgeons.org/about-racs/indigenous-health/aboriginal-and-torres-strait-islander-health/the-aboriginal-and-torres-strait-islander-health-and-cultural-safety-elearning-program. Courses 1 and 2 are live, course 3 is nearing completion and course 4 is in the early draft phase.
Additional information: Timeline for completion and implementation of cultural safety training (Condition 30)
Indigenous Health and Cultural Safety information was included in the newly developed RACS Supervisor Induction Training course. Fifty of the New Zealand supervisors will begin the Māori/Indigenous Health Institute (University of Otago) Cultural Safety Training in mid-2021. This course will subsequently be rolled out to a wider group of New Zealand members. In Australia three Australian Indigenous Doctors' Association Aboriginal and Torres Strait Islander Health and Cultural Safety sessions are being delivered to senior RACS members in Melbourne, Brisbane and Sydney throughout 2021. These courses will be supported by the delivery of customised training related to the new Cultural Competency, Cultural Safety competency and improving Indigenous Health outcomes. This training will be delivered to BSET, STBs, supervisors and trainers progressively throughout 2021 and 2022.
Condition 31: In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training programs. (Standard 8.1)
Additional information: Draft supervisor framework, timeline for completion and implementation of supervisor standards (Condition 31)
The RACS website contains the Supervisor Framework and Self-Assessment Tool: https://www.surgeons.org/Fellows/for-educators-trainers/supervisor-support-hub/Supervisor-Framework.
Condition 33: In the hospital and training post accreditation standards for all surgical training programs include a requirement that sites demonstrate a commitment to Aboriginal and Torres Strait Islander and/or Maori cultural competence. (Standard 8.2.2)
Additional information: Draft accreditation standards piloted in 2021 (Condition 33) Note: College has provided the accreditation standards for AOA
The draft Hospital Training Post Accreditation Standards are provided (Standard 8 Appendix has been submitted to the AMC but is not publicly available).

Additional information: General to Standard 8
Additional information: Update of FSSE program completion rates across specialities?
The FSSE completion rates are provided (Standard 8 Appendix has been submitted to the AMC but is not publicly available).

Standard 9 Continuing professional development, further training and remediation

Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation).

Additional information: General to Standard 9
Additional information: Documentation relevant to MCNZ Criteria
We would request more clarification on whether this is in relation to MCNZ criteria for CPD, for example further training or remediation.
Additional information: Specific plans for identification and remediation of poorly performing surgeons
Poor performance is typically identified in the first instance at a workplace level. RACS is dependent on hospitals and surgeons reporting poor behaviour and performance to RACS. Since the initiation of the Building Respect, Improving Patient Safety initiative, RACS has spent a considerable amount of time working with hospitals and health networks to develop a confidential and transparent approach to reporting poorly performing surgeons. At the request of the regulator or the hospital, RACS participates in facilitating the reviews of poor performance in consultation with relevant stakeholders including surgical specialty societies. Examples include sending surgeon/s to undertake a site visit, a review of audit data or a ‘cup of coffee’ conversation. Assessments are individualised and often assessed using the RACS Surgical Competence and Performance Guide. If the behaviour is considered to be a possible breach of the RACS Code of Conduct, the Professional Conduct Committee may be enacted to hear the matter and apply a sanction where required. Outcomes from these reviews can include a recommendation for variation of scope of practice, re-training or re-skilling, which can be overseen by RACS and/or the appropriate specialty society. For surgeons who have been out of practice for more than two years, RACS can request to oversee this return to practice with a program of training developed in consideration of the individual surgeons need, the hospitals requirement and the proposed scope of practice the surgeon will be undertaking when they return. A sample plan can be provided to the AMC during their visit upon request.

Standard 10 Assessment of specialist international medical graduates

Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)

Additional information: General to Standard 10

Additional information:
Update of Table 38 Assessment of SIMGs by specialty, including WBAs

Tables 5 to 13 provide figures relating to the assessment of SIMGs.

The WBA requirements for SIMGs are outlined below.

New Zealand

- Neither equivalent nor as satisfactory to NZ: When an applicant for Vocational Registration in New Zealand is found to hold qualifications, training and experience as 'neither equivalent nor as satisfactory' as those of a New Zealand registrant who holds the same vocational scope. It is recommended that these applicants do not progress.
- As satisfactory as NZ: When an applicant for Vocational Registration in New Zealand is found to hold qualifications, training and experience 'as satisfactory as' those of a New Zealand registrant who holds the same vocational scope. It is recommended that these applicants progress to WBAs to confirm their practice is at the required standard.
- Equivalent to NZ: When an applicant for Vocational Registration in New Zealand is found to hold qualifications, training and experience 'equivalent to' those of a New Zealand registrant who holds the same vocational scope. It is recommended that these applicants do not require WBAs to confirm their practice is at the required standard.

Australia

- If an applicant is assessed as 'not comparable' to an Australian or New Zealand trained surgeon, they are not eligible to progress.
- If an applicant is assessed as 'partially comparable' to an Australian or New Zealand trained surgeon, they are required to undertake a period of up to 24 months of supervised practice. This includes the required completion and reporting of WBAs to RACS on a quarterly basis.
- If an applicant is assessed as 'substantially comparable' to an Australian or New Zealand trained surgeon, they are required to undertake a period of up to 12 months of supervised practice. This includes the required completion and reporting of WBAs to RACS on a quarterly basis.

Table 5. Assessment of Specialist International Medical Graduates, Cardiothoracic Surgery, 2016–2020

Cardiothoracic Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	2	0	3	1	3	2	7	0	9	3
Specialist/vocational registration	2	0	3	1	3	1	6	0	9	3
Area of need	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	2	0	3	1	3	1	0	0	11	1
Second stage assessment/ Interview assessment NZ	2	0	3	1	3	0	0	0	8	2
Not comparable/neither equivalent nor as satisfactory to NZ	0	0	2	0	0	1	0	0	7	1
Partially comparable/ as satisfactory to NZ	1	0	1	0	3	0	0	0	2	0
Substantially comparable/ equivalent to NZ	1	0	0	1	0	0	0	0	2	2
In progress	0	0	0	0	0	0	7	0	4	0
Completed requirements and admitted to Fellowship/granted Vocational Registration	4	0	1	0	1	1	0	0	0	0

Table 6. Assessment of Specialist International Medical Graduates, General Surgery, 2016–2020

General Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	11	8	15	12	25	12	19	9	20	14
Specialist/vocational registration	11	8	13	12	24	12	18	9	20 *(18 Au applicants + 2 NZVR applicants)*	14
Area of need	0	N/A	2	N/A	1	N/A	1	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	11	5	15	5	25	3	7	2	22	8
Second stage assessment/ Interview assessment NZ	7	3	11	6	19	5	7	7	20	7
Not comparable/neither equivalent nor as satisfactory to NZ	4	1	6	3	8	2	1	2	5	6
Partially comparable/ as satisfactory to NZ	2	5	2	1	10	3	5	3	13	4
Substantially comparable/ equivalent to NZ	5	1	7	5	7	2	1	2	4	1
In progress	0	1	0	2	0	1	12	1	10	1
Completed requirements and admitted to Fellowship/granted Vocational Registration	21	1	10	1	12	5	7	1	8	3

NZVR: New Zealand Vocational Registration

Table 7. Assessment of Specialist International Medical Graduates, Neurosurgery, 2016–2020

Neurosurgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	7	0	4	2	3	1	3	1	7	5
Specialist/vocational registration	7	0	4	2	3	1	3	1	7	5
Area of need	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	7	0	4	0	3	0	0	1	4	5
Second stage assessment/ Interview assessment NZ	5	0	2	2	2	1	0	1	3	2
Not comparable/neither equivalent nor as satisfactory to NZ	6	0	2	0	1	0	0	1	1	2
Partially comparable/ as satisfactory to NZ	1	0	2	2	0	1	0	0	3	1
Substantially comparable/ equivalent to NZ	0	0	0	0	2	0	0	0	0	0
In progress	0	0	0	0	0	0	3	0	4	2
Completed requirements and admitted to Fellowship/granted Vocational Registration	11	0	1	0	0	0	1	0	3	0

Table 8. Assessment of Specialist International Medical Graduates, Orthopaedic Surgery, 2016–2020

Orthopaedic Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	16	6	18	13	12	21	21	15	20	18
Specialist/vocational registration	14	6	14	13	12	21	19	15	18 *(17 Au applicants + 1 NZVR applicant)*	18
Area of need	2	N/A	4	N/A	0	N/A	2	N/A	2	N/A
Initial assessment/ Preliminary assessment NZ	16	2	18	5	12	10	10	5	13	7
Second stage assessment/ Interview assessment NZ	14	4	15	9	9	11	9	9	10	7
Not comparable/neither equivalent nor as satisfactory to NZ	7	0	7	2	5	6	5	0	5	2
Partially comparable/ as satisfactory to NZ	8	5	10	4	5	3	4	6	6	5
Substantially comparable/ equivalent to NZ	1	1	1	2	2	7	1	4	2	0
In progress	0	0	0	4	0	1	11	2	16	4
Completed requirements and admitted to Fellowship/granted Vocational Registration	4	1	6	1	7	5	10	3	6	7

NZVR: New Zealand Vocational Registration

Table 9. Assessment of Specialist International Medical Graduates, Otolaryngology Head and Neck Surgery, 2016–2020

Otolaryngology Head and Neck Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	13	5	7	11	12	9	10	9	10	11
Specialist/vocational registration	12	5	7	11	9	9	8	9	8	11
Area of need	1	N/A	0	N/A	3	N/A	2	N/A	2	N/A
Initial assessment/ Preliminary assessment NZ	13	1	7	5	12	3	5	1	8	6
Second stage assessment/ Interview assessment NZ	11	4	6	6	9	5	5	4	7	5
Not comparable/neither equivalent nor as satisfactory to NZ	4	1	4	3	5	1	0	1	2	3
Partially comparable/ as satisfactory to NZ	4	1	1	3	5	4	4	2	2	2
Substantially comparable/ equivalent to NZ	5	3	2	2	2	1	1	1	4	0
In progress	0	1	0	4	0	1	5	0	5	4
Completed requirements and admitted to Fellowship/granted Vocational Registration	6	1	1	1	5	3	1	5	4	3

Table 10. Assessment of Specialist International Medical Graduates, Paediatric Surgery, 2016–2020

Paediatric Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	2	3	3	6	5	0	2	0	2	0
Specialist/vocational registration	2	3	3	6	5	0	2	0	2	0
Area of need	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	2	1	3	1	5	0	2	0	1	0
Second stage assessment/ Interview assessment NZ	1	3	3	3	2	0	1	0	1	0
Not comparable/neither equivalent nor as satisfactory to NZ	1	0	1	1	3	0	2	0	1	0
Partially comparable/ as satisfactory to NZ	0	0	2	1	2	0	0	0	0	0
Substantially comparable/ equivalent to NZ	1	3	0	1	0	0	0	0	0	0
In progress	0	0	0	0	0	0	0	0	2	0
Completed requirements and admitted to Fellowship/granted Vocational Registration	1	0	2	4	1	0	0	0	0	0

Table 11. Assessment of Specialist International Medical Graduates, Plastic and Reconstructive Surgery, 2016–2020

Plastic and Reconstructive Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	9	2	8	4	6	2	6	5	11	3
Specialist/vocational registration	9	2	6	4	4	2	5	5	11	3
Area of need	0	N/A	2	N/A	2	N/A	1	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	9	1	8	3	6	0	6	2	3	1
Second stage assessment/ Interview assessment NZ	7	1	5	3	5	2	4	3	3	1
Not comparable/neither equivalent nor as satisfactory to NZ	5	0	4	2	1	0	2	3	1	2
Partially comparable/ as satisfactory to NZ	4	1	4	2	4	1	4	1	2	0
Substantially comparable/ equivalent to NZ	0	1	0	0	1	1	0	1	0	0
In progress	0	0	0	1	0	0	0	2	8	1
Completed requirements and admitted to Fellowship/granted Vocational Registration	3	1	1	0	3	0	2	0	2	1

Table 12. Assessment of Specialist International Medical Graduates, Urology, 2016–2020

Urology	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	5	4	4	3	8	1	5	3	11	5
Specialist/vocational registration	5	4	3	3	8	1	4	3	10	5
Area of need	0	N/A	1	N/A	0	N/A	1	N/A	1	N/A
Initial assessment/ Preliminary assessment NZ	5	2	2	1	8	1	5	2	3	3
Second stage assessment/ Interview assessment NZ	4	2	2	1	6	1	2	2	2	4
Not comparable/neither equivalent nor as satisfactory to NZ	4	1	3	0	7	1	4	1	2	2
Partially comparable/ as satisfactory to NZ	1	1	0	1	1	0	1	1	1	1
Substantially comparable/ equivalent to NZ	0	2	1	1	0	0	0	1	0	2
In progress	0	0	0	1	0	0	0	1	11	0
Completed requirements and admitted to Fellowship/granted Vocational Registration	1	1	2	1	1	0	2	0	1	0

Table 13. Assessment of Specialist International Medical Graduates, Vascular Surgery, 2016–2020

Vascular Surgery	2016		2017		2018		2019		2020	
	Au	NZ	Au	NZ	Au	NZ	Au	NZ	Au	NZ
Total applicants	1	1	3	2	3	1	5	0	4	0
Specialist/vocational registration	1	1	3	2	2	1	5	0	4 *(3 Au applicants + 1 NZVR applicant)*	0
Area of need	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Initial assessment/ Preliminary assessment NZ	1	0	3	1	3	0	0	0	7	0
Second stage assessment/ Interview assessment NZ	1	1	2	2	3	1	0	0	7	0
Not comparable/neither equivalent nor as satisfactory to NZ	1	1	1	1	0	0	0	0	1	0
Partially comparable/ as satisfactory to NZ	1	0	2	0	2	1	0	0	5	0
Substantially comparable/ equivalent to NZ	0	0	0	1	1	0	0	0	1	0
In progress	0	0	0	0	0	0	5	0	1	0
Completed requirements and admitted to Fellowship/granted Vocational Registration	2	0	2	0	1	1	0	0	1	0

NZVR: New Zealand Vocational Registration

Royal Australasian
College of Surgeons