# The Royal Australasian College of Surgeons

## Accreditation Proposal to the Australian Medical Council

29 March 2001

## Introduction

The Royal Australasian College of Surgeons was established in 1927 and registered under the State of Victoria Companies Act 1928. The College has an acclaimed international reputation in the area of surgical training and has produced many eminent fellows in its surgical specialities.

The objectives of the College are formally stated in the Memorandum of Association and collectively they aim to achieve high standards of training in surgeons and high standards of surgical practice. The activities of the College naturally follow these objectives and translate into detail in the following areas:

- Training and examination of doctors seeking to become surgeons through Fellowship of the College
- Continuing education and maintenance of standards of surgical practice.
- Fostering surgical research
- Involvement with the community in promulgating and achieving high standards of health
- Developing good international relationships with a view to fostering high surgical standards

Being a non-government organisation, it is run by a Council made up of elected members from throughout Australia and New Zealand who work in an honorary capacity. There are also co-opted members to represent surgical specialities.

Also working in an honorary capacity are the surgeons who make up the New Zealand, State and ACT Committees as well as the Committees of Council which have been formed to address issues affecting surgeons in a wide variety of areas.

The College has an office in each Australian capital city, with its head office in Melbourne and an office in New Zealand. The College employs approximately 120 Staff and has a membership of some 5000 Fellows and approximately 1,200 Trainees. Approximately 90 per cent of all surgeons practising in Australia and 80 per cent practising in New Zealand are Fellows of the College. These surgeons were trained by the College in nine surgical specialities through its Department of Academic Services.

The College is also responsible for maintaining surgical standards in Australia and New Zealand through its Department of Continuing Professional Development and Recertification.

# IDENTIFYING INFORMATION

## COLLEGE DETAILS:

Royal Australasian College of Surgeons
Spring Street
MELBOURNE. VICTORIA. AUSTRALIA.

Telephone: 03 92491200

**SENIOR OFFICE BEARERS:** Elections were conducted on 22 February, 2001, to take office on 9 May 2001.

## President

Professor B. H. Barraclough. FRACS (Retiring Office Bearer)

## Vice President

Mr K. W. Faulkner. FRACS (President, elect)

## Chief Executive

Dr V. Massaro. (Non elected, continuing appointment)

## Censor-in-Chief

Mrs A. Kolbe. FRACS (Vice President, elect)

## Honorary Treasurer

Mr P. W. H. Woodruff. FRACS (Re-elected)

## Chairman, Court of Examiners

Mr A. I. Low. FRACS (Re-elected)

## Chairman, Board of Basic Surgical Training

Professor R. H. West. AM FRACS (Censor-in-Chief, elect)

Professor S. Deane. FRACS (Chairman, elect, of the Board of Basic Surgical Training)

# Contents

## Structure of the Royal Australasian College of Surgeons

In 1999, Council discussed a paper outlining the relationship between the College's management and governance structure. Council endorsed the notion that Council and its Committees should concentrate on policy development and policy direction. Management through the Chief Executive, was to be responsible for providing the governing body with advice on action that it might take and the management infrastructure to ensure that policy decisions could be implemented without the direct involvement of Fellows.

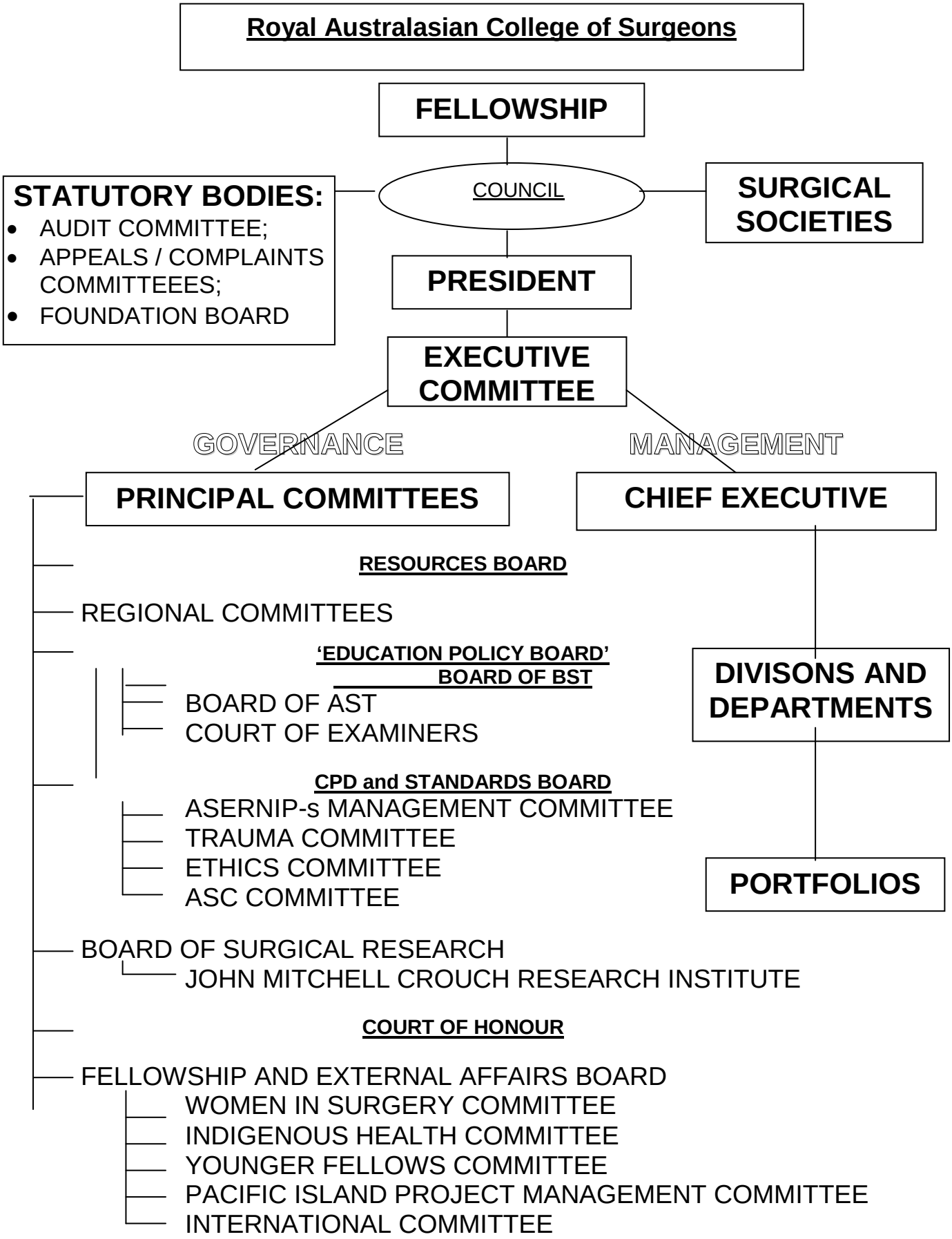
Council endorsed the idea that with the increasing professionalism of College management, it should no longer be necessary for Fellows to spend large amounts of time away from their practices to conduct College business. The corollary of this was that the committee structure needed to be rationalised so that decisions could be made more efficiently with committees being used only when a policy issue was at stake.

The College sought the assistance of Mr Henry Bosch AO, a prominent and respected business leader with experience as a Chairman or Director of nearly 30 companies and other organisations in Australia, Asia and the USA. Mr Bosch advised that Council's primary role is to be accountable to the Fellowship for the proper management of the College and its resources.

Following consideration of the functions of the committees and boards, the Council approved a new College structure in February 2001, which is illustrated in figure 1, on the following page. At attachment 1, there is a table providing more detailed information on the reporting line and main focus of the committees.

The Division of Academic Services is the primary department servicing the trainees and overseas trained doctors. The Division of Academic Services has also been restructured from the original Department of Examinations and Training, (whose major responsibility was examination administration) The Division of Academic Services has a broader range of responsibilities from the original Department. The structure of the Division of Academic Services is illustrated in figure 2.

The Department of Continuing Professional Development is responsible for ensuring that Fellows understand and comply with the requirements for recertification. The structure of the Department of Continuing Professional Development is illustrated in figure 3.


Royal Australasian College of Surgeons
FELLOWSHIP
COUNCIL
STATUTORY BODIES:
AUDIT COMMITTEE;
APPEALS / COMPLAINTS COMMITTEEES;
FOUNDATION BOARD
SURGICAL SOCIETIES
PRESIDENT
EXECUTIVE COMMITTEE
GOVERNANCE
MANAGEMENT
PRINCIPAL COMMITTEES
CHIEF EXECUTIVE
RESOURCES BOARD
REGIONAL COMMITTEES
'EDUCATION POLICY BOARD'
BOARD OF BST
BOARD OF AST
COURT OF EXAMINERS
DIVISONS AND DEPARTMENTS
CPD and STANDARDS BOARD
ASERNIP-s MANAGEMENT COMMITTEE
TRAUMA COMMITTEE
ETHICS COMMITTEE
ASC COMMITTEE
PORTFOLIOS
BOARD OF SURGICAL RESEARCH
JOHN MITCHELL CROUCH RESEARCH INSTITUTE
COURT OF HONOUR
FELLOWSHIP AND EXTERNAL AFFAIRS BOARD
WOMEN IN SURGERY COMMITTEE
INDIGENOUS HEALTH COMMITTEE
YOUNGER FELLOWS COMMITTEE
PACIFIC ISLAND PROJECT MANAGEMENT COMMITTEE
INTERNATIONAL COMMITTEE

DAS / CPD – Admin Structure diagrams to be inserted.

| Committees in the new structure | Reporting line and main focus |
|---|---|
| **Advanced Surgical Training Board (BAST)** | **Reports to and has representation on the Education Policy Board. This new committee incorporates relevant aspects of the CIC Committee's terms of reference and is responsible for all activities affecting the selection, training and examination of Advanced Trainees in consultation with Speciality Boards and the BBST.** |
| **Anatomy, Physiology, Pathology and OSCE Sub-Committees** | **Report to the BBST on matters regarding the various examinations prepared for Basic Trainees.** |
| **Appeals Committee** | **Reports directly to Council. (Statutory requirement)** |
| **ASC Committee** | **Reports to the Executive Committee via the current ASC Convenor, through the CPD and Standards Board. It is responsible for assisting with policy decisions relating to the current and upcoming ASCs.** |
| **ASERNIP-s Management Committee (Australian Safety and Efficacy Register of new Interventional Procedures – Surgical)** | **Reports to the CPD and Standards Board. Governed by a legal agreement with the Federal Government.** |
| **Audit Committee** | **Reports directly to Council. Responsible for ensuring that all aspects of the financial management of the College are as they should be.** |
| **Basic Surgical Skills Sub-Committee** | **Reports to the BBST on the management, review and development of the BSS Course for Basic Trainees.** |
| **Basic Surgical Training Board (BBST)** | **Reports to and has representation on the Education Policy Board. The BBST is responsible for all activities affecting the selection, education and training and examination of Basic Trainees. Regional and other Sub-Committees will report to the BBST.** |
| **Basic Surgical Training Board, Regional Sub-Committees (7)** | **Report to the BBST and act as its local agent regarding selection and training of basic trainees.** |
| **Board of Surgical Research** | **Reports directly to Council via the Executive Committee. It has considerable interaction with the Foundation Board and the John Mitchell Crouch Research Institute. The Board of Surgical Research will continue to award and monitor scholarships, fellowships and research grants (through the Institute) and will advise the Foundation Board on fields of research and researchers worthy of funding.** |
| **CCrISP Sub-Committee (Care of the Critically Ill Surgical Patient)** | **Reports to the BBST on the management, review and development of the CCrISP Course for Basic Trainees.** |
| **Complaints Committee** | **Reports directly to Council. (Statutory requirement)** |
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| **Continuing Professional Development and Standards Board** | **Reports to the Executive Committee. This is an amalgamation of the Board of CPD and the Health Policy Committee. It has a close relationship with, and representation on, the Education Policy Board in relation to education matters, it administers all aspects of post-Fellowship training and professional development and it has an over-arching role in monitoring and influencing health policy and surgical standards.** |
| **Court of Examiners** | **Reports to and has representation on the Education Policy Board but may inform Council directly of the Part II Examination Results.** |
| **Court of Honour** | **Reports directly to Council via the Executive.** |
| **Education Policy Board** | **Reports to Council via the Executive Committee. This new committee incorporates relevant aspects of the CIC Committee's terms of reference. It is the senior, over-arching education policy forum.** |
| **EMST Sub-Committee (Early Management of Severe Trauma)** | **Reports through the Trauma Committee to the CPD and Standards Board. It is responsible for the management, review and development of the EMST Course and acts as the implementation arm of the Trauma Committee. Reports to the BBST on relevant issues.** |
| **Ethics Committee** | **Reports through the CPD and Standards Board. The Chair has a responsibility for wide communication with other committees.** |
| **Executive Committee of Council** | **Reports directly to and acts for Council between meetings. All committees, with the exception of those governed by statutory requirements, potentially report to Council via the Executive. The Executive has the authority to deal with all issues but may provide advice to Council on those which it believes Council should debate.** |
| **Fellowship and External Affairs Board** | **Reports to Council through the Executive Committee. Wide communication is a primary function of this Board including conference organisation and member benefits. It focusses on matters affecting Fellows, niche groups of Fellows and communications with external partners or bodies.** |
| **Foundation Board** | **Reports directly to Council. It has considerable interaction with the Board of Surgical Research and the John Mitchell Crouch Research Institute. The Foundation will seek funding from outside sources for research related and any other projects and will allocate funds (through the Institute if research related), on advice from relevant bodies in the College.** |
| **Indigenous Health Committee** | **Reports to the Fellowship and External Affairs Board.** |
| **International Committee** | **Reports to the Fellowship and External Affairs Board. It is responsible for building international alliances** |

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| | **and relationships and for recommendations to the Research Board on particular scholarships and fellowships.** |
| **Pacific Islands Project Management Committee** | **Reports to the Fellowship and External Affairs Board. It is governed by a legal agreement with the Federal Government.** |
| **Project China Sub-Committee** | **Reports to the International Committee. It facilitates the exchange of surgeons between New Zealand / Australia and China for teaching activities.** |
| **Regional Committees (State/ACT/NZ) (7)** | **Report to Council through the Executive Committee but may interact with any other committees on relevant issues.** |
| **Resources Board** | **Reports to Council through the Executive Committee. It deals with all matters impinging on financial, human and capital resources.** |
| **Rural Surgical Training Programme Committee** | **Reports to the Board of the Divisional Group of Rural Surgeons and has representation on the Advanced Surgical Training Board.** |
| **Speciality Boards (9)** | **Report through and have representation on the Advanced Surgical Training Board. Regional Sub-Committees will report to their Speciality Boards.** |
| **Surgical Societies** | **A mutual information exchange between Societies and the College is facilitated through the President to Council.** |
| **Trauma Committee** | **Reports to the CPD and Standards Board. It determines policy and strategy for Trauma reduction, education, management, training and cross-disciplinary communication. The EMST and Regional Sub-Committees report to the Trauma Committee.** |
| **Women in Surgery Committee** | **Reports to the Fellowship and External Affairs Board. It considers specific needs and strategies of interest to female surgeons.** |
| **Younger Fellows Committee** | **Reports to the Fellowship and External Affairs Board. It considers specific needs and strategies of interest to younger surgeons (less than 10 years since graduating with FRACS).** |

## The Goals of Education and Training

*What are the goals of the education and training programme and what was the process used to determine them*?

The College has developed a Strategic Plan 2000 – 2005, which includes a Mission Statement, Goals, Key Objectives and Key Performance Indicators. A copy of the Strategic Plan is at attachment 1.

The Strategic Plan was developed in consultation with a variety of stakeholders, including Presidents of Specialist Societies, Fellows, Trainees, Surgical Board Chairmen, the Censor-in-Chief, and administrative staff of the College. The Strategic Plan has been approved by Council. Essentially, the Strategic Plan embodies the Mission of the College which is: "to provide safe comprehensive surgical care of the highest standard to the communities we serve". In addition to the Mission Statement the College has developed the following goals applicable to Basic and Advanced Surgical Training:

- Promote excellence in surgical training and education by training surgeons to the highest standards using the best educational methods and processes.
- Set and maintain the highest standards of surgical care through effective continuing professional development, recertification and retraining of surgeons.
- Provide support for our Fellows throughout their professional lives to help them, meet these standards.
- Advance surgical knowledge and care by research and development of new, safe and effective surgical techniques and technologies.
- Participate in and influence debate on health issues and development of health policy through the promotion of:
- Discussion of ethical issues in surgical research and surgical practice
- Dialogue with government and consumers
- Initiatives to promote health and prevent disease
- Promote the reputation of Australasian surgery in the worldwide surgical community and provide assistance on request to other communities, particularly in the Asia-Pacific region, in the provision of surgical services, education and training.
- Ensure the continued leadership of the College in establishing and upholding standards for surgical training and practice.

Also, in the Memorandum of Association there are general objectives for the College. The objectives pertaining to the education and training programme are:

- To cultivate and maintain the highest principles of surgical practice and ethics
- To promote the practice of Surgery under proper conditions by securing the improvement of hospitals and hospital methods
- To arrange for adequate post-graduate surgical training at universities and hospitals and to conduct examinations of candidates for admission to Fellowship
- To promote research in Surgery
- To bring together the surgeons of Australia and New Zealand periodically for scientific discussion and practical demonstration of surgical subjects

These objectives were established by Council in 1930, when the College was incorporated under the Companies Act. Although they have been cited as objectives they are, broadly speaking, equivalent to goals.

In addition to the College goals, the Board of Basic Surgical Training has established the following objectives:

- The development of a sense of responsibility to patients staff and the community
- The understanding of basic sciences relevant to the practice of surgery as in the current syllabus or as redefined from time to time
- The application of these basic sciences to clinical surgery
- The acquisition of appropriate basic surgical skills
- The development of appropriate interpersonal and communication skills
- Competency in clinical assessment and the use of diagnostic modalities
- Sufficient maturity to enter Advanced Surgical Training
- Understanding and commitment to continuity of patient care

The objectives were formulated by the Board of Basic Surgical Training and approved, in conjuction with the syllabus, in 1999, by the College Council. A copy of the revised regulations governing Basic Surgical Training is at attachment 2. The previous regulations are available in the Guide to Surgical Training on pp 6 – 8, at attachment 2.

The preceding points comprise the structured and formal objectives of surgical training, although as with many other professions, there is an expectation that surgical training will endow a Fellow with attributes and values that encompass the characteristics of a trusted and significant member of society. The attributes that are implicit within the goals include:

- highly developed communication skills
- competency
- empathy
- honesty
- leadership
- ethical behaviour
- academic ability
- managerial skills
- tolerance

These are some of the qualities that are expected of a highly trained professional surgeon and are best taught by other surgeons who as clinical teachers and mentors are able to assume the position of role model. The result of "leading by example" provides a trainee with a framework to build and develop professional values.

*How do they compare in general terms with the goals of training in a similar specialty in other countries whose health care systems have some similarity to those in Australia?*

It is important to note that the structure of the Australasian training programme conducted by the College is unique.

However a review of the Surgical health care systems in comparable overseas countries, was undertaken which included the Royal College of Physicians and Surgeons of Canada, the Royal College of Surgeons - England, the Royal College of Surgeons – Edinburgh, the Royal College of Physicians and Surgeons – Glasgow and the American College of Surgeons.

There is regular liaison within the International Surgical community by representatives of the various Colleges visiting and reviewing the practices and standards of comparable Colleges throughout the world**. An indication of parity is highlighted by the College purchasing two training packages, the Care of the Critically Ill Surgical Patient and the Basic Surgical Skills courses from the Royal College of Surgeons.**

**The most recent formal visit was undertaken by the Censor-in-Chief in December 2000, whereby she was a guest at the Royal College of Physicians and Surgeons in Canada. During the visit the Censor-in-Chief attended as an observer at the Education Committee, and also met with the Director of Education to discuss accreditation, credentialling, continuing medical education, certification between the two Colleges, the sharing of Committee members and Committee activities.**

**The Censor-in-Chief also visited the Royal College of Surgeons in England and advised the College on procedures to assess overseas trained doctors.**

## Structure and Duration of Training

*What is the structure of the training programme for which accreditation is sought and are there separate basic and advanced components?*

In order to be conferred with Fellowship of the College it is necessary to complete both Basic Surgical Training and Advanced Surgical Training, the latter being in a nominated specialty area. It is important to note that Surgical training is a combination of the Training agency and the Employing Authority working together. A diagram of the relationship is at Figure X.

**Basic Surgical Training**

Duration

The Basic Surgical Training programme covers a minimum two year period involving a clinical programme of rotations through posts to include:

- Twelve months in approved surgical posts
- The remaining twelve months may be spent in surgical, medical or basic science posts or approved research. During this time at least twelve weeks must be spent in an Emergency Department and eight weeks in an Intensive Care/High Dependency Area.
- There will be a continual assessment of trainee performance during this period, (further information on continual assessment is provided in the section Assessment of Trainees)
- Hospital posts will be inspected and accredited as for Advanced Surgical Training, (further information on hospital posts is provided in the section Accreditation of Hospitals/Training Posts)
- Subject to satisfactory assessment reports a trainee will be eligible to remain registered

For a maximum of the equivalent of four years of basic surgical training

Or

For a maximum of four attempts at each of the MCQ and OSCE, whichever occurs sooner.

Throughout the two year duration of Basic Surgical Training, a trainee should acquire a sound knowledge of the theory and practice of surgery, in areas common to all branches of surgery and have a satisfactory understanding of Basic Surgical Science. This two year time period also provides sufficient experience for the trainee to determine if they are suited to a surgical career**.**

Surgical Training Education Modules

Trainees are also expected to complete the Surgical Training Education Modules (STEM), Distance Learning Programme. A copy of the Introductory Module is at *attachment 3*. The hardcopy modules are progressively being converted on to the Basic Surgical Training on line website.

The programme is based on the application of basic sciences to clinical practice and components of it are currently being transferred to the College web site. The College

Basic Surgical Training Programme aims to give surgical trainees the opportunity to obtain a stronger knowledge and skills base than was available to previous generations, in order to promote a seamless transition to advanced surgical training and ultimately to surgical practice.

Skills Courses

Trainees need to complete three skills courses. These courses have been designed to provide trainees with hands on practice by offering a high tutor to participant ratio. The courses have comprehensive manuals outlining the theoretical basis of the courses. Evaluation is by continual subjective assessment and components of graded assessment of performance at skills stations.

- A three day Basic Surgical Skills Course during the first six months of training, this course is designed to provide an introduction to safe surgical practice within a controlled workshop environment.
- The Early Management of Severe Trauma course (EMST), provides an intensive course in the management of injury victims in the first 1 –2 hours following injury.
- The Care of the Critically Ill Surgical Patient Course (CCrISP) during the second year of basic surgical training, is designed to advance the practical, theoretical and personal skills necessary for care of the critically ill surgical patients of all types.

Documentation pertaining to these courses is available at *attachment 4.*

In-Training Assessment

Basic Surgical Trainees receive continuous In-Training Assessment covering the following attributes:

- Clinical skills – assessment of history, use of investigations, judgement and post-operative care.
- Technical Skill **–** surgical laparoscopy/endoscopy, open surgery as a surgical assistant.
- Academic performance – knowledge of subject, case presentations, learning, teaching.
- Attitudes – communication with patients, cooperation with staff, self-motivation and organisation, reliability and punctuality, stress responses, acceptance of criticism.
- Research, 12 months research is able to be credited towards surgical training.

Supervisors submit continuous clinical assessment reports from all clinical posts. Satisfactory assessment must be achieved in all posts prior to being considered eligible to make application for Advanced Surgical Training.

Further details on the assessment components can be found under the section titled Assessment of Trainees on page 55.

Experience Portfolio

Basic Surgical Trainees are required to keep a record of their work in an official experience portfolio that has been designed for the purpose of recording overall experience and permitting an audit of the performance of the trainee. A copy of the portfolio is at *attachment 5*

A Basic Training Experience Portfolio, based on the United Kingdom and Canadian systems, is being trialed, in order to evaluate positions for accreditation and evaluate the progress of trainees. The portfolios contain basic demographic data and information about each of the following domains:

- College, BST Programme
- Ambulatory Care Experience
- Operative Experience
- Procedural Experience
- Operative/Procedural Log
- In-patient Management Experience
- Academic Activity
- Courses Attended
- Teaching Involvement
- Personal Growth

The In-patient Management Experience includes breaking bad news and the management of dying patients. Personal Growth relates to a continuation of outside interests. These are key issues because the Basic Training Experience Portfolio relates to attitudes and skills as well as knowledge.

The Examination Package

The Part 1 Examination is designed to ensure that the basic surgical trainee, regardless of the intended specialty, has acquired knowledge of the scientific foundations of surgery.

The Part 1 Examination Package comprises:

- Multiple Choice Questions Examination (MCQ)
- An interview**. If the interviewers deem that there were issues, e.g poor health, bereavement, etc, that may have impacted on the examination performance of the trainee then the examination paper is flagged with a "red seal". A summary of the issue/s is provided to the examining Board to consider when reviewing results.**
- Objective Structured Clinical Examination (OSCE)
- Assessment Reports

MCQ Examination

The Examination consists of three, two and a half-hour papers, each of 120 multiple choice questions. The questions used in the examination are drawn from the 3 disciplines of Anatomy, Physiology and Pathology.

Interview

Interviews are a College requirement in all MCQ Examination centres and are designed to ascertain the progress a candidate has made during Basic Surgical Training. The interview must be attended at each MCQ attempt.

OSCE

The emphasis of the OSCE is on the application of basic science knowledge and understanding to clinical practice relevant to all forms of surgery at a level of knowledge expected of a candidate at the end of Basic Surgical Training.
The test comprises 20 stations, 12 with an assessor present and 8 written questions without an assessor present. Each station lasts 5 minutes, with a notional 1 minute changeover. The OSCE is designed to test: history taking, patient examination, practical technical skills, counselling and communication skills. The MCQ and OSCE can be attempted at the one session or at separate sessions. However, it is a requirement that the MCQ component be attempted before, or at the same session as the OSCE. A successful MCQ or OSCE attempt can be carried forward to a subsequent sitting.

Assessment Reports

The Part 1 package requires the completion of an assessment component as previously defined.

Eligibility to sit the Part 1 MCQ and OSCE Examinations

The Part 1 Examination may be taken at any time after the completion of the Modular Distance Learning Programme - Surgical Trainees Education Modules (STEM) during year 2 of Basic Surgical Training.

Eligibility to apply for Advanced Surgical Training

The Part 1 Examination and Basic Surgical Training requirements must be completed prior to entering Advanced Surgical Training.
The requirements consist of:

- A minimum of two years of approved training as outlined
- The provision of satisfactory assessment reports for all clinical posts during Basic Surgical Training including a minimum of 52 weeks in approved surgical posts
- Satisfactory completion of the Modular Distance Learning Programme - Surgical Trainees Education Modules (STEM)
- Completion of the Part 1, MCQ and OSCE Examinations
- Satisfactory completion of Basic Surgical Skills, EMST and Critical Care Courses.

Upon the satisfactory completion of all components, documentation will be provided by the Board of Basic Surgical Training, indicating that the candidate is eligible to apply for a position in an Advanced Surgical Training Programme. **Due to the competitive nature of selection into Advanced Surgical Training, it may be necessary for a candidate to continue working in an unaccredited position until an accredited Advanced Surgical Training post has been obtained. These trainees are described as being at the intermediate stage.**

Advanced Surgical Training

The College's training programmes are designed to provide progressive, supervised training and experience in all aspects of clinical assessment, decision-making and patient management including preoperative care, postoperative care, postoperative follow up and operating room responsibility. The trainee is expected to assume increasing responsibilities in each of these areas as he/she progresses through the programme. As the operative skills of a trainee increase over the period of the training programme, there is a commensurate decrease in supervision.

Surgical Training, in both Basic and Advanced programmes, is primarily a "hands on" learning experience. The training programmes are similar to an apprenticeship system with the trainee progressing through an incremental learning structure that peaks at the point of the award of Fellowship. The trainee's hospital rotations are closely monitored by supervisors to ensure that sufficient and competent experience is obtained in specified surgical procedures.

The Specialities, either through their Board or Regional Committee, also rank specific hospital posts according to the level of training they are able to offer a trainee. The ranking of a hospital post is reviewed each year in conjunction with feedback from the trainee who has occupied the post. It is recognised that facilities at different hospital posts will vary throughout a training programme and the Specialties maintain a constant vigil as to the efficacy of each post. This is a separate, although related, procedure to the recognised accreditation of a hospital post.

The Specialties, on an annual basis, monitor the relevance of their posts and programmes to ensure that trainees are provided with optimal surgical training and experience. The duration of each programme is also reviewed to ensure that Fellows, exiting from the programme have sufficient experience and skills to practice as independent surgeons.

Advanced Surgical Trainees choose from nine specialty areas:

General Surgery extends over five years based on a programme designed to provide progressive experience and responsibility. The initial three years of General Surgical Training covers a broad spectrum of surgical procedures. The remaining two years tend to focus on one of the sub-specialty areas. Training must include delegated operating responsibility commensurate with developing skills and experience.

General Surgery is the broadest of the surgical specialties. In some situations the general surgeon may require a knowledge of the whole field of surgery. The general surgeon is frequently the one first confronted with the acutely ill or injured person and may be responsible for the early investigation of an obscure surgical illness. In some situations the general surgeon may have to carry out the less sophisticated procedures of other surgical specialties. It is therefore essential that training in General Surgery overlaps the other specialties and it is desirable that this commences with Basic Surgical Training.

Cardiothoracic Surgery requires two years of Advanced training in General Surgery and four years Advanced Training in Cardiothoracic Surgery. The Board of Cardiothoracic Surgery considers that training in Cardiothoracic Surgery should follow training in General Surgery to provide a trainee with a broad experience in general surgical procedures. Following completion of the General Surgery component, trainees are directed by the Board of Cardiothoracic Surgery to particular posts to ensure that adequate experience in all designated areas of Cardiothoracic Surgery is achieved.

Neurosurgery extends over a five year period and Trainees will be expected to have some experience in general surgery and in the management of trauma and, if possible, some of the other specialties. Trainees are occupied with clinical and operative work in learning special methods of investigation and in making themselves familiar with the techniques of the related disciplines. Throughout their training they will be concerned with the management of all aspects of the central and peripheral nervous system. During neurosurgical training responsibilities for clinical and operative work will be steadily increased. Later in the programme the trainee will be expected to gain experience in independent operating.

Orthopaedic Surgery is conducted over four years in approved hospital Orthopaedic training posts. However, one of these years may be spent in an approved post of medicine, surgery or in research.
Trainees during their first year of Advanced Training, will sit an orthopaedic principles and basic sciences examination, to ensure that they are equipped with knowledge of the basic sciences relevant to orthopaedic surgery. Orthopaedic surgery is designed to provide progressive experience in operating responsibility as well as ensuring adequate training in clinical assessment and non-surgical (conservative) management of orthopaedic problems.

Otolaryngology - Head and Neck Surgery is conducted over a five year period and Trainees will be expected to become familiar with all aspects of medicine and surgery involving the main subdivisions of the Specialty, namely otology, rhinology, laryngology and head and neck surgery. Throughout training there will be a balance between adults and children. Trainees are expected to take progressive responsibility for clinical and operative work during the tenure of advanced Surgical Training which is designed to create a broadly based otolaryngologist who is competent to practise the specialty.

Paediatric Surgery extends for six years, consisting of three years in the General Surgical training programme in approved hospitals and a further three years in the approved Paediatric Surgical Training Programme including completion of the Advanced Paediatric Life Support Course. Paediatric surgery encompasses anomalies and disease processes involving most body systems. A broad training in surgery is therefore essential and it is recommended that during Basic Surgical Training a rotation in a children's department be completed.

Plastic and Reconstructive Surgery requires five years of training consisting of one year in Surgery in General in approved hospitals and a further four years in the approved Plastic and Reconstructive Surgical Training programme. It is considered

desirable that Trainees should, during Basic Surgical Training, gain experience in as many of the other specialties as possible.

Urological Surgery consists of one year in surgery in general in approved hospitals and a further four years in the approved Urological Surgical Training Programme. The final year is in an approved post interstate or overseas. Urological surgery, as with other Advanced Surgical Training programmes, requires a trainee to gain broad based surgical experience prior to entering the Urological Training programme. The Board considers an applicant's experience of surgery in general and may direct that a trainee spend a further 12 months in a position so approved with adequate monitoring and with mentor reports, before commencing the four years of "pure" Urology.

Vascular Surgery requires five years of training involving two years of General Surgery in the approved hospitals training programme in General Surgery and completion of three years in the approved Vascular Surgery Training Programme. Trainees are also required to satisfactorily complete an examination in "Basic Vascular Surgical Principles Techniques and Devices", usually in the first year of Vascular Surgical training. During Advanced Surgical Training in Vascular Surgery the trainees will become familiar with all aspects of the specialty, including the assessment of patients and operative surgery. Experience in the techniques used in vascular laboratories will be required.

The structure and duration of each specialty training programme is determined by the relevant Specialty Board. The Boards are responsible to Council and report through the Censor-in-Chief Committee on a range of matters including:

- The curriculum, content and duration of training
- The accreditation and content of training programmes, including integration between programmes and with overseas posts
- The inspection of posts
- The selection of Trainees
- The eligibility of Trainees to present for the Part 2 Examination
- The satisfactory completion of ongoing training assessments
- The assessment of satisfactory completion of training
- The provision of information to maintain a Register of Trainees
- The maintenance of surgical standards in each specialty.

The Specialty Boards have a wide variety of duties and are the principal bodies responsible for Advanced Surgical Training. **The terms of reference of the Surgical Boards are specified in the Guide to Surgical Training, pg 35**.

*What are the specific aims of the different components of training?*

Basic Surgical Training provides a detailed knowledge of the basic sciences relevant to the practice of surgery in general and is tested by the M.C.Q. Examination. The OSCE is a test of clinical knowledge and skills developed in dealing with surgical patients. The defined skills courses – Basic Surgical Skills, Care of the Critically Ill Surgical Patient and the Early Management of Severe Trauma, equip trainees with the

knowledge to function with increasing expertise in surgical wards, emergency departments and operating theatres.

Advanced Surgical Training allows the trainee to progress from an initial point of continuous supervision to one of assuming increased responsibility for the clinical decisions regarding the management of patients both preoperatively and post operatively. The trainee is also encouraged to accept escalating responsibility in operative surgery and to undertake more complex operative procedures. At the conclusion of Advanced Surgical Training, a trainee should be able to complete, independently, all the routine operations of that specialty. The extent of the training and the level of independent surgical operative experience will be evident in the trainee log book that is assessed by the Specialty Surgical Board to ascertain that the trainee has satisfied the requirements of the Board. The operative assessment is required before the trainee is deemed eligible to sit the Final Fellowship examination.

*What is the duration of the Training Programme and how was this determined?*

The duration of each training programme has already been addressed in this section. The specialties have determined the duration according to the level of competence required for each specialty and an appropriate degree of case mix. This is established through an ongoing monitoring of the specialty programmes to ensure that all the multifaceted aspects of surgical training are covered.

*Are there opportunities for part-time and interrupted training and are there any restriction on when these can occur?*

The College has a policy on Interrupted and Part-Time Training that was revised and approved in February, 2000. The rationale for re-drafting the existing policy on interrupted and part-time training arose from several considerations including the belief that the College may have been missing out on quality graduates due to a mistaken perception that surgical training was inflexible. The College also noted that overall trainees would prefer not to extend their surgical training time, as evidenced by earlier research and practice in which it was established that respondents wanted a flexible training policy but would only avail themselves of it in exceptional circumstances.

The policy stipulates that Interrupted or Part-Time Training can occur at anytime during Basic Surgical Training although cannot commence until a year of Advanced Training has been successfully completed in a full-time capacity. A copy of the policy is at *attachment 6*. **To date there have not been any registrations** and the College will be reviewing this policy to ensure that there is an appropriate procedure that will not disadvantage trainees as they complete the transition between Basic Surgical Training and Advanced Surgical Training.

*Can trainees undertake research for a higher academic degree during training? Are there any restrictions and will this extend the period of training?*

The College has a combined FRACS/PhD pathway. Trainees who wish to undertake a PhD and pursue their surgical training will be able to do so if approved by the Censor-in-Chief after consulting with the Chairman of the Board of Basic Surgical Training and the Chairman of the relevant Surgical Board to ensure continuity of training, i..e. guaranteed access to advanced surgical training provided academic and clinical progress is satisfactory. The FRACS/PhD extends the duration of training by one year, however twelve months of the PhD research can count towards the research component in the Advanced Surgical Training Specialty. Currently there is a significant number of Neurosurgical trainees, who are undertaking the FRACS/PhD pathway. The College is monitoring the progress of these trainees to ensure that the combined programme is feasible and does not place undue pressure on them. Trainees may also undertake a Masters degree, although the College does not have a formal programme for Surgical Training and a Masters programme. The College will recognise the research component and grant 12 months recognition towards their surgical training.

In addition the College has developed Critical Literature Evaluation and Research (CLEAR) workshop, to assist trainees who struggle to meet the research requirements of their training programme. The objective of the workshop is to provide the basics of research methodology and critical thinking and evaluation. Evaluation and continuing development of the workshop will continue.

*Are there post-Fellowship diplomas?*

There are Post Fellowship Certificates in:

- Transplantation Surgery
- Colorectal Surgery

These Certificates are awarded after two years of clinical training, and assessment is achieved through supervisor reports. These programmes are administered by the Training and Accreditation Committees responsible for those areas of Surgery.

*What number of trainees have sought and been able to take up opportunities for part-time and/or interrupted training? What are the reasons for the applications?*

This question has been addressed earlier in this section.

## Subspecialist Education and Training Programmes

*What subspecialist advanced training programmes are available and how were these determined?*

The established training programmes are:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology, Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

These are the main areas of specialty surgery and have evolved through the refinement of surgical techniques appropriate to that specific branch of surgery. In addition to these areas there is a sub specialty of Rural Surgery that is practised within General Surgery and provides trainees with rotations in rural posts, with a view to practising in a rural area upon attaining Fellowship. There are, as previously noted, Certificates in Transplant Surgery and Colorectal Surgery.

*Does the training organisation consider that the advanced training in a subspecialist area should lead to any limitations in practice?*

All Fellows of the College have completed recognised surgical training and the College believes that there should not be any limitations in surgical practice providing that the Fellow has completed training in that specialty.

*What advanced subspecialist programmes are offered jointly with another organisation?*

**The College, at present, does not have any formal advanced subspecialist programmes with another organisation. However, in appropriate circumstances, the College would be prepared to consider a joint programme and is currently pursing the development of a Fellowship in Oral Maxillofacial Surgery with the Royal Australasian College of Dental Surgeons.**

**The College may also incorporate components of other specialties, if it is deemed appropriate, into it's surgical training. This is achieved in conjunction with representatives of the other specialty, participating in a working group, to ensure that the proposed module is suitable for inclusion in surgical training, and does not compromise the integrity of either discipline. At present, the College is**

**discussing introducing a module on “interventional radiology” with the Royal Australian and New Zealand College of Radiologists**.

## The Generic Component

***HOW DOES THE TRAINING PROGRAMME ENSURE THAT TRAINEES DEVELOP THE NECESSARY KNOWLEDGE, SKILLS AND ATTITUDE TO BECOME A:***

- *Medical expert*
- *Communicator*
- *Collaborator*
- *Manager*
- *Health advocate*
- *Scholar*
- *Professional*

The College supports the above attributes as underpinning the essential principles that are required for a surgeon. The College acknowledges "The Royal College of Physicians and Surgeons of Canada's Canadian Medical Education Directions for Specialists 2000 Project" as being responsible for the development and definitions of these roles. In order to address the above criteria as they apply to College trainees and Fellows, it is necessary to initially define each attribute and review it in light of the training programme.

A Medical Expert:

- Demonstrates diagnostic and therapeutic skills for ethical and effective patient care
- Is able to access and apply relevant information to clinical practice
- Demonstrates effective consultation skills in written and verbal reports with respect to patient care, education and legal opinions.

In order to evolve into a medical expert a trainee will need to combine a variety of skills acquired through the rigorous education and training programmes established by the Board of Basic Surgical Training and the Specialty Advanced Training Boards. The attributes of a medical expert are established in the early stages of training and are observed and recorded by the Supervisor of Basic Surgical Training in the In Training Evaluation Assessment Reports. These clinical skills are refined in Advanced Surgical Training according to the requirements of the specialty, and are also recorded in the Evaluation Forms. The major areas that require demonstrative competence at both Basic and Advanced Surgical Training include:

- Clinical Skills, covers the assessment history of a patient, oral presentation, use of investigations, judgement and post operative care
- Technical Skills, covers the surgical laparoscopy/endoscopy, open surgery, surgical assistant
- Academic Performance, this area covers knowledge of subject, case presentations, learning and teaching and
- Attitudes, covers communication with patients, cooperation with staff, self motivation/organisation, reliability/punctuality, stress response and acceptance of criticism.

These attributes are obtained through the breadth of experience offered through the hospital training rotations which, as previously noted, forms the foundation for surgical training.

Copies of the Evaluation forms are at *attachment X*.

A Communicator:

- Establishes effective relationships with patients/families and demonstrates appropriate attitudes and professional behaviour including:
- respect for every human being, with an appreciation of the diversity of human background and cultural values
- a desire to ease pain and suffering
- recognition that the health interests of the patient and the community are paramount
- Obtains and synthesises relevant history from patients/families /communities
- Listens effectively
- Discusses appropriate information with patients/families and the health care team.

The In Training Evaluation Assessment Report ensures that trainees are continually monitored throughout Basic and Advanced Surgical Training on a range of attributes including communication skills. The criterion to demonstrate this ability includes effective interaction with peers, members of the health care team, patients and their families. Trainees are graded on a scale ranging from unsatisfactory/poor to excellent. It is the responsibility of the Supervisor or Unit Surgeon to observe the trainee and grade accordingly.

Communication skills are also assessed through the semi structured interview, which is conducted prior to acceptance into Advanced Surgical Training. The College is aware that effective communication skills are integral to becoming a skilled surgeon and the semi structured interview provides a quantitative basis upon which to evaluate this attribute.

The College recognises that we live in a culturally diverse society, where health needs may vary according to the cultural background of a patient and as such the College is reviewing a proposal to introduce a training module for Aboriginal and Indigenous Health.

A Collaborator:

- Consults effectively with other medical practitioners and health care professionals
- Contributes effectively to other interdisciplinary team activities.

Consultation and collaboration are reciprocal attributes and may be demonstrated through the ability to work well in a team and recognise the roles and needs of other team members. Collaboration and consultation form the corner stones of surgical competence. Surgeons are part of a team in partnership with the patient and other care providers. The effectiveness of the team is conditional upon full participation of all members of the interdisciplinary team. A surgeon needs to consult with other health care professionals and contribute their expertise to the objective of improving the well being of the patient.

The College ensures that a Surgeon is able to satisfy this criterion by monitoring the In Training Evaluation Assessment Reports completed by the Supervisor or Unit Surgeon and requires trainees to obtain a satisfactory rating in this area.

In addition to the Assessment Reports the College runs the skills courses, the Early Management of Severe Trauma and the Care of the Critically Ill Surgical Patient, clearly demonstrate the need to work collaboratively as a team member. These courses are now compulsory for Basic Surgical Trainees.

A Manager:

- Uses personal resources effectively to balance patient care, learning needs and outside activities
- Uses available health care resources wisely
- Works effectively and efficiently in a health care organisation
- Uses information technology to optimise patient care, life-long learning and other activities.

Advanced Surgical Trainees, through their hospital training, are exposed to a wide range of health issues. These issues could involve the effective allocation of limited resources, understanding the implications of health care policy or understanding the financial operations of a particular health care facility. These are just some areas where surgeons are expected to assume a management function. The College also provides rural surgical training posts, where facilities that are usually available in a metropolitan post may not be readily available to a trainee in a rural post.

**The use of information technology is particularly important for the College, as surgical trainees are dispersed throughout Australasia and electronic communication provides a rapid and reliable channel of contact. The Basic Surgical Training Programme provides Trainees with access to the Surgical Training Education Modules located on the College website. Trainees in Urology and Paediatrics are also using on line log books.**

The Basic Surgical Training programme also requires Trainees to maintain a Training Experience Portfolio, see *attachment 5*, which includes a section for "Personal Growth". The College recognises the importance of maintaining a balance between professional and personal life and trainees are required to complete the section to ensure that the trainee is achieving a healthy and balanced life.

A Health Advocate:

- Identifies the important determinants of health which affect patients
- Contributes effectively to improved health of patients and communities
- Recognises and responds to those issues where advocacy is appropriate.

**As a trainee rotates through the various hospital posts, they are exposed to a broad cross section of society. A trainee is required to understand the status of a particular patient, in regard to social factors that may have health repercussions for the patient, e.g. unemployment. The trainee will need to have an understanding of a patient's limitations and take this into account when managing the health of the patient.**

The College also believes it has a commitment to identify social groups who may be at risk and advocate for legislative and social change on their behalf. To this end, the College has established a number of committees and working parties to review specific areas that are deemed to be in the public interest. The College Trauma Committee and the College Road Trauma Advisory Committee were formed in 1991. The Charter of these Committees recognises that the College has a responsibility to contribute towards reducing the frequency of death, morbidity and disability arising from all types of major injury. Injury in Australasia is a definable and quantifiable public health problem. It requires specifically developed strategies for its prevention and management. Fellows of the College have a major role to play in designing and implementing these strategies. The College, through its committees, will continue to improve public awareness of injury prevention measures and to promote related legislative change, when appropriate.

The College has been a major influence in legislative changes in road safety and has currently put forth recommendations to State and Local Governments to increase road safety for motor cycles. The Trauma Committee has also been active in the areas of policy governing regulations for drug control, farm equipment, gun control, sports injuries and disaster medicine.

A Scholar and Teacher:

- Develops, implements and monitors a personal continuing education strategy
- Critically appraises sources of medical information and applies them clinically in appropriate ways
- Facilitates education and learning of patients
- Contributes to the education and training of medical students, postgraduate medical trainees and other health professionals
- Contributes to development of new knowledge.

The College has a strong commitment to fostering research amongst Surgical Trainees and Fellows. The College has established a Board of Surgical Research and introduced the Surgeon/Scientist programme in 1999. This programme is designed to allow a trainee to graduate with a PhD and FRACS. Successful candidates awarded a Surgeon/Scientist Scholarship are provided with a salary and some research funding for a three year period.

Further research initiatives have included the introduction of

- Joint College/University Departments of Surgery scholarships in which the College and the University Departments of Surgery fund half the salary each and the College provides some research money for successful applicants;
- A joint scholarship with the College of Surgeons of England
- The introduction of the Critical Literature Evaluation and Research Course (CLEAR) which aims to assist in the development of basic and introductory research skills.

Due to the increased role of research in training, the Board of Surgical Research includes representatives from each of the Specialty Boards.

Also, Basic and Advanced Surgical trainees are expected to participate in hospital educational activities including attendance at regular hospital meetings, presentations at meetings and attending special courses, workshops or lectures. The principal teaching hospitals are expected to provide educational opportunities for trainees. The College recognises that the activities will vary with each hospital according to the resources they are able to provide and may also reflect the interests of the Supervisor. Basic Surgical Trainees are required to provide information regarding their rotations which specifies their position in the hospital hierarchy and a trainee is expected to contribute to the education of health professionals reporting to him or her. Research and publications are also expected of trainees.
Basic Surgical Trainees are expected to undertake literature and patient management reviews and the ability of a trainee in this area is reported on the In Training Assessment Form.

Most hospitals have journal clubs to which Advanced Surgical Trainees may contribute. Also, as an Advanced Surgical Trainee progresses toward the closing stages of training, the hospital tends to focus the education programmes towards successful completion of the Part 2 Fellowship examination. These activities are monitored and noted as part of the Training Assessment Evaluation. Advanced Surgical Training requires successful completion of a component of research applicable to the specialty area. The College also recognises that up to one year of research, other than a PhD, may be credited towards a Specialty Fellowship subject to prior approval from the Specialty Board.

The College is also introducing, in 2001, a Facilitated Personal Mentoring Programme, which is specifically designed to informally assist surgical trainees in areas where guidance is required to overcome any difficulties they may encounter during training. The Mentoring Programme will identify Fellows who are interested in participating and match them with trainees who have also indicated a willingness to have a mentor. This programme is an excellent example of Fellows contributing to the development of the next generation of Surgeons.

The College has a “Surgeons as Educators” group who have developed the “Surgical Teachers Course” to provide educational skills to surgical teachers. Further information on this training programme can be found in the section Supervisors, Assessor’s, Trainers and Mentors.

The College also runs workshops to assist surgeons in functional matters such as establishing their own practice, financial management and information technology.

A Professional:

- Delivers highest quality care with integrity, honesty and compassion
- Exhibits appropriate personal and interpersonal professional behaviours
- Practises medicine ethically consistent with the obligations of a medical specialist

Professionalism is fundamental to surgical practice and the College has developed “Guidelines for Assessing and Managing the Marginal Trainee” which are provided to Surgical Supervisors. The College believes that the performance of a Trainee is judged against predetermined publicised standards. In cases where performance falls

below this standard, the aim of surgical training is to clearly identify the areas of unsatisfactory performance and to provide support, supervision and additional training to allow the trainee to meet the predetermined standards. A copy of the Guidelines is at attachment X.

The College has also developed a Code of Ethics, see attachment X, which addresses the Doctor Patient Relationship, Confidentiality, Provision of Care and Clinical Research. The Code also covers The Surgeon and the Profession and it is worth noting the introductory statement: "The surgeon acknowledges that the profession in general, expects conduct characterised by integrity, service and intellectual and personal honesty in all dealings with patients and colleagues".

*What education programmes and educational material does the training organisation provide to trainees to assist them in developing skills in these areas*?

For Basic Surgical Training, the College has produced the Surgical Training Education Modules (STEM), which can be obtained electronically through the College website. The College also issues the Experience Portfolios and maintains an up to date reading list. This is in conjunction with the manuals for the Skills Courses: Emergency Management of Severe Trauma, (EMST), Care of the Critically Ill Surgical Patient (CCrISP) and a Basic Surgical Skills course.

There are also other activities that involve meetings and workshops which are available to trainees. These can cover a wide range of topics from practical courses in business management to workshops on specific and new surgical procedures.

The College encourages trainees to review literature sources to maintain currency of skills and knowledge. An example is the Australian and New Zealand Journal of Surgery, a monthly publication that provides information on current surgical matters which all trainees receive as part of their registration.

The College also organises the Annual Scientific Congress, which extends over a period of five days and is open to trainees (at a reduced registration fee) as well as Fellows. The Congress exposes trainees to world leaders in surgery on a variety of topics designed to meet the interests of all Fellows and trainees.

The education programmes and materials are further detailed in the section under Education and Training.

*How does the training programme ensure that, on its completion, the specialist is prepared to assess and maintain competency through continuing education, maintenance of skills and the development of new skills?*

Continuing Professional Development is the responsibility of all Fellows. The College organises seminars and scientific meetings involving local and visiting experts, and encourages Fellows to submit articles for publication.

There is also a formal Continuing Professional Development and Recertification Programme, which aims to advance the individual surgeon's surgical knowledge and skills for the benefit of patients. The College is committed to excellence in clinical care and expects all surgeons to be involved in regular surgical audit, peer review and quality assurance activities. **There is a 92% compliance rate of Fellows participating in the Continuing Professional Development and Recertification Programme run by the College**. Further details can be found in the section titled Professional Development Programmes.

## The Discipline Specific Component

*What was the process used to determine the discipline specific component of training including each subspecialist advanced training programme? Did it involve literature review, expert opinion, and or a survey of practitioners in the discipline to determine the required knowledge, skills and attitudes?*

**Basic Surgical Training**

In 1997, the Board of Examiners was responsible for the Basic Surgical Training Programme and for some time had considered developmental processes of Basic Surgical Training and examinations through a series of workshops. At the time, there was some concern over the duration of surgical training and the difficulty encountered, by many trainees, undertaking the Multiple Choice Question examination. The Board of Examiners and the sub-committees responsible for the components of Basic Surgical Training provided the impetus to develop a new programme.

Following discussions with the Censor-in-Chief, members of the Board and representatives of the anatomy, physiology, pathology and OSCE sub-committees, it was considered appropriate to move toward an integrated and streamlined programme encompassing education, supervision and examinations with the objective of completing training in minimal time.

In 1998, the Board of Examiners was renamed the Board of Basic Surgical Training, to reflect the change in focus from being primarily an examining body to that of an educational body. In line with this increase in responsibilities a series of workshops considered the existing and proposed aspects of the Basic Surgical Training programme. The areas that were reviewed, included the development of a syllabus, the Multiple Choice Question Examination, the content of the Basic Skills Course, the development of Distance Learning Modules and the inclusion of the Early Management of Severe Trauma course.

Generally, over several years, there was consultation with individual experts focussing on the redevelopment of Basic Surgical Training. The requisite knowledge, skills and attitudes were primarily determined through the expert opinions of International and Australasian practitioners. This was a consultative process designed to ensure a comprehensive review and evaluation.

The new programme was approved by the Censor-in-Chief's Committee and ratified by Council in 1999, for introduction in 2000.

**Advanced Surgical Training**

The Guide to Surgical Training, 1996 provides the primary source for trainees to review the specialty syllabus. **However a number of other specialties also provide**

**trainees with a more detailed syllabus and this has usually been developed by senior members of the Specialty Society who act in positions either as examiners or in the training programme**. The syllabus should not be viewed as a sequential and definitive programme but it provides a guide for surgical training in conjuction with the "hands on" training programme provided by the hospital environment.

The Specialty Societies also provide trainees with lectures, journal clubs, training conferences, web based tutorials, etc. These activities provide support and educational reinforcement of the training programme.

*Are there core components and elective components? If so, how were these determined?*

**Basic Surgical Training**

Basic Surgical Trainees acquire a sound knowledge of the theory and practice of surgery in areas common to all branches of surgery, such as basic anatomical, physiological, clinical and operative skills.

**Advanced Surgical Training.**

The specialties are currently reviewing the curriculum as it is defined in the Guide to Surgical Training. However it is important to note that Advanced Surgical Training relies heavily on the trainee receiving hands on experience in the hospital. Although a curriculum can specify the area and the number of surgical procedures that need to be undertaken it is primarily the responsibility of the Specialty Board through the Surgical Supervisor to ensure that the trainee is receiving adequate training in the application of surgical techniques. In Advanced Surgical Training a curriculum should be viewed as a guide and not a definitive pyramidal structure leading to an apex. Advanced Surgical Training builds on the trainee's skills through a continuum of experience across a range of posts that are designed to produce a competent and professional surgeon.

*How often is the discipline specific component of training reviewed?*

**The Specialty Boards are responsible for reviewing the discipline specific components of their training programmes. Some specialties undertake a formal annual review and other specialties less frequently.**

Also, the Surgical Boards monitor their trainees, through the log books. This is conducted on a three monthly basis in Basic Surgical Training and six monthly in Advanced Surgical Training. This is a two fold process to ascertain the validity of the post and the commensurate advancement of the trainee. Surgical Training is based on experience gained in a hospital and as such the review of the trainees is effectively reviewing the discipline components.

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*Is there a defined curriculum or a requirement for the acquisition of particular procedural skills in any specific part of training and if so, what is the basis for these?*

**Basic Surgical Training**

In Basic Surgical Training the acquisition of procedural skills is seen to be of paramount importance and is recognised by the compulsory completion of the Basic Surgical Skills course in the first year of surgical training and then followed by the Care of the Critically Ill Surgical Patient and Early Management of Severe Trauma courses.

Also the Surgical Training Education Modules (STEM) are designed to complement a trainee's practical experience and ensure that a trainee has sufficient generic exposure to surgery which includes manual, procedural and technical skills specific to operative surgery; as well as the relevant aspects of vocational training, including, statistics, auditing, clinical trials, epidemiology, public health, ethics and the cost effective aspects of medicine.

**Advanced Surgical Training**

Procedural skills are important in the development of a trainee and a specialty will often cite the minimum number of procedures that need to be completed in a particular specialty. It is ultimately the responsibility of the Specialty Board to ensure that the trainee is familiar with the requisite procedures. All Specialties require the completion of log books to ensure sufficient experience in the number and range of operations and this is the medium through which the Boards review the trainees progress.

*Is there a requirement for training in specific institutions/environments, e.g. non-metropolitan posts? How are these requirements justified and how is such experience provided?*

**Basic Surgical Training**

The College recognises the importance of exposing trainees to as many surgical specialties and related disciplines as possible, hence a Basic Surgical Trainee will normally rotate through a series of posts ranging from metropolitan, regional and rural, each of approximately three months duration.

**Advanced Surgical Training**

The Advanced Surgical Specialties require a trainee to occupy at least one six month post that is non-metropolitan. The rationale behind a non-metropolitan posting is that

trainees should be professionally challenged by experiencing a post where the resources in a large metropolitan hospital may not be as readily available in a non-metropolitan post. This is particularly important if a trainee is contemplating the Rural Surgery sub-specialty. Also, most of the Specialties attempt to provide a trainee with a paediatric post, this is in line with the principle to provide trainees with broad based surgical training experience. There are also trans-Tasman rotations and it is also possible for a trainee, with prior approval from the Censor-in-Chief, to obtain an overseas posting.

However, in addition to the above the College recognises that the Australasian health care system has undergone significant changes in the delivery of health services, primarily due to Government funding considerations and the College harbours serious concerns as to the degree of outpatient exposure a trainee may experience.

The availability of public hospital surgical outpatient clinics has diminished significantly in Australia, particularly within New South Wales and Victoria. The delivery of surgical care to the community has been very appropriately improved by significant trends towards decreases in hospital length of stay, increased use of day stay surgery and increased use of day of admission surgical practice. In combination however, all of these developments have resulted in substantially fewer opportunities for surgical trainees to experience the full gamut of surgical patient care.

To assist in rectifying this matter, the College suggests that specific public hospital teaching surgical outpatient clinics be established. Such clinics could provide high intensity, formal teaching in surgical outpatient care whilst simultaneously delivering a valuable service to the local community.

The training experience provided by such public hospital teaching outpatient clinics could be supplemented where appropriate and made feasible by additional outpatient experience in the community through outreach services and private practitioners' consulting rooms.

*How does the discipline specific component of training compare with that for training programmes in other countries with a health system somewhat similar to that of Australia?*

A review of overseas training programmes indicates that Canada the United Kingdom, the United States of America and the specialist medical colleges of South Africa, have limited similarities between surgical training programmes to the Australasian system. As previously noted the Royal College of Surgeons England and the Royal College of Physicians and Surgeons in Canada are very close to the Australasian model.
Component

*What material is provided to trainees about the discipline specific component of training including their status as core or elective?*

**Basic Surgical Training**

Basic Surgical Trainees have access to the Surgical Teaching Education Modules as well as extensive information on the website including a comprehensive recommended reading list. The information on the website is divided between Overall Objectives for Basic Surgical Training, followed by the General and Specific Objectives of a discipline. Although the information is quite extensive, it is not generally apparent what needs to be achieved in terms of core and elective components and could benefit from some refinement. *Attachment 9*, provides an example, from the website, the General and Specific Objectives for Pathology.

**Advanced Surgical Training**

The Advanced Surgical Specialties conduct their training through the hospital. Whilst specialties do have a curriculum it is not divided between core and elective components. This type of model is usually associated with a traditional University course where a teaching programme is formally structured along the pyramid style. It would be difficult to implement this system in a training environment, where the continuum of hands on experience provides the basis of the teaching programme.

*What educational activities and educational material including distance education programmes are provided directly by the training organisation for trainees?*

**Basic Surgical Training**

The STEM modules provide a distance learning programme. The College conducts seminars, lectures, and the Annual Scientific Congress which is open to trainees at a reduced rate of registration. Educational activities are also organised by the hospital.

These are complemented by the Basic Surgical Skills, the Early Management of Severe Trauma and the Care of the Critically Ill Surgical Patient courses.

**Advanced Surgical Training**

There are no specific distance programmes offered to Advanced Surgical Trainees, although a refresher EMST course can be undertaken with four years being a suggested optimal interval between provider and subsequent courses. Also, in New Zealand an “Advanced Training Day” is held immediately prior to the main New Zealand Scientific Meeting and the New Zealand Weekend Meeting, each year. This

is compulsory for all Advanced Trainees and is well supported by the employing hospitals.

It is envisaged that the Distance Learning Programme being developed for Basic Surgical Training will be adapted and developed further for the Advanced Surgical Training Programme in the near future.

*What contractual arrangements are there with other educational bodies for the provision of formal education programmes suitable for trainees?*

**Advanced Surgical Training**

**The College has established a postgraduate diploma in Surgical Anatomy which is a joint qualification of Melbourne University Private and the College. The programme is specifically designed to assist participants intending to take the Part One Examination. The course is certified by the University of Melbourne and conducted by expert academic staff from the Department of Anatomy and Cell Biology at the University of Melbourne. A copy of the brochure outlining the course is at attachment X.**

It is also possible for a trainee to undertake a PhD/FRACS programme. This is not an established link with a particular institution, however it provides flexibility, in geographic location, to enable trainees who are qualified the opportunity to participate.

It is probably worth noting that there is “informal” training provided by colleagues, for example, Radiologists, Gastroenterologists, etc and in many instances it forms an integral and reciprocal part of training.

## Accreditation of Hospitals/Training Posts

*Does the training organisation accredit hospital/community based health facilities or specific posts in these for training and what were the considerations leading to choice of either institution or post?*

The College recognises that surgical training is largely the responsibility of its Fellows working in Australasian hospitals. Although the College has complete control over the examinations it depends upon co-operation with hospitals to ensure adequate training. The College approves posts in Advanced Surgical Training. The major conditions for approval of each post are:

The College will give approval to programmes for Advanced Surgical Training and not to hospitals
Programmes should be designated when posts are advertised in the press
Hospitals with Accredited Surgical Training Programmes will have Supervisors of Surgical Training for Basic and/or Advanced Surgical Trainees.
Posts and programmes will be reviewed regularly by the College and may in certain circumstances be given recognition for a specified limited period.

The specific criteria for accrediting a facility is listed in the next question however it is worth noting that Basic Surgical Trainees are assigned to an accredited hospital whereas Advanced Surgical Trainees, due to the need to meet specific specialty training criteria, are assigned to an accredited post within a hospital.

The Advanced Surgical Specialty Boards may also have further requirements that need to be satisfied prior to approval of a programme in a hospital post. These vary according to the needs of the specialty and at attachment X, is an example of the ideal requirements for a Plastic Surgery Unit.

*What criteria are used to determine the suitability of an institution/post for accreditation and the duration for which an individual trainee can work in it?*

The College reviews each application for a surgical post in light of the following criteria:

- Provision of clinical experience to ensure the development of diagnostic, therapeutic and operative skill:
- In the operating room
- In peri-operative care
- In the emergency room, including trauma
- In the ambulatory or outpatient setting

- Access to a teaching and educational programme to ensure acquisition of knowledge and the development of a life long education strategy:
- Regular clinical and educational meetings within the hospital or related institutions, relevant to the stage of surgical training
- Availability of educational resources including a medical library and information technology, e.g. medline
- Support and encouragement for self-directed learning
- Opportunities for critical appraisal of the medical literature
- Opportunities for teaching students and junior staff
- Access to peer review and surgical audit to promote accountability, error recognition and correction and clinical standards setting:
- Regular peer review meetings
- Maintenance and review of clinical experience
- In addition to these specific surgical training criteria each individual hospital should also offer the following:
- A balanced hospital service preferably with a recognition by The Royal Australasian College of Physicians for training in internal medicine
- An anaesthetic staff with approved higher qualification
- A laboratory service including adequate clinical pathology morbid anatomy, microbiology and biochemistry
- An adequate diagnostic radiology department
- An emergency accident service with 24 hours resident medical officer cover
- Outpatient clinic providing a comprehensive consultative service
- An effective system of hospital records
- An adequate establishment of resident medical officers
- A Surgical Education Committee or its equivalent
- Appropriate variety of clinical material for training
- Adequate personal operative experience for the trainee under the supervision of surgeons possessing higher surgical qualifications recognised by the College. The trainee shall keep a Log Book detailing such experience
- Each training period must provide a reasonable period of continuity (normally at least six months for Advanced Surgical Training and 12 weeks for Basic Surgical Training) under the supervision of a particular surgeon or surgeons
- A structured teaching programme for advanced Surgical Trainees
- Additional training facilities should include a medical reference library, regular formal clinical meetings and conferences and the opportunity to attend surgical educational meetings
- A surgical audit system.

Each specialty also requires services or facilities appropriate to that specialty and with adequate case mix and load. Two examples of completed inspection post reports, in Urology, one approved the other not, have been provided at attachment X

*Are some institutions granted full accreditation and some limited accreditation and what are the criteria for the differences?*

Institutions or posts will be granted full accreditation if all criteria are in place. However some institutions or posts may not meet all the criteria, yet are able to satisfy the main components and are granted limited accreditation, usually for a period of one year, subject to rectifying the outstanding criterion.

Hospital posts have also been accredited outside of Australasia. The College has training posts in Hong Kong, Singapore and in the United States. The appropriate Specialty Boards recognise the training posts following satisfactory inspection reports as per Australasian requirements.

The duration of a hospital accreditation is normally five years for a Principal Teaching Hospital where training programmes are mainly centred and one year for an Affiliated Hospital.

*Alternatively, are programmes of training involving a number of institutions or posts approved and what are the criteria used for determining suitability of such a programme for training?*

This question has already been addressed in the preceding answers.

*What is the process used to determine the suitability of an institution/post/programme for training?*

The College requires extensive documentation and a hospital inspection to ensure that each Advanced and Basic Surgical Trainee undertakes a programme which meets the established criteria laid down by the Specialty Board. The following procedure applies to all Advanced Surgical Training Posts seeking accreditation:

On the advice of the relevant Surgical Board the Censor –in- Chief will appoint an inspecting team
To avoid bias the team will include a minimum of two representatives of the Board who are not involved with the relevant hospital. In some specialties it will be necessary to appoint interstate or New Zealand surgeons.
The College will liaise with the hospital administration, the Hospital Supervisor of Surgical Training, the Specialty Supervisor and the inspection team to arrange a suitable time for the inspection. The names of the team members will be provided to the hospital.
The hospital will be required to provide in advance, information on hospital facilities, case numbers and educational opportunities for all Trainees.
The inspecting team shall interview the Hospital Supervisor of Surgical Training, the Specialty Supervisor, Hospital Managers and each Advanced Surgical Trainee in the programme under review. The inspecting team shall inspect the unit and the related

facilities. The team will require the Log Book of each Advanced Surgical Trainee in each programme under review. At the conclusion of the visit, discussion with the Supervisors and Administrative Staff in order to exchange information and opinion will occur prior to compiling the inspection report.
When the final report has been prepared by the inspecting team for the Censor-in-Chief's Committee and Council, it will be submitted to the hospital for a response prior to final deliberations of Council on the report.

A similar process is conducted for the Basic Surgical Training Posts. The assessment criteria for Basic Surgical Training posts and Advanced Surgical Training posts (Neurosurgery) is at attachment 11.

It is the responsibility of the Supervisor of Surgical Training to evaluate the validity of the posts, usually at six monthly intervals.

*Are accredited training organisations required to provide any formal education for trainees?*

A criterion for the accreditation of a hospital post is the provision educational facilities as outlined in the criteria for accreditation of a hospital post.

**Basic Surgical Training**

The formal education component is currently provided by the College in the Basic Surgical Training STEM documents and the recommended reading lists as outlined by the Curriculum Objectives. An example can be found at attachment 3.

The STEM documents are currently being enhanced by the BST online, at the College homepage on the Web. The development of the modular distance learning programme provides Trainees with improved access to current developments in surgery and effectively uses cutting edge technology for education delivery.

The College is also responsible for providing the Basic Surgical Skills course, the Early Management of Severe Trauma and the Care of the Critically Ill Surgical Patient. These three skills courses must be completed in Basic Surgical Training.

**Advanced Surgical Training**

The College produces the Guide to Surgical Training which indicates the specialty areas of study, and the Supervisor of Surgical Training is responsible for the Trainee completing the Advanced Surgical Training curriculum.

Trainees are also expected to participate in the educational programme of the Hospital which may include seminars, lectures, workshops and other educational activities.

*Are the views of trainees sought about the suitability of institutions/post for training? Are senior trainees or those who have recently completed training involved in accreditation?*

During the hospital inspection process usually all of the Advanced Surgical Trainees, in each programme under review, are interviewed. In addition, to the interview, the log books of the Advanced Surgical Trainees are also considered to ascertain that the post is providing the Trainee with sufficient surgical experience. This information is retained on the Specialty Boards database to ensure that the training post is meeting the requirements of the Specialty.

Basic Surgical Trainees are required to complete Experience Portfolios which describe their surgical activities and experiences throughout each term. The portfolio is discussed with the trainee at an interview and this may also provide information as to the suitability of a training post.

*A list of accredited hospitals, community health care facilities and or posts together with any conditions on accreditation should be provided to the accreditation team.*

The College is in the process of collating a full list of accredited training posts. At present, information on training posts is held between the College, Hospitals, State Offices, and Specialty Boards. A central data base, to collect information on Hospital Inspections and accredited training posts, has been developed. This will ultimately provide a comprehensive list of hospital posts. An example of the data that is currently being collected is at attachment 12.

*Does the College have a defined process for monitoring the training programmes of individual trainees?*

The College, through the Boards, monitors both Basic and Advanced Surgical Trainees and one of the most tangible channels is through the "Trainee Evaluation Forms". See attachment 7. The College training assessment process is fundamental to the evaluation of progress of Surgical Trainees throughout the Training Programme and the responsibility of the Surgeon in this process is of paramount importance. These forms assess Surgical skills across a range of indicators and a number of the Advanced Surgical Training Specialties have developed their own forms tailored to the specific criteria of their discipline. There is considerable interaction between a trainee and their Specialty Board through regular meetings, registrar associations, lectures, conferences, etc. This also provides the opportunity for a trainee to interact

with other trainees and members of the Specialty Boards and provide informal feedback as to the suitability of a particular post**.**

The Surgical Log Books and Training Experience Portfolios, also provide the Boards with a detailed account of the number and nature of the operative procedures undertaken by a Trainee. See attachment 7. The Log Books are compulsory throughout Advanced Surgical Training and the Training Experience Portfolios are required in Basic Surgical Training.

*What processes are there for advising trainees on the choice of training sites to benefit their overall training?*

It is primarily the responsibility of the Specialty Board or for General Surgery, the Regional Training Sub Committee, to advise a trainee on an appropriate post. The Boards maintain comprehensive data on each post and determine the most suitable path for a trainee depending on their required experience and the strength of a particular post. Assessment of a trainee's experience is determined through the log book. This is achieved through a meeting at least annually, although six monthly in some disciplines, of a trainee and the Board.

*Is the number of training sites appropriate for workload requirements? How is this assessed?*

The process of accreditation ensures that the training sites are able to ensure adequate case mix and case load for trainees. Although as previously noted there is often some variation in the emphasis of case mix across the posts and this is monitored by the Boards. Trainees are advised that specific posts will offer the necessary experience to remedy any shortfall that may be apparent.

There are other factors that affect the establishment of training posts and obtaining sufficient Government funding is one of the primary drawbacks to additional posts being established. The College is dependent on the Government, funding the hospital, with the necessary facilities and services as previously outlined. The College will not compromise the integrity and quality of Surgical Training by accrediting a post with sub standard facilities.

*What mechanisms exist to respond to conflict between the educational aspirations of the College and the administrative and industrial requirements of the employing authority?*

The College training programme has a Surgical Supervisor appointed in each hospital. The duties of the Surgical Supervisor involve both leadership in training programme and managing staffing issues between trainees and hospital management. As an example, one area of potential conflict could involve the hospital requesting the trainee surgeon to provide service during rostered hours when the trainee should be attending an educational session. This was a difficulty in the past when trainees worked 60 – 80 hours per week. The increasing cost of salaries, particularly for work undertaken beyond a 40 hour week and the need to restrict hospital rosters to "safe hours" has resulted in a decrease in conflict between service and training time.

Overall, there has been very little conflict between the College and the employing authorities. It is important to remember that Surgical training is a binary system of

cooperation between the College, as the training authority and the hospital providing the hands on aspect of the training.

*What mechanisms exist to respond to system-wide issues that may conflict with the educational aspirations of the College?*

This question has been dealt with in the previous answer.

## Supervisors, Assessors, Trainers and Mentors

*What is the process for the appointment of Supervisors of Training and of trainers who have particular responsibility during a rotation?*

**Basic Surgical Training**

The Hospital Supervisor is elected by the Specialty Supervisors within a hospital. The Hospital Supervisor is responsible for co-ordinating the Basic Surgical Training Programme in the hospital and in particular, for advising Basic Surgical Trainees and ensuring the completion of their In-Training Evaluation Assessment Reports.

Appointment of Hospital Supervisors is ratified by the Board of Basic Surgical Training.

**Advanced Surgical Training**

The appointment of a Supervisor of Training arises from the Hospital or Training Institution. The nomination is approved by the appropriate Specialty Board and ratified by the Censor-in-Chief's Committee and Council.

The term of appointment will normally be for three years with eligibility to re-nominate for a further period of three years. Normally, Specialty Supervisors should retire after six years but in the smaller specialties re-appointment after six years may be necessary.

*Are there job descriptions for Supervisors of Training? If so provide copies of examples?*

**Basic Surgical Training**

The duties of the Supervisor of Basic Surgical Training are defined in the "Guide to Surgical Training" and consist of the following:

- The Supervisor will indicate to the Graduates the acceptability or otherwise, of a proposed Basic Surgical Training Programme and will liaise with the hospital administration on allocation of posts.
- The Supervisor will advise the basic Surgical Trainee about suitable courses, seminars and lectures in the Trainees hospital or area. This is in addition to the completion of the Basic Surgical Skills course, the Care of the Critically Ill Surgical Patient and the Early Management of Severe Trauma course which are required in Basic Surgical Training. The Supervisor is responsible for the In-

Training Evaluation Assessment reports of the Trainees undertaking their first and subsequent year(s) of Basic Surgical Training.

In addition all Supervisors of Training receive guidelines on assessing and managing the marginal trainee. A copy is at attachment X

**Advanced Surgical Training**

The duties of Specialty Supervisors are defined in the "Guide to Surgical Training" and consist of the following:

- To advise Advanced Surgical Trainees on all aspects of surgical training.
- To ensure that Advanced Surgical Trainees are appropriately registered.
- To monitor Log book entries by regular inspection.
- To arrange regular meetings with surgeons and to discuss programmes and progress of individual Trainees.
- To provide confidential reports to the Regional Subcommittee of the Specialty Board through which the Board will be able to make recommendations regarding eligibility to sit the Part 2 examination and regarding progress and completeness of training.
- To be a member of the Regional Subcommittee of the Specialty Board.
- To be present at the inspection of their Specialty Programme, at the hospital, by the College.
- To participate in the selection of Advanced Surgical Trainees together with hospital representatives and the Regional Subcommittee of the Specialty Board Committee.

*Is training provided for Supervisors of Training and if so what issues are covered? In particular, is any training provided in the formative assessment of humanistic qualities of trainees?*

**Basic Surgical Training and Advanced Surgical Training**

The College has a "Surgeons as Educators" group which has developed a "Surgical Teachers Course". The course was developed to improve the educational skills of surgical teachers. The emphasis is on improving the teaching, training and assessment of trainees by the surgeons involved supervising trainees within the Australasian Hospital system. This course is divided into a "short" course being a two and a half day teaching skills course for Surgeons that has been designed to provide the foundation of improved educational skills which can then be developed further by practical application.

A "long" five day "Surgeons as Educators Course", which is aimed specifically but not exclusively at Fellows who will be involved in determining the policy and direction of surgical education.

The course was modelled on the American College of Surgeons "Surgeons as Educators" course, although it has been modified for Australasian needs following

assessment by the American College of Surgeons. The course is currently being reviewed and feedback from trainees is being considered as part of the review process. A copy of the Surgical Teachers Course Information is at attachment 13.

There is also training for instructors in the Early Management of Severe Trauma, Care of the Critically Ill Surgical Patient, and the Basic Surgical Skills courses. The instructors in these courses are often trained through the Surgeons as Educators although the EMST course has it's own training programme. There will also be training for instructors in the Critical Literature Evaluation and Research course and although this has not yet been finalised.

*What advice does the training organisation give to supervisors/trainers on the information to be provided on the role of trainees in patient management when seeking from patients informed consent to treatment?*

The College is aware that there is a growing incidence of litigation involving surgeons which has seen professional indemnity insurance increase markedly in some specialties. The College through the publication "Surgical News" which is issued to all Fellows and Advanced Surgical Trainees, has advised members of a Law Report written by the College Honorary Solicitor as to the position concerning "Trainees and Informed Consent". A copy of the report is at attachment X. The report is succinct and advises that although the issue of informed consent has not been finally determined by the Australian Courts, there is sufficient support in Australia and International cases for the requirement that patients be properly advised when trainees or junior doctors are involved in procedures. This is particularly so where the procedure is complicated, substantive or where minimal supervision may be involved. The extent of disclosure is still to be determined by the Courts. Although it is now clear that where an inexperienced trainee or junior doctor is undertaking a procedure it would be a "material risk" which should be part of and disclosed in the "informed consent" process and the patient advised accordingly.

Also, the College in conjunction with Legal bodies, such as the Leo Cussen Institute run workshops on medico-legal issues and are able to keep Fellows and Trainees abreast of current legal matters.

*How are trainers identified? Is training provided for them and particularly in providing feedback to trainees?*

Trainers in the skills courses are often identified whilst undertaking training courses. In the Early Management of Severe Trauma (EMST) course trainees who successfully complete the course and display excellent aptitude and communication skills may be offered the opportunity to become trainers. There is a specific EMST training programme running over three and a half days. Instructors in Care of the Critically Ill Surgical Patient, (CCrISP) have usually undertaken a Surgeons as Educators course or the EMST training programme and in the Basic Surgical Skills, (BSS) course the

instructors are usually surgeons who respond to an advertisement for instructors in the College publication of Surgical News. Instructors in the BSS courses have a half day workshop along the lines of "Train the Trainer".

At the Annual Scientific Congress, forms are available, for Fellows to formally advise their interest to become a trainer for the College. Fellows who participate as trainers are also awarded credit towards their Continuing Professional Development programme.

The College anticipates developing appropriate instructor programmes for all the skills courses that are conducted. At present the EMST course has been running for several years and the College has had the opportunity to develop an instructor's course. The remaining skills courses are still relatively new.

*Is feedback sought from trainees on the quality of training and supervision?*

The College is cognisant that feedback from Trainees is paramount to a meaningful evaluation of the programme. The Advanced Surgical Specialty Boards actively seek feedback from their trainees at least on an annual basis and often informally on a six monthly basis following completion of their posts. The trainees may use a variety of avenues to provide this feedback: there is a Registrars Association that organise conferences, there is also a Younger Fellows Forum and the Specialties also run training weekends. These are just a few of the communication channels that are available. The Specialties encourage trainees to advise them as to the quality of a post in terms of receiving appropriate case mix and case load as well as the quality of the supervisor. This information is maintained by the Boards and is utilised when allocating placements for other trainees.

*Does the training organisation assist trainees in identifying a Mentor and if so what is the process?*

Mentoring of trainees and less experienced colleagues has long been a tradition within the College and the Fellowship in general. Mentoring has been viewed as an integral part of the role of a surgical supervisor, and the title of mentor and surgical supervisor has been used interchangeably within the College. Increasingly however, the College has recognised the importance of its trainees having the opportunity to access a broad range of support and advice as a means of enhancing their overall training experience.

To this end, a facilitated personal mentoring programme will be introduced into the Basic Surgical Training programme in 2001. The programme is based on 'best practice' guidelines and participant feedback arising from a twelve-month personal mentoring pilot study funded by the College. The focus of the programme is on personal guidance and support and interested trainees are allocated a personal mentor who is independent of any aspect of their formal assessment.

The initiative is viewed as a means of creating greater opportunity within the training programme for support, advice, encouragement and professional guidance. The project is part of a broad strategy to ensure that the College attracts the best medical graduates to surgical training, develops greater diversity, and provides mentors to minorities who are in most need of a mentor, but least likely to develop a spontaneous mentoring relationship.

The previous mentor programme provided a trainee with assistance directly related to their surgical training. The College believes that the Surgical Training Supervisor should address these matters but recognises that trainees may need a mentor for advice on issues that could affect their training performance.

The College has also discussed the introduction of an "ombudsman" to mediate any issues that may arise between a trainee and their supervisor and cannot be resolved at the local level. It is anticipated that an ombudsman will be employed by the College, although the ombudsman would not necessarily have to be a surgeon, but would be a person with a good grasp of grievance procedures.

In addition to the Mentor Programme for Trainees the College has established a "Health Advisory Bureau", which provides confidential peer support for Fellows and Trainees in need of help. The Health Advisory Bureau comprises 20 Fellows from across Australia and New Zealand who represent a variety of surgical disciplines and share a common interest in helping their colleagues. The Health Advisory Bureau is distinguished from the Mentor Programme in that it offers confidential advice on areas such as physical impairment, financial difficulties, drug or alcohol addiction, in essence the Bureau focusses on tangible issues directly affecting performance.

A copy of a brochure outlining the functions of the Bureau is at attachment 14.

## Selection of Trainees

*Are the general principles set out in the 1998 report for selection into specialist education and training programmes followed in this discipline. If not, what are the deviations?*

The College is aware of the principles of selection as outlined in the 1998 Brennan Report "Trainee Selection in Australian Medical Colleges". Recently, the Censor-in-Chief convened and facilitated a workshop on the College's trainee selection process and the following points pertaining to the Brennan principles, were reaffirmed:

- The minimum criteria/standards for entry (to BST/AST) must be identified, documented and made available to applicants. The minimum criteria must be justifiable.
- The tools used to determine these minimum criteria – the semi-structured interview, the structured curriculum vitae, the structured referee reports, successful completion of any pre-requisite education/clinical experience, and any other tools - must be identified and documented in advance.
- Trainees must be able to apply across all States.
- Applicants must be scored using the predetermined advertised minimum criteria
- No applicant who scores below the predetermined advertised minimum criteria can be eligible for ranking.
- A national or Australasian-wide ranking system must be implemented in all specialty areas.
- Ranking of applicants must take place after all applicants are scored.
- Appointment to a national or Australasian-wide training programme must be based
- on ranking and the number of available places available.
- Applicants should be made aware of the minimum number of places available in any one year and informed of the potential for additional places where applicable.
- Upon acceptance of appointment, placement of selected trainees can be determined on the basis of trainee/employer/surgeon preferences.

The above principles are evidenced in the development of a common application form and information package to all trainees.

*If the training organisation is primarily responsible for selection, what is the selection process and is there appropriate employer representation in the various phases of selection?*

**Basic Surgical Training**

To be eligible for Basic Training as applicant must have completed a MB BS (Bachelor of Medicine and Bachelor of Surgery) or equivalent and be registrable in Australia and New Zealand and have one year of postgraduate experience (internship). The number of Trainees accepted into Basic Surgical Training is, in theory, unlimited and the College has a policy of accepting all applicants who satisfy the entry requirements to Basic Surgical Training. In practice, however, the number of places available to Trainees is limited by the fact that the number of accredited Basic Surgical Training Hospital Posts is limited. Thus, any limitations on numbers are set by the hospitals which must determine the number of posts available in accordance with the amount of Federal, Territorial, and State Government funding that they receive.

Trainees apply simultaneously to the College for a place on the basic Surgical Training programme and to an accredited hospital (or hospital authority) for a hospital post. Selection to the training programme is considered on the basis of applicants lodging a structured curriculum vitae and attendance at a semi-structured interview. Training programme selection panels include a member from the employing hospital or hospital authority.

**Basic Surgical Training**

Basic Surgical Training is a period in which a potential Advanced Surgical Trainee acquires skills such as:
basic surgical skills
competency in clinical assessment and the use of diagnostic modalities
an understanding of basic surgical science and the principles of surgery
a sense of responsibility to patients, staff and the community, and
appropriate interpersonal and communication skills

**Advanced Surgical Training**

The Advanced Surgical Training programme requires Trainees to have:
completed a minimum of two years of approved training
provided satisfactory in-training assessment reports for all clinical posts during Basic Surgical Training including a minimum of 52 weeks in approved surgical posts
completed the Distance Learning Programme
completed the three skills courses (BSS course, EMST course and CCrISP Course)
completed the Pat 1 ( Basic Surgical Training) Examination and Assessment Package conducted by the College
completed a minimum of twelve weeks service in an Accident and Emergency department of a hospital, and

completed a minimum of eight weeks work in a General Intensive Care Ward in an accredited hospital supervised by a qualified surgeon or anaesthetist or intensivist.

Additionally the specialties of Plastic and Reconstructive Surgery and Urological Surgery require one year of post Basic Surgical Training in surgery in general.

Appointments to the Advanced Surgical Training programme are made through a national selection committee or a regional sub-committee of the Surgical Board in each region. The constitution of the selection committee varies with each Board, but ideally there should be representative of the staff of each accredited hospital, usually the Medical Superintendent or the Head of Department.

Whilst the selection process varies slightly between each surgical specialty, the following generally applies.

Selection tools used in the selection of Trainees include:
structured curriculum vitae
referee reports, and
semi-structured interview.

Predetermined components of each of the above are scored and tallied. A composite ranked listing of applicants is prepared (a State listing for those specialties which have not as yet adopted an Australia – wide selection process and a National listing for those specialties which appoint across Australia). Offers are made to applicants in order of merit until either:
the predetermined cut-off point for qualified candidates is reached, or
all available posts can be filled by qualified applicants.

*If the employer is primarily responsible for selection, is the employers selection process reviewed as part of the accreditation of the institution?*

This has been covered in the previous answer.

*Is there appropriate representation of the training organisation at the various phases of the selection process?*

The selection process involves appropriate representation of the College and the hospital, as outlined.

*Is there an appeals process accessible by applicants for training positions?*

The College has a College-wide Appeals Process that is accessible by applicants dissatisfied with a decision in regard to a variety of issues, including Trainee selection. A copy of the Appeals Procedure is at attachment 17.

In addition to the appeals process, the College is currently working on a procedure for "Special Consideration". Currently, in Advanced Surgical Training there are "Guidelines for trainees who experience illness before or during the examination" and these are detailed on page 48 of the Guide to Surgical Training.

In Basic Surgical Training there is a system whereby trainees, at the interview following the MCQ examination, advise the interviewers of any problems and this is then flagged to the Board of Basic Surgical Training through a "red seal". The interviewers provide a summary of the problem. The Board then considers the examination results, for those who have failed, in light of the red seal information.

The College is currently developing a standard special consideration form and procedure to cover all trainees. It is expected that the special consideration procedure will be based on a University model.

*Provide information on the number of trainees entering the training programme for the last three years?*

Statistical information on the number of trainees entering the training programme has been supplied in the section "Outputs and Outcomes".

*Can the College comply with the recommendations of the Australian Medical Workforce Advisory Committee concerning the numbers of trainees and any other relevant matters in the disciplines for which it provides training?*

Fellows of the College have participated in the Australian Medical Workforce Advisory Committee (AMWAC) reviews to help determine adequacy of the current workforce, in their specialty. This takes into account the projected likely increase or decrease in trainee numbers over a 5 – 10 year cycle.

The College has sought in each specialty to accredit the required number of training posts. The accreditation of a training post, requires cooperation between the College and the hospital. The hospital must have adequate resources, as defined in Accreditation of Hospitals/Training Posts and the State Government is also required to fund sufficient trainee salaries. The AMWAC predicted trainee numbers have been achieved in all areas, in 2001, with the exceptions of Otolaryngology – Head and

Neck Surgery, and Orthopaedics. The difficulty in these two specialty areas remains, despite intensive efforts to secure adequate funding and facilities.

*What implications would greater numbers of trainees have for the quality of the College's training programmes?*

The number of trainees that the College is able to accept is entirely dependent upon the number of training posts and College approved Supervisors that are available. Training posts, within hospitals, are primarily, Government funded. The College will not accredit a training post unless there are specific facilities and services available to the trainee. Further details on training posts is available under Accreditation of Hospitals/Training Posts.

*What mechanisms exist within the College to respond when there is a repeated shortfall or oversupply of applicants in particular areas?*

The College is often in a position whereby the number of applicants for Advanced Surgical Training positions is greater than the number of posts available. There is also a category of trainees who are at a status known as "intermediate" which comprises trainees who have completed their Basic Surgical Training and are awaiting a position in Advanced Surgical Training. Most Trainees are in the category of intermediate status due to the absence of a training position or they may not have been deemed, by the Selection Committee, to be at a sufficiently high standard, appropriate for the specialty.

Advanced Surgical Training is highly competitive and not all trainees who complete Basic Surgical Training will be successful in obtaining a place in Advanced Surgical Training. The College will not compromise the quality of its training programmes by appointing "underqualified" applicants.

*How many appeals have been heard within the last three years. What has been the outcome (number upheld, number dismissed)?*

There has been one formal appeal, relating to selection into the training programme, in the last three years. The appeal was upheld.

## Assessment of Trainees

*What formative and summative assessments are used in this programme and what is their timing?*

**Basic Surgical Training**

Throughout the two year Basic Surgical Training programme, trainees undergo both formative and summative assessments.

The summative assessments consist of:

- The successful completion of the Surgical Trainees Education Modules (STEM)(there are 22 modules) conducted over the two years of Basic Surgical Training.
- The successful completion of a three day Basic Surgical Skills Course,(BSS) undertaken early in the first year of Basic Surgical Training.
- The successful completion of the Early Management of Severe Trauma Course,(EMST) undertaken later in the first year of Basic Surgical Training
- The successful completion of the care of the Critically Ill Surgical Patient Course,(CCrISP) undertaken in the second year of Basic Surgical Training.
- The Multiple Choice Questions Examination,(MCQ) undertaken in year two.
- The Objective Structured Clinical Examination,(OSCE) undertaken in the second year of Basic Surgical Training.

The formative assessment component is primarily the responsibility of the trainee, the Hospital Supervisor and the College. The trainee is required to complete the Basic Surgical Training Experience Portfolio which records the breadth and depth of their hospital training as well as recording the number and type of procedures undertaken by the trainee. The Portfolios are forwarded to the College at the conclusion of each rotation. Members of the Board of Basic Surgical Training also conduct interviews with trainees following the completion of the Multiple Choice Question Examination, which also contributes to their formative assessment.

The Hospital Supervisor is responsible for formative assessment through monitoring basic and advanced trainees across a comprehensive range of professional activities including attitudes, skills and research as well as surgical procedures. This is achieved through collaborative activities involving participation in hospital based research and clinical procedures, interaction with other medical staff and other hospital based activities.

**Advanced Surgical Training**

In Advanced Surgical Training summative assessment consists of three primary elements the maintenance of the Log Books, In-training Assessment Reports and the Part 2 Fellowship Examination. The Log Books are reviewed each six months and are monitored by the Surgical Supervisor. The In-training Assessment Reports are completed each six months and a copy is forwarded to the College.
The Part 2 Fellowship Examination is usually undertaken in the final year of Advanced Surgical Training, although this varies with the requirements of each specialty.

An investigative project is mandatory for all surgical trainees prior to presenting for the Part 2 Fellowship examination. One or more of the following is acceptable:

- Presentation of a paper or poster display to a meeting for which abstracts are subject to review and selection, e.g. Registrar meeting: a State or New Zealand meeting; Surgical Research Society meeting, etc.
- A publication in a Journal which referees all manuscripts
- A dissertation with a written review of a clinical problem, together with a critical literature review. This would be assessed by a Regional Subcommittee of the appropriate Surgical Board, with other advice if necessary
- A period of full time research
- A higher degree

The project should be certified as completed by the Regional Subcommittee of the appropriate Surgical Board and this certification forwarded to the Board prior to the Trainee being accepted for presentation for the Part 2 Fellowship examination.

The College Professor of Surgical Sciences introduced the Critical Literature and Evaluation Research Workshop (CLEAR), in 1999. The Workshop is optional and provides the basics of research methodology and critical thinking and evaluation to trainees.

Throughout the training programme the Specialty Boards are monitoring the posts of the trainee to ensure that sufficient depth of experience is obtained. It is recognised that a single training post will not offer complete training and several posts are usually required to gain satisfactory experience. The specialties, through the pre-planned rotations, are providing an assessment of the trainee.

Assessment of trainees is also undertaken to ensure that they are eligible to sit the Part 2 Fellowship examination. This requires:
Completion of Basic Surgical Training, passing the Part 1 examination and assessment package and having been registered as Accredited Advanced surgical Trainees of the College and satisfied the period of Advanced Surgical Training as approved by the appropriate Surgical Board. An investigative project must have been completed and approved by the Surgical Board. Completion of the Skills courses is also necessary.

In making a decision as to the eligibility of a trainee to sit for the examination the Censor-in-Chief may take into account:

- Recommendations from the appropriate Surgical Board. The Chairman of the Surgical Board should certify that the trainee has completed the proper length and components of training and that progressive assessment throughout the training period was satisfactory.
- Confidential reports from Specialty Supervisors of Surgical Training.
- Reports from referees
- Information from the Log Book.

In addition to the above, trainees in Orthopaedic Surgery are required to successfully complete the Orthopaedic Principles and Basic Sciences examination and trainees in Vascular Surgery are required to successfully complete the Basic Vascular Surgical Principles Techniques and Devices. These examinations are usually completed in the first year of Advanced Surgical Training.

*What specific assessments are made of the generic components of training?*

The Generic components of training comprise a range of skills and attitudes, these are detailed in the section titled The Generic Component. However, most of the assessment is conducted through the In-training Assessment Forms which are an essential component throughout Surgical Training. The forms review and appraise the abilities of a trainee in areas such as communication skills, practical expertise and management skills.
Copies of the forms covering Basic and Advanced Surgical Training (General Surgery) are at *attachment 7.* The Advanced Specialties, although they use separate forms, essentially ask the same questions and use the same grading scale. General Surgery provides a representative example.

*How are the attitudes of trainees that affect professional behaviour assessed?*

Trainees are assessed primarily through completion of the In-training Assessment forms completed by the Hospital Supervisor in conjunction with other Fellows that the trainee has worked under. The Assessment is also discussed with the trainee. There are specific sections in the Assessment form that relate to attitudes in regard to peers, patients and other staff. Trainees are required to reach a satisfactory ranking in these areas. This is also further detailed in the section The Generic Component.

*What studies have been done of the validity of the formative and summative assessments used?*

**Basic Surgical Training**

A Skills Laboratory Committee (Basic Surgical Skills and Skills Laboratory Education Support Committee) has been established to consider the needs of the Basic Surgical Skills Courses and the implications of accommodating and developing courses for all levels of training and content as well as delivery to a wider audience. As a consequence a contract was signed for the purchase of the Basic Surgical Skills Course developed and produced by the Royal College of Surgeons of England.

In 1999 the Care of the Critically Ill Surgical Patient course was successfully trialed with three experienced faculty from England joining a small group of interested Australasian Fellows.

**Advanced Surgical Training**

The Co-ordinator of Surgical Education is currently undertaking an analysis of the repeat failures of the Part 2 Fellowship Examination, at present the results are not available, however it is anticipated that a preliminary report will be available for the Accreditation Team.

*What training is provided for those undertaking the formative and summative assessments?*

**Basic Surgical Training and Advanced Surgical Training**

A Surgeons as Educators Course was held at the College in Melbourne in July, 1998. This course was conducted by five Faculty members of the American College of Surgeons who worked with the Censor-in-Chief to modify the course to suit Australasian conditions. In 1999 two pilot courses were conducted: the first being in Sydney in July and the second in Auckland in October. Following their success, three courses were offered in 2000.

**Advanced Surgical Training**

A course for the re-training and certification of Members of the Court of Examiners was trialed preceding the Part 2 examination in Christchurch in 1998. As a result of its success, the course was again offered to new and existing examiners in May, 1999.

In addition, the Court of Examiners has instituted concise guidelines pertaining to a wide range of matters that come under its portfolio. A copy of the Guidelines is at *attachment 18*.

*What information is provided to trainees on the nature of the assessments and the criteria used?*

**Basic Surgical Training**

The College provides trainees with a copy of the Guide to Surgical Training, 1996. The Guide provides a basic outline of the assessment requirements including the Multiple Choice Question and the Objective Structured Clinical Examinations. The Guide to Surgical Training needs to be updated and the new Guide will include information on the Skills courses that are also required to complete the Part 1 Examination package.

The College, in keeping with technological advances, has provided Basic Surgical Trainees with access to the Surgical Training Education Modules on the Basic Surgical Training website. The online access is currently supplemented by hardcopy updates, although the College is actively promoting use of the website as the preferred alternative to hardcopy information.

Trainees also have access to sample Multiple Choice Questions that are currently on the Basic Surgical Training website. This is supplemented by the textbook "Multiple Choice Questions in Basic Surgical Sciences" *A.J. Buzzard and R.C. Bandaranayake.* The textbook contains a selection of multiple choice questions in Basic Surgical Sciences, comprising Anatomy, Physiology and Pathology. The questions are drawn from the syllabus and texts recommended for the Part 1 Examination. The book provides an essential guide for surgical trainees and their supervisors.

There is no defined syllabus for the Objective Structured Clinical Examination. It is based on the application of knowledge and understanding of clinical practice relevant to all forms of surgery at a level of knowledge that is expected of a candidate at the end of Basic Surgical Training. However, all trainees receive an information package that includes examples of work station conditions. A copy of the package is at *attachment 19*

**Advanced Surgical Training**

The Guide to Surgical Training provides trainees with information regarding numerous aspects of the Part 2 Fellowship examination, including eligibility, locations and type of examination. The guide also refers to the specialty syllabus of the examination which requires candidates to have:
in depth knowledge of the areas belonging to their specialty,
less detailed knowledge of relevant areas of other surgical specialities,
knowledge of the practical aspects of rehabilitation for surgical patients and
knowledge of the practical aspects of palliative care in their specialty

In addition to the information provided in the Guide to Surgical Training, trainees are provided with a copy of the Court of Examiners Standing Orders.

*What information is provided to trainees on the outcome of assessments?*

**Basic Surgical Training**

All Basic Surgical Trainees who undertake the Multiple Choice Question Examination receive written confirmation of their result and a detailed analysis of their performance in a report. The report provides details of their scores by discipline, syllabus and subclassification. The report also indicates their overall level of performance and their statistical chance, of passing at their next attempt, if they have previously failed. Copies of the report are at *attachment 20.*

The Objective Structured Clinical Examination is conducted across a series of work stations and candidates who fail the Examination are able to obtain advice from the College as to their weak points. All candidates receive written confirmation of their performance indicating the stations that they have passed or failed.

**Advanced Surgical Training**

The results of the Part 2 Fellowship examinations are communicated to the candidates immediately following the Court meeting and successful candidates are then presented to the Court.

The results of candidates are available to the Supervisors of Surgical Training, Chairmen of the appropriate Surgical Boards and the Regional Training Committees. Candidates who wish to discuss their results are advised to contact those individuals

*What are the consequences of a trainee failing a particular assessment?*

**Basic Surgical Training**

The Basic Surgical Training programme covers a two year period, although subject to satisfactory assessment reports a trainee may remain registered for a maximum of four years, or for a maximum of four attempts, at the Multiple Choice Questions and the Objective Structured Clinical Examinations.

Trainees who fail after three attempts at either examination will be required to attend an interview with representatives of the Board of Basic Surgical Training. The interview is intended to ascertain whether there are any adverse circumstances affecting the performance of the trainee and the interview is intended to assist the trainee and provide advice.

Candidates who fail four attempts at the Multiple Choice Questions or the Objective Structured Clinical Examinations, will be required to discontinue Basic Surgical Training.

**Advanced Surgical Training**

There is no limit to the number of times a candidate may present for the Part 2 Fellowship examination, subject to the following conditions:

When a candidate has not passed the Examination within three years of having first been declared eligible to sit by the Censor-in-Chief (irrespective of the number of attempts), the appropriate Surgical Board (or members thereof) should interview the candidate to review training and experience and to offer advice to the candidate. In general, further supervision and approved training will be required before the candidate can be declared eligible to re-present for the Examination.

After continued failure for two further years, the Surgical Board (or members thereof) should again interview the candidate and as a result of this interview, advise the Censor-in-Chief on the candidate's eligibility to sit or whether further training is required. Eligibility to re-sit will be subject to the satisfactory completion of any additional prescribed training.

At this point in time, there has been little need to exercise this aspect of the assessment programme beyond the first interview stage.

The above guidelines are under review by the College and may be modified.

*What are the procedures for dealing with disputes in relation to supervision and assessments?*

The College has an Appeals Process which may be invoked should an issue arise in regard to assessment. The Appeals Process is outlined in the section titled Selection of Trainees. A copy of the Appeals Mechanism is at *attachment 17*.

However, prior to referring a matter to the Appeals Committee, the College seeks to resolve an issue through a process of mediation. This is a staged approach and increases the possibility of resolution prior to implementing a full-scale appeal. Mediations are chaired by a respected and independent person who is not a surgeon.

*What mechanisms are in place to provide individual pastoral support, counselling and ongoing monitoring of trainees wellbeing?*

The College is introducing a personal mentor scheme whereby a trainee may seek guidance from an independent Fellow on matters that may be affecting them throughout their training. The aim of the College's programme is to facilitate personal mentoring relationships between Fellows and interested Basic Surgical Trainees. It is anticipated that the personal mentors would provide trainees with a broad range of support, encouragement and assistance. This may include sharing professional

knowledge, expertise and personal experiences and/or provision of advice and motivation.

The previous Supervisor/mentor programme provided a trainee with assistance directly related to their surgical training. The College believes that the Surgical Training Supervisor should address these matters but recognises that trainees may need a mentor for advice on issues that could affect their training performance.

*What process does the college use to review its assessment and examination policies? How frequently are policies reviewed?*

This question will be addressed following discussion with the appropriate surgeon, who is currently unavailable.

## Assessment of Overseas Trained Specialists

*How does the training organisation assess whether the training and experience of an overseas specialist is equivalent to that of an Australian trained specialist in the discipline?*

The College procedure is generally in accordance with the process specified in the Australian Medical Council/Committee of Presidents of Medical College's, (AMC/CPMC) "Assessment of Overseas Trained Specialists Template for Colleges". An overseas-trained doctor applying for a vocational assessment is required to supply a range of documentation as to their education, training, qualifications and surgical experience (see attachment 21). This documentation is forwarded to an assessment team comprising the relevant Specialty Board Chairman and the Censor-in-Chief. Following documentary evaluation, an interview with the applicant is normally scheduled. The interview panel comprises the relevant Specialty Board Chairman, the Censor-in-Chief and/or his/her nominee(s). Nominees may include other Board Chairmen or the College's Executive Director of Surgical Affairs. The primary purpose of the interview is to clarify any aspects of an applicant's education, training and surgical practice. During interview, feedback may be sought on an applicant's ability to evaluate their surgical practice, their professional ethics, professional communication skills, and familiarity with the local health care system. The interview allows the trainee to demonstrate their knowledge and understanding of these issues by responding to a series of standard questions and brief hypothetical scenarios.

The College has developed an interview pro forma which is at attachment 22.

The recommendations arising from the interview are determined by the profile of individual applicants. The College has devised a series of standardised recommendations and the referring agency which could be the Australian Medical Council or the Specialist Recognition Advisory Committees or (in the case of direct application) the applicant, is informed in writing of the College's recommendation(s)

Applicants may be recommended to:

Complete the entire College Part 1 Training and Assessment Package, including the EMST course, the MCQ Examination and OSCE and/or any specific related courses

Successfully complete specific components of the Part 1 Training and Assessment Package

On the basis of exemption from the Part 1 Training and Assessment Package, or on completion of
the specified components:
Apply, in open competition, to successfully complete the entire Advanced Surgical Training Programme, including the Part II Examination, in the chosen speciality

Apply, in open competition, to enter the Advanced Surgical Training Programme in the chosen specialty with the possibility of review following a specified minimum time. Following review, the applicant may be required to undertake further training or granted permission to apply for and sit the Part II Examination in that specialty

Undertake a specified period of on-site assessment of professional practice* and upon successful completion of all requirements during this assessment, present and successfully complete the Part 2 Examination.

Undertake a specified period of on-site assessment of professional practice* and upon successful completion of all requirements during this assessment, apply for admission to Fellowship by election under the Articles of Association of the College (Article 21).

* The on-site assessment period provides overseas-trained doctors with an opportunity to demonstrate and consolidate their clinical knowledge, skills and professional practice and to experience a period of acclimatisation to the local health care system. The College requires that progress reports be submitted by two nominated College Fellows, and the overseas-trained doctor is also expected to register in the College's "Maintenance of Professional Standards" programme requiring participation in continuing medical education, surgical audit and peer review. Retrospective recognition of a period of assessment may be considered provided that the requirements of audit, education and reporting are met.

As part of its vocational assessment process, the College completes the AMC reports advising on the outcome and progress of the overseas trained doctor.

*How does the training organisation assess:*
*the suitability of an overseas trained specialist for medical registration to take up an "area of need" position?*
*the conditions that should apply to such medical registration?*

The three major components of the College Area of Need (AON) process are as follows:

Documentary assessment

In order to assess the suitability of the applicant for the AON position, the College requires that a range of documentation is provided for the employer's single preferred candidate for the position (see attachment 22). On this basis, the College undertakes a documentary assessment of the applicant's education and training, qualifications and specialist practice.

To be a suitable candidate for the position, the College must consider that the applicant is "close" to being comparable to an Australasian trained surgeon in the same specialty area; requiring no more than two years in a designated period of

assessment. If the candidate is deemed to require additional surgical training as a means of attaining comparability to an Australasian trained surgeon in the same specialty, the applicant will not be recommended as a suitable candidate for the position.

Whilst the employer has ultimate responsibility for the position description, the College also recommends that the employer liaise with the relevant Specialty Board in developing key selection criteria to ensure that the skills and expertise required are appropriate to the field of specialist practice and the position to be filled.

Interview

If the College remains undecided as to any aspect of the applicant's training, qualifications and/or experience, a face-to-face interview between the candidate and the relevant Specialty Board Chairman and the College Censor-in-Chief and/or his/her nominee(s) is arranged to take place.

Following interview, the College will advise the relevant organisation(s) whether an individual 'match' exists between the role and responsibilities as defined by the position description, the applicant's clinical capability, and the applicant's individual needs for support. The interview panel will determine the appropriate period of assessment for the applicant, and will also advise on any additional steps that are required for individual applicants to attain 'substantial comparability' to an Australasian-trained surgeon in the same specialty.

Assessment of practice

A designated period of assessment of clinical practice is mandatory for all applicants undergoing a College specialist assessment. As part of this process, the College advises on the "on the job" individually tailored assessment process for the AON practitioner. The employer is expected to fund and facilitate the "on the job" assessment as recommended by the College.

During the period of assessment of practice, the AON practitioner must participate in the College Maintenance of Professional Standards (MOPS) Programme requiring CME, surgical audit and peer review. Log books are to be maintained for the period of assessment of practice for submission to the relevant Specialty Board Chairman and the Censor-in-Chief. Two College Fellows are required to submit pro-forma progress reports on the AON practitioner at specified periods throughout the assessment period, for submission to the relevant Specialty Board Chairman and the Censor-in-Chief. Progress reports will be forwarded from the College to the relevant Medical Board for the appropriate follow-up action in relation to registration.

From the College's perspective, the purpose of a designated period of assessment of practice is to enable the AON practitioner to demonstrate and consolidate their surgical knowledge and skills, and any aspect of their professional practice. Whilst the College undertakes and monitors the "on the job" assessment at specified intervals, the College does not endorse long-term or indefinite assessment.

Once the AON practitioner has successfully completed the designated period of assessment, recommended as part of the specialist assessment process, and subject to any additional requirements being successfully completed, the College would recommend that the overseas-trained doctor is substantially comparable to an Australasian trained surgeon in that specialty and therefore eligible for specialist recognition.

Should the applicant's practice be determined as unsatisfactory during the period of assessment the medical Board may further limit or withdraw the appointee's registration.

The College is currently working with the AMC/CPMC in regard to updating the template for managing area of need practitioners.

*Does the training organisation follow the procedure in the Template approved by the Joint Standing Committee of the Australian Medical Council/CPMC on Overseas Trained Specialists?*

Essentially, this question has been addressed at the beginning of this section.

*Where the College determines that an overseas trained specialist requires further experience, what assistance can the College give to the overseas specialist in identifying and obtaining posts that will allow the acquisition of such experience?*

An overseas trained specialist recommended for a designated period of assessment of surgical practice is required to obtain a salaried position in an approved hospital. Whilst the College is not responsible for obtaining such positions, the Specialty Board may designate hospitals as suitable for the period of assessment.

The overseas trained specialist is required to liaise with their nominated FRACS to devise a plan of education and audit in accordance with the requirements of the College Maintenance of Professional Standards (MOPS) Programme. The MOPS programme is modelled on the College's Continuing Medical Education and Recertification Programme that requires Fellows to demonstrate their maintenance of appropriate professional standards of knowledge and performance.

*What processes are in place to respond to requests to assess posts that will be occupied by junior overseas doctors coming to Australia to obtain postgraduate training and experience on an occupational trainee visa?*

The College undertakes an assessment of the applicant's qualifications and capability, in combination with the programme approved by the hospital. On this basis, the College provides an opinion whether to support the issuing of an Occupational Training Visa to accommodate the length of the programme. These positions cannot

be used (prospectively or retrospectively) for the purpose of any credit towards the College Advanced Surgical Training programme.
A College brochure on “Occupational Training” is at attachment X

## Outputs and Outcomes of Training

*Over the last ten years what has been the average number of trainees entering the programme each year and over the same period what percentage have completed it in the minimum time after allowing for approved interrupted and part-time training*

The College introduced the "new' Basic Surgical Training programme in 2000. The new programme has introduced a formal selection procedure in addition to compulsory training courses and completion of the STEM modules. A comparison of the old and new programme is provided at *attachment 23***.**

The College, in the interests of equity, agreed that the old and new programme would run parallel in 2000 and provided trainees with the option of entry to either programme. Trainees registering under the old programme will be required to complete the old Basic Surgical Training Programme by 2003. All trainees registering in 2001 are in the new programme. The statistics for the year 2000 have been divided into those undertaking the old and new programme.

Unfortunately, the current data base is limited in flexibility and the statistics that are provided in this section may not meet all the requirements requested for the Accreditation Report.

Consideration should also be given to the fact that a trainee is provided with the opportunity to undertake an examination, OSCE, MCQ and Part 2 Fellowship examination, at least twice in a given year. Therefore following initial failure in an examination, the trainee may successfully complete the examination at a second attempt in the same year.

Due to the different course structures it is necessary to review the Basic and Advanced Surgical Training Programmes separately.

**Basic Surgical Training**

The following table provides information on the number of trainees registered each year and the number who have officially advised the College that they have discontinued.

| Year | Registered Trainees. | Discontinued Trainees | Total |
|---|---|---|---|
| 1995 | 85 | 13 | 72 |
| 1996 | 68 | 15 | 53 |
| 1997 | 89 | 10 | 79 |
| 1998 | 118 | 7 | 111 |

| | | | |
|---|---|---|---|
| 1999 | 218 | 3 | 215 |
| 2000 - Old | 105 | 2 | 103 |
| 2000 – New | 188 | 16 | 172 |

The old Basic Surgical Training programme only required a trainee to register with the College prior to undertaking the MCQ examination, therefore the College is unable to provide statistics on timely completion for Basic Surgical Trainees. This information will be available in the new programme.

Trainees who discontinue surgical training are not requested to provide any specific reasons. It is important to note that not all trainees advise the College of their desire to withdraw from the programme however the College has recently contacted trainees who appear to have lapsed, requesting clarification of their intention to continue Surgical Training.

**Advanced Surgical Training**

The following table lists the number of Trainees registered to undertake the Part 2 final Fellowship examination.

| Year | Number of Trainees Registered for the Part 2 Examination |
|---|---|
| 1995 | 169 |
| 1996 | 161 |
| 1997 | 191 |
| 1998 | 203 |
| 1999 | 208 |
| 2000 | 206 |

There are no reliable statistics to indicate timely completion of Advanced Surgical Training covering this entire period, however a pass rate analysis of Advanced Surgical Trainees was conducted for the period of May 1995 to May 1998, a copy of the results are at *attachment24*. This provides information on the number of attempts at the Part 2 Fellowship examination, as well as information on the gender of the candidate. The Part two final Fellowship examinations are conducted twice each year, in May and October.

*Over the last five years, what percentage of trainees passed the various summative assessments at their first, second, third etc attempt?*

Details of summative assessment attempts for the MCQ, OSCE and the Part 2 Fellowship are provided in *attachment 25.* An interview session is held in conjunction with the MCQ examination and attendance is compulsory. It is designed to ascertain the progress a candidate is making and offer counselling or assistance if required. Due to the consistently low pass rate on the MCQ, the College is currently reviewing the examination.

*Over the last ten years what percentage of trainees withdrew from the programme before completion and what were the reasons?*

The information provided spans the period from 1995 – 2000 and graphs the number of trainees who have withdrawn from the Part 1 MCQ and OSCE examinations and can be found at *attachment 26*
Reasons for withdrawing have not been supplied by trainees, although anecdotal evidence indicates that trainees may realise they are not particularly suited to a career as a Surgeon.

Also, no figures have been provided for trainees who have withdrawn from the Advanced Surgical Training Programme. The number of trainees who withdraw at this stage is negligible.

*What are the reasons a trainee would be dismissed from the training programme and what are the processes for dismissal? What programmes are in place for remedial training?*

Trainees in Basic and Advanced Surgical training are continuously monitored by the Board of Basic Surgical Training or the relevant Specialty Board, through regular evaluation reports and are required to satisfy various criteria including the following:

*Attitude:* - a trainee must demonstrate rapport with patients, peers and supervisors, including punctual attendance, a sense of responsibility and compassion for patients.

*Clinical Skills:* - medical recording, accuracy in judgement, timely interpretation and management are key skills for surgical training.

*Technical Skills:* -diagnostic interpretation, aseptic techniques, therapeutic procedures and operative techniques must all be satisfactorily addressed.

*Teaching:* - participation at education and audit meetings, as well as working as an instructor or teacher to interns and students are areas that a trainee needs to demonstrate adequate participation and leadership skills.

*Research*: - presentations, publications and patient management reviews are required to ensure that a trainee is capable of conducting critical analysis and evaluation.

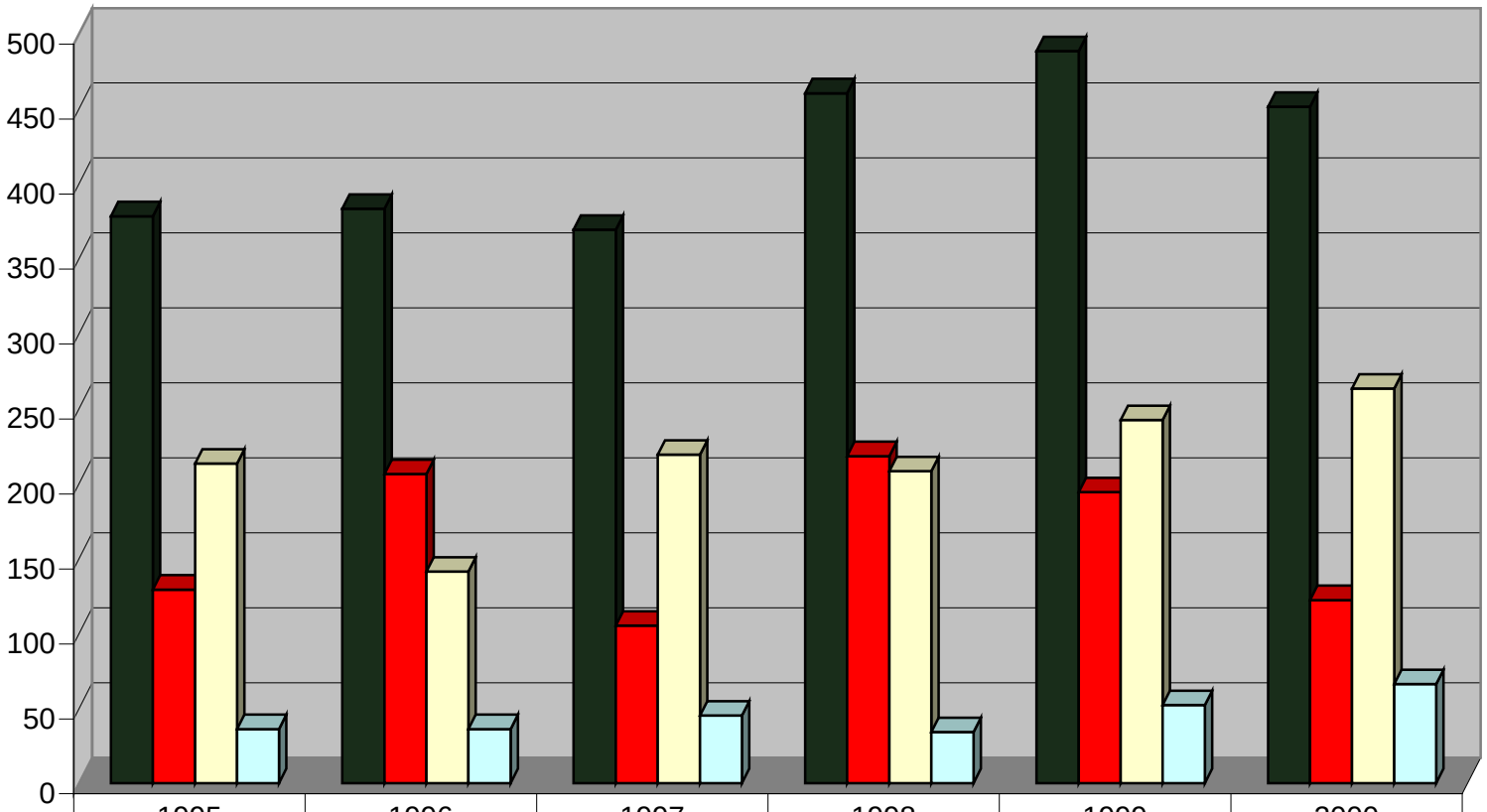
*Log Book maintenance:* - Advanced Trainees must maintain a true and accurate record of their operative experience, Basic Surgical Trainees are required to complete an experience portfolio.

For most trainees this is a positive exercise but if performance is rated unsatisfactory then the trainee is advised, orally, of his/her deficiency and this is confirmed in the evaluation report. The trainee is also advised of strategies to overcome deficiencies being experienced and is expected to correct these. If correction does not occur during the next six month period, then following due process, dismissal may occur.

It is also possible that an incident of concern may arise that is not within the above categories and this would also be subject to the same correction procedures.

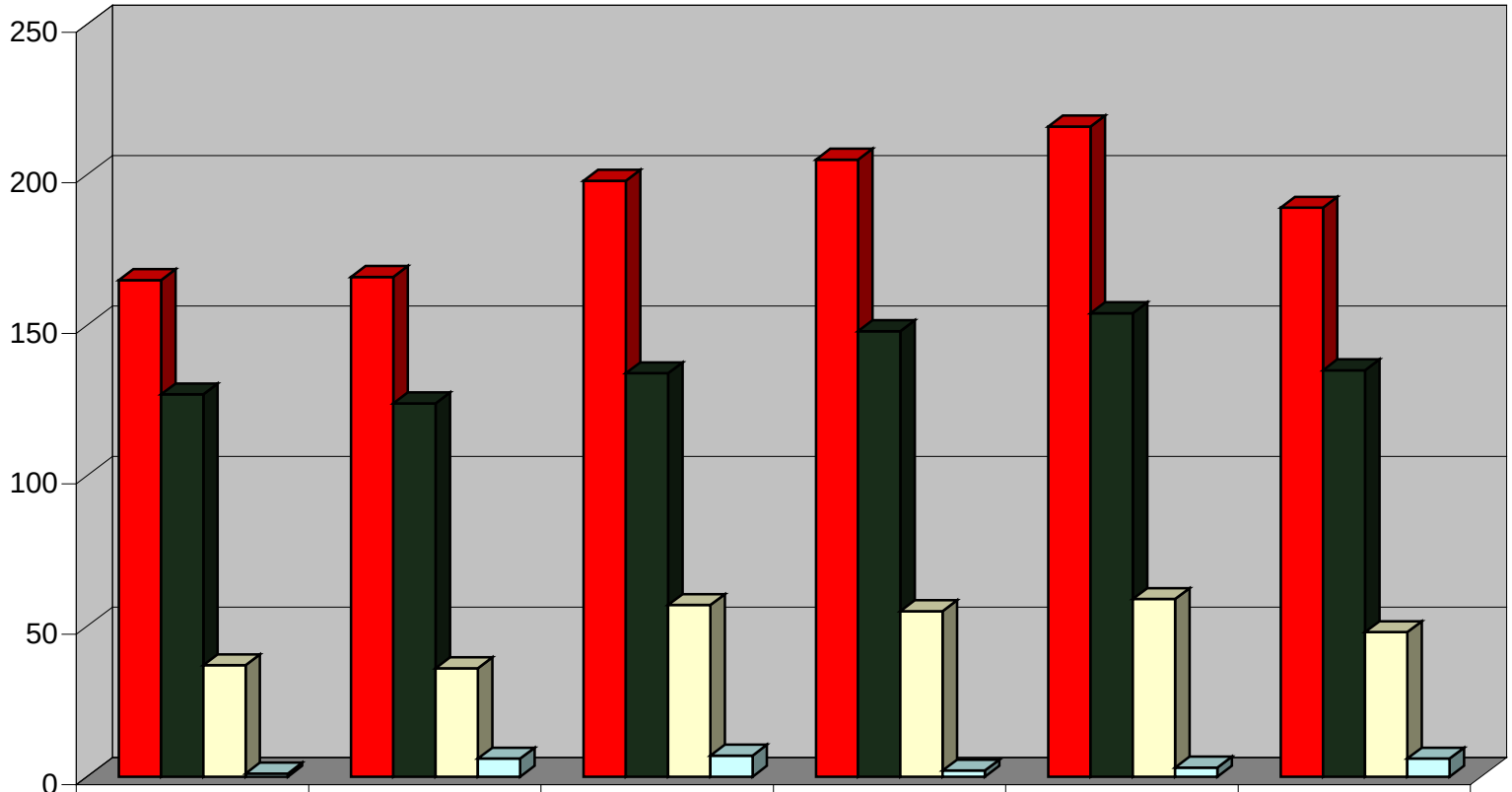
A copy of the dismissal procedure is at *attachment 27.*

## Result of the Part 1 MCQ Examination



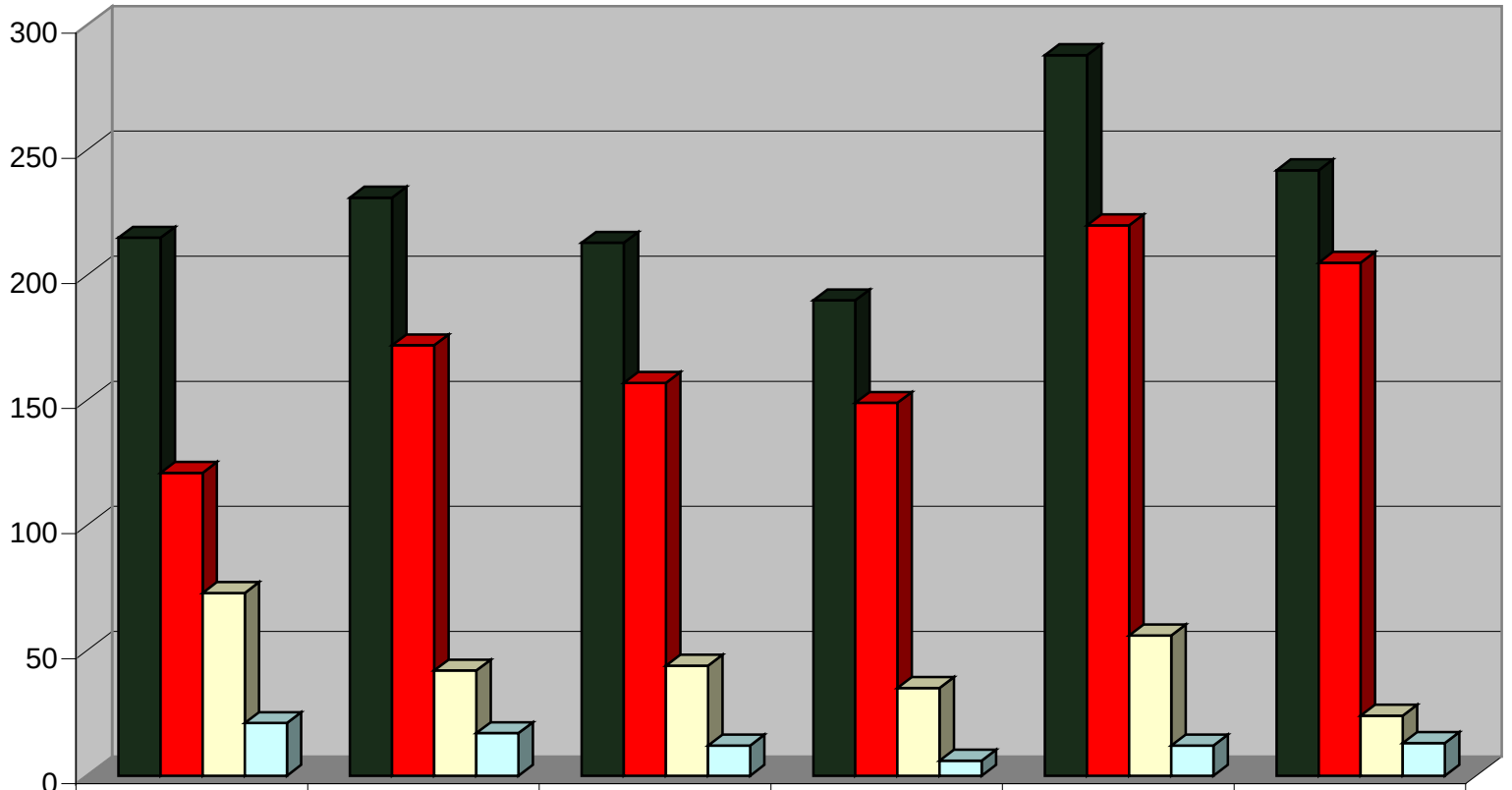

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total Registered | 378 | 383 | 369 | 460 | 488 | 451 |
| Total Passed | 129 | 206 | 105 | 218 | 194 | 122 |
| Total Failed | 213 | 141 | 219 | 208 | 242 | 263 |
| Total Non Attendance | 36 | 36 | 45 | 34 | 52 | 66 |

## Result of the Part 2 Fellowship Examination



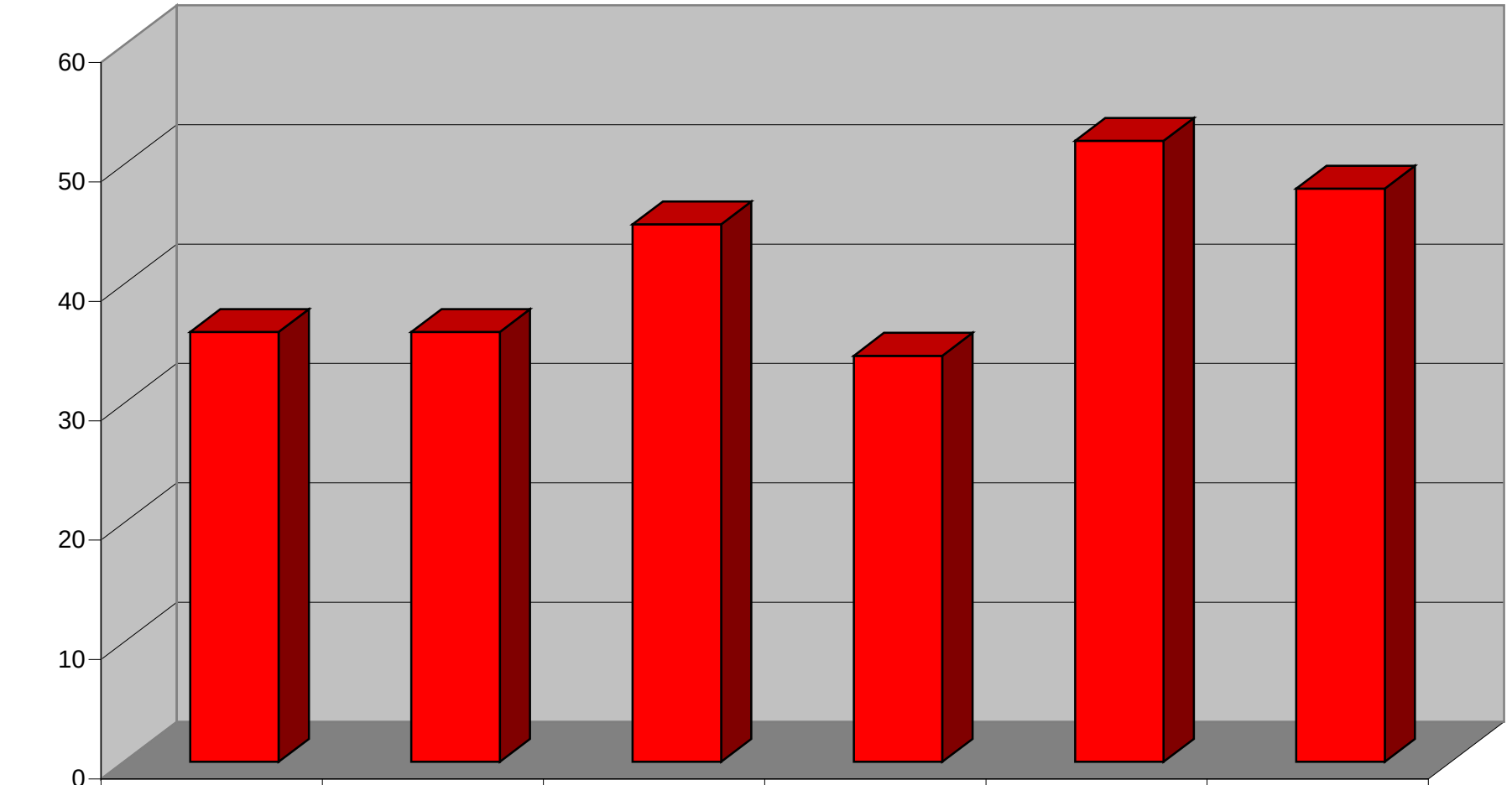

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total Registered | 165 | 166 | 198 | 205 | 216 | 189 |
| Total Passed | 127 | 124 | 134 | 148 | 154 | 135 |
| Total Failed | 37 | 36 | 57 | 55 | 59 | 48 |
| Total Non Attendance | 1 | 6 | 7 | 2 | 3 | 6 |

## Result of the Part 1 OSCE Examination



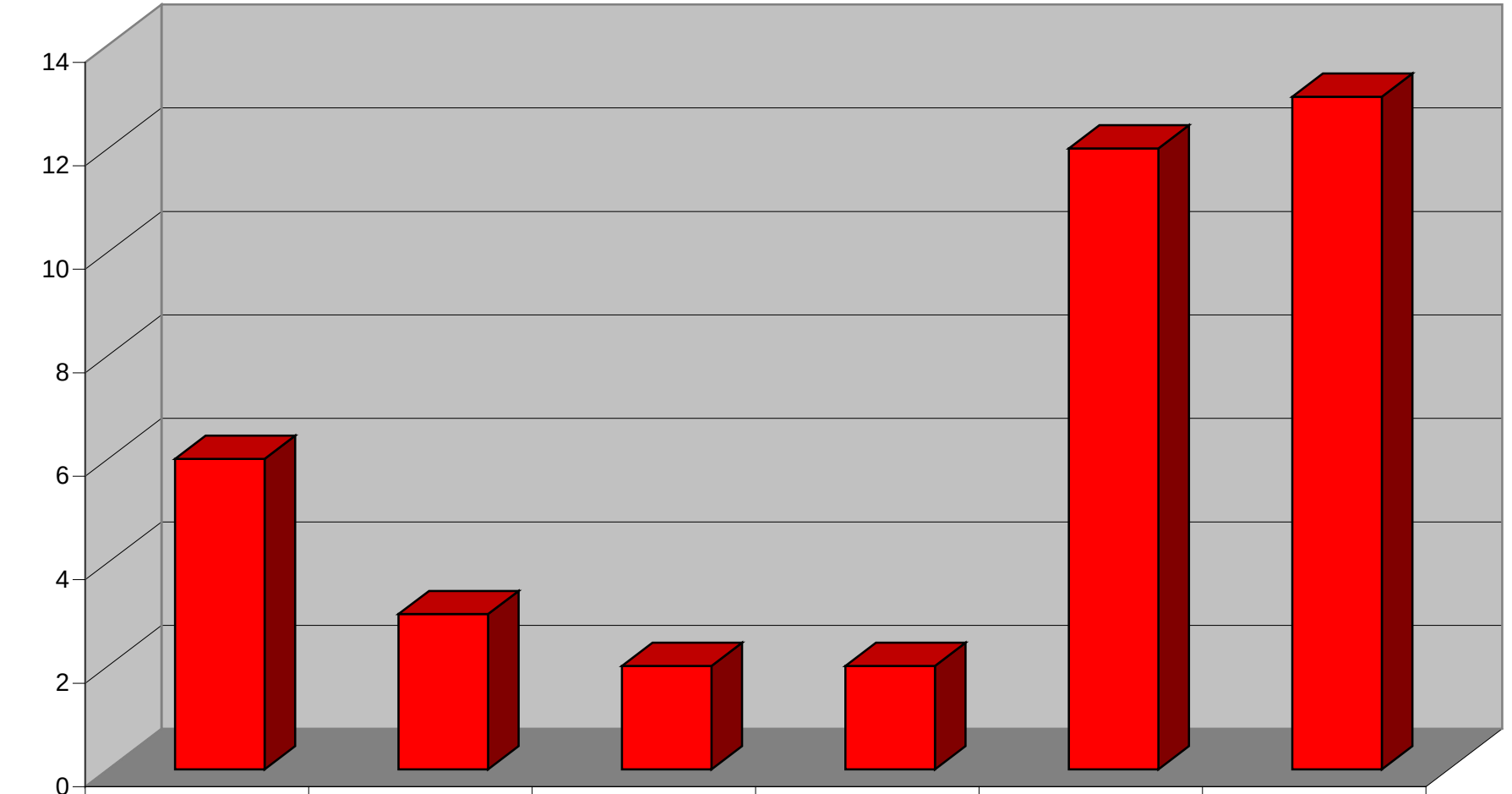

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Total Registered | 215 | 231 | 213 | 190 | 288 | 242 |
| Total Passed | 121 | 172 | 157 | 149 | 220 | 205 |
| Total Failed | 73 | 42 | 44 | 35 | 56 | 24 |
| Total Non Attendance | 21 | 17 | 12 | 6 | 12 | 13 |

## Withdrawals from the Part 1 MCQ Examination




| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| MCQ | 36 | 36 | 45 | 34 | 52 | 48 |

## Withdrawals from the Part 1 OSCE Examintation




| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| OSCE | 6 | 3 | 2 | 2 | 12 | 13 |

## Evaluation of the Programme

*What evaluation is undertaken of the programme. Is this periodic or continuous?*

Evaluation of the training programme occurs through the submission of the Surgical Training Portfolios from the Basic Surgical Trainees and the Log Books from the Advanced Surgical Trainees. The information contained in these documents provide valuable insight as to the effectiveness of the training post and the programme. This is further complemented through discussions with the trainee at the conclusion of their rotation.

Also, the Board of Basic Surgical Training and the Advanced Boards of Specialty Surgical Training meet formally three times each year. This provides a forum to follow up any problems that may have been flagged through discussions with trainees or the documentation on the post.

*What criteria are used for evaluation and what is the process?*

The Board of Basic Surgical Training and the Advanced Specialty Boards are responsible for evaluating their programmes. A review of the components of training as defined in the section The discipline specific component is an evaluation of an aspect of the programme.

Major reviews, as occurred with the Advanced Training Programme in General Surgery, by way of example, are accompanied by a discussion paper outlining all aspects of the proposed programme. A copy of the discussion paper that proposed the change from a four year programme to a five year (3 +2) programme is at attachment X

*What changes have resulted in the programme from the most recent evaluation?*

The existing system is possibly best exemplified by the recent major evaluations of the Basic Surgical Training programme and the Advanced General Surgical Training programme.

Basic Surgical Training has been reorganised to include:

the STEM modules
the skills courses
an upgrade of the syllabus
the inclusion of objectives in the syllabus
the introduction of the Surgical Experience Portfolio
the introduction of a mentor scheme

Full details of the programme have been outlined in the section on Structure and Duration of Training and details of the syllabus are available on the College website. The introduction of these skills courses enhances the hands on training that comprises the primary source of surgical experience. The development of the STEM modules provides a more integrated academic component.

Advanced General Surgical Training has evolved from a 4 year programme into a 3 + 2 programme. The new programme condenses the "old 4 years" into 3 years. The first 3 years involve 6 x 6 month rotations, including 6 months of vascular surgery. The following 2 years are spent in one of the sub-specialties of: General, Rural, Colorectal, Upper Gastro-Intestinal/HBP, Breast/Endocrine, Head and Neck, Trauma or Transplantation. It is also possible to undertake full time research for one year in the +2 years.

The changes to the programme arose out of a series of discussions and workshops with members of the Board and the subspecialties

*Describe the training organisation's processes for communicating with the community at large. How does the training organisation monitor and where appropriate, respond to community perceptions about graduates of its programmes?*

The College maintains a Public Relations Department who are involved, amongst other activities, in producing information brochures about surgical procedures and questions that patients should ask their surgeons. A copy of a brochure is at attachment X

Also, the Annual Scientific Congress includes papers and speakers who are conversant with current community concerns and provides a forum for communication of these perceptions to the public through the public relations office. Participants in the Annual Scientific Congress, in 2000, were invited to speak, on both Radio and Television, on a variety of matters of interest to the general public. Overall there were more than 1000 interviews conducted through the mass media.

The College conducted a display of Surgical Specialties, open to the public, for three days in October, 2000. A similar display is planned for the Museum of Victoria for a ten day period in August 2002.

On an individual level, a person with a genuine concern over a surgical matter may have this addressed through the Complaints Mechanism of the College. A copy of the procedure is at attachment X.

There are also specialist outreach services in the Northern Territory providing specialist service delivery to indigenous communities.

On an International level the College, through Project China, promotes the exchange of surgeons and surgical knowledge between Australasia and China. The Pacific Islands Project (PIP) provides medical services to Pacific Island Countries. There is

also the Interplast volunteer medical teams who provide plastic and reconstructive medical services to 11 countries in Asia and the Pacific.

*What processes are in place for communicating with Health Complaints Commissioners?*

Patients who wish to make a complaint, against a surgeon or their lack of access to surgical care, are able to direct their complaint, in writing, to the College, the State Health Commissioner or the appropriate Medical Board.

The College State Committee, liaise as required, with the Health Complaints Commissioner in the State where the complaint has been lodged. It is preferred that only one body, be it the Commission, the College or the Board, handle the complaint. The College discusses the matter with the other bodies to determine who would be the most appropriate to handle the particular complaint.

## Professional Development Programme

*What professional development programmes are offered to holders of the organisation's Fellowship?*

The Royal Australasian College of Surgeons is committed to excellence in clinical care and surgical training. The College expects and encourages all surgeons to be involved in continuing medical education, and regular surgical audit. The College has a Board of Continuing Professional Development, responsible for policy development and administration of the programme. The Continuing Professional Development Programmes have three components which taken together, result in Recertification:

1) Continuing Medical Education:
Consisting of educational activities, undertaken after qualifying as a surgeon, which serve to increase, maintain and develop the knowledge, skills and attitudes needed to provide safe, effective surgical care. A total of 75 hours per annum or 225 hours over a three year period.

2) Surgical Audit and Peer Review
A regular documented critical analysis of the outcomes of surgical care which is reviewed by peers and then used to further inform surgical practice. Audit serves to examine the reality of current surgical practice against performance standards and should be conducted annually.

3) Credentialling at an Accredited Hospital
Credentialling is the process whereby a Fellow applies for and is granted a surgical appointment appropriate to his/her discipline or training. The College has developed a set of requirements for the conduct of surgical services in hospitals. Those hospitals complying with the College requirements are deemed to be "approved hospitals"

Further information on the components is detailed in *attachment 23*, "Continuing Professional Development Programme Information Manual 2000".

Annually Fellows are sent a Recertification Data Form that each Fellow is required to complete and return to the College. In return Fellows are sent a Recertification Statement for that year which contains details of their participation. A copy of the form is at *attachment 24.*

In addition, the Urological Society of Australasia and the Australian Society of Plastic Surgeons Inc, were granted, by the Board of Continuing Professional Development, the role of monitoring the CME activities of Society members. The Board has also approved the Continuing Medical Education programme conducted by the Australian Orthopaedic Association. This has provided the Societies with the flexibility to tailor their programmes to meet the needs of their members and is of particular benefit to members in isolated geographical locations. Essentially, the programmes maintain the College structure but have been modified to accommodate specialty specific indicators. Details of the programmes may also be found in the attachment previously cited.

*Is participation in these voluntary or compulsory? If it is compulsory, what are the consequences for a Fellow if he/she does not comply?*

The goal of the Continuing Professional Development Programme is to enable Fellows to demonstrate that they are engaged in a range of activities which assists them to improve their knowledge and skills, therefore it is compulsory for all Fellows who are responsible for the clinical care of patients including those Fellows engaged in medico-legal practice. Fellows who have retired from the clinical care of patients are not required to participate in the Recertification Programme.

Fellows who do not meet the requirements of the Programme in three consecutive years will not be issued with the Certificate of Continuing Professional Development. The Board has determined that a Fellow who has not met all the requirements in any three year period and who has not been granted an exemption, the following procedures will apply:

- Fellows who partially meet the requirements will be sent a Statement of Recertification, which will indicate their level of compliance.
- Fellows who do not comply will have their name forwarded to the relevant Specialty Society or division for counselling.
- Fellows who do not respond to this initiative will have their names forwarded to Council for further consideration.

These are the current sanctions for non-compliance, however the Board of Continuing Education is considering stronger options to ensure that all eligible Fellows participate.

*Can a specialist in the discipline who does not hold the organisation's Fellowship access the programmes?*

The College has developed a Maintenance of Professional Standards (MOPS) programme for surgeons who are not College Fellows. The requirements in the MOPS programme are identical to the Continuing Professional Development requirements for College Fellows.

*What is the evidence that these programmes help to maintain the knowledge, competence and performance of those who participate in them?*

The College has not undertaken a qualitative analysis of the benefits of Continuing Medical Education. However, given the broad range of activities that may be encompassed by Continuing Medical Education particularly surgical audit, peer review and Credentialling it would appear to focus on the critical areas of surgical education. Anecdotal evidence from surgeons has indicated that there are benefits to

be gained from the programme and this view could possibly be supported through the compliance rate of 95% for overall recertification in 1998.

*Are there requirements for a more formal assessment of ongoing competence and performance of Fellows of the training organisation? If there is, what is the evidence of the validity and reliability of these assessments?*

The College is currently negotiating with the American College of Surgeons and other overseas specialty societies for a corporate deal for Fellows who wish to participate in the Self Education and Self Assessment Programme. The College, following investigation and discussion agreed that it would not be advantageous to the College, in terms of time and financial cost, to develop it own self-education and self-assessment Programme.

Also, in 1999, the Chairman of the Board and the Head of Department of Continuing Education undertook a study tour of overseas institutions in the United Kingdom, Europe, the United States and Canada. The subsequent report, following comparison with the overseas institutions, indicated that the College procedure was comparable with overseas systems and in some cases appeared to be more advanced, particularly in the area of surgical audit. The College has discussed the recommendations arising from the Report, which call for more stringent procedures and development of core curriculum in conjunction with the specialty societies. These recommendations are still being discussed by the College. A copy of the Report is at *attachment 25*.

*What documentation is produced by the training organisation that would provide information to bodies such as medical boards, hospital committees and other bodies on criteria that could be used to assess the ongoing competence and performance of specialists in this field and what is the basis for this information?*

The Continuing Professional Development Programme Diary provides a consolidated reference of surgical activities and meetings. The Diary when reviewed in conjunction with the Professional Development Programme Information Manual should provide sufficient criteria to evaluate the performance of specialists in the various fields.

The College has published, in hard copy and electronically on its website, numerous policies covering a range of activities directly or indirectly related to surgical procedures. Policies include:

- Infection Control.
- Outreach Surgeons (previously known as Itinerant Surgeons).
- Trauma.
- Ethics.
- Laparoscopic.
- Endoscopy.
- Day Surgery.
- Credentials Committees, Surgical Appointments and Complaints Procedures.

The College is responsive to developments in surgery, and consequently formulates policies and associated documents to ensure that all Fellows are kept up to date

*What evaluation is undertaken of the professional development programme? Is this periodic or continuous?*
*What criteria are used for evaluation and what is the process?*
*What changes have resulted in the programme from the most recent evaluation?*

In October of each year, the Board of Continuing Professional Development receives a statistical report on Fellows compliance with the Continuing Professional Development Programme. The Specialty Societies representatives, on the Board, are able to advise of particular difficulties experienced by their Fellows undertaking the Programme and the Board in consultation with the Specialty Society representative is able to recommend adjustments to the Programme to overcome any general difficulties. An example of an initiative arising from these discussions is the development of the "Virtual Congress". This development allows an increase in access for all Australasian Fellows to the Annual Scientific Congress.

The Board of Continuing Professional Development in conjunction with the Department of Continuing Professional Development are continually striving to improve the programme. This is evidenced through the aforementioned study tour as well as constant liaison with Fellows and Specialty Societies. Proposals for modification to the programmes are considered and often implemented as in the cases of the Urological Society of Australasia and the Australian Society of Plastic Surgeons to include specialty specific indicators.

*What procedures are in place to respond to a request from a qualified specialist for retraining after a prolonged period of absence from practising in the discipline or additional training in a discipline other than that for which the specialist qualification applies?*

The Board of Continuing Professional Development undertakes a comprehensive review of the applicant and recommends a programme of retraining according to the circumstances of the individual. The applicant would be required to submit written evidence that the programme, as determined by the Board, had been successfully completed. Essentially the procedure is one of individual review by the Board of Continuing Professional Development**.**

## Retraining

*What procedures are in place to respond to a request from a medical board for assistance in providing retraining for a specialist in the discipline whose performance has been found to be unsatisfactory?*

The Board of Continuing Professional Development would identify the deficiencies and construct a training programme with clearly specified goals, covering the areas where a Fellow has been deemed to be deficient. The Department of Continuing Professional Development would be responsible for monitoring the progress and competence of the Fellow and would be able to confirm whether the Fellow has been successful in attaining the specified goals.