

# THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## ANNUAL REPORT

### TO THE AUSTRALIAN MEDICAL COUNCIL

**2005**

#### **1 COLLEGE DETAILS:**

NAME: ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

ADDRESS: SPRING STREET  
MELBOURNE, VIC 3000

OFFICER TO  
CONTACT  
CONCERNING  
THE REPORT: Dr David Hillis, Chief Executive Officer

TELEPHONE: (03) 9249 1205

EMAIL: david.hillis@surgeons.org

## 2 PROCESS OF SPECIALIST EDUCATION AND TRAINING

Provide details of any changes to the education and training programs and any significant changes planned within the next 12 months, together with a brief statement of reasons and evidence for the change. This should include changes to:

- the goals of education and training  
**No change**
- structure and duration of training

The structure and duration of surgical training is under major review with the goal of introducing an **Integrated Surgical Training Program** to commence by 2008. An analysis of the strengths and weaknesses of the existing programs has been undertaken with a philosophy of retaining those elements which have already been developed and found to be satisfactory.

Against this background a workshop was held in February 2006 attended by all College Councillors, the Presidents and Chief Executives of the Specialists Surgical Associations and Societies, the Chairs of the Specialty Boards, the Interim Chair of the RACS Trainees' Association and College staff. A proposed Framework was discussed and the basic parameters accepted for further discussion. These include the following;

- Planned length of surgical training to be six years.
- Early selection into a chosen surgical specialty.
- Development of robust in-training assessment using recognised tools.
- The Basic Science and Clinical Examination to be clinically aligned and contain a generic and specialty focus.
- Involvement of the specialties in the curriculum and content of the Basic Science and Clinical Examination.
- Fellowship or the Exit Examination to be retained.
- Develop closer liaison and career advice and support for those medical students contemplating a surgical career.
- Support for educational efforts which facilitate the transition from medical school to the workplace and vocational training and education.
- Recognition of the importance of being able to transfer credits for prior learning to another career if required.

Extensive discussion is now taking place to work through the many challenges posed by the implementation of Integrated Surgical Training. A questionnaire incorporating questions related to six major issues was sent to all Board Chairs and the results have been analysed and will be the focus of a further workshop in May 2006.

### Reasons for change

The College wishes its trainees to progress through their surgical training in an integrated, holistic and timely fashion with the focus of the curriculum in their early training taking into account their career goals in term of choice of specialty. At the same time the College is cognisant of the impact on training of the changes in the delivery of health care, the introduction of Safe Working Hours, and the increasing age of those now graduating from medical school and needs to respond to these while at the same time ensuring appropriate standards are maintained. The College believes that those who have made their career choices early and who have the ability to progress rapidly through their training be enabled to do so without the historical delays between completion of the Basic Surgical Training and Specialist Surgical Training.

- content of education and training program  
**No change**
- formal educational courses.

The new **Australasian Surgical Skills Education and Training Course** was completed during 2005/2006 and the first course launched in March of this year. This course, complete with supporting video and written material is now being rolled out across Australia and New Zealand and will be a major step in helping surgical trainees gain skills and confidence in the non threatening supervised environment of a skills centre.

- Provide details of any changes planned to the range or the organisation of education and training programs in sub-specialties.

**No change**

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A **Clinical Skills Advisory Group** has been formed and has continued the work commenced by the Skills Laboratory Working Party it has now replaced. The role of this group will be to oversee the development and integration of skills training into the surgical curriculum by all of the nine Surgical Specialties and to provide clear guidelines on the requirements of such educational courses. Surgical Skills Centres are recognised as of major importance in the teaching and learning of technical skills prior to trainees undertaking real surgical procedures under supervision.

### 3 TRAINEE ASSESSMENT AND EXAMINATION

Provide details of any significant changes to assessment and examination policies and practices, and any changes planned within the next 12 months, together with a brief statement of reasons and evidence for the change, including:

- changes to assessment policy or principles

**SEAC comments** relating to the 2004 Annual Report included a request for information on the system of standard setting used in the BST examinations. This is described on pages 10 & 11 in the 2005 RACS Activities Report.

**The Court of Examiners** has changed the Policy relating to the Fellowship Examination to allow a repeating candidate to have more time in which to complete the written paper but only under clearly defined circumstances and by prior agreement of the Court which will consider such a request. An example of clearly defined circumstances includes a candidate who has sat the examination on two previous occasions and who has passed all components except the failed written papers, and whose supervisor reports are very supportive.

- introduction of new methods of formative and/or summative assessment

The College has identified **in-training assessment** as a major area for improvement and discussions at both the Boards of Basic and Specialist Surgical Training have focused on this. At the recent workshop on the proposed Integrated Surgical Training the need to improve this assessment (was) agreed upon and four methods identified for further discussion with a view to implementation. These include the Mini-CX or observed Clinical Examination, direct observation of "core" procedural skills, case-based discussion and procedure-based assessment (for complex procedures). This will be discussed further at a special meeting in Sydney in May.

- changes to assessment to reflect changes in educational objectives, and/or learning goals and methods

**The College's Nine Competencies** adapted from CanMEDS, are being incorporated into all assessments. General Surgery has completed a new in-training assessment form to align with these competencies and the other specialties have begun this process.

- changes to the process for identifying unsatisfactory performance by trainees.

A **new policy on identifying unsatisfactory performance** of trainees is now being published on the College website which provides clear and transparent information for all trainees and supervisors.

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#### 4 ACCREDITATION OF INSTITUTIONS, TRAINING PROGRAMS AND POSITIONS

Provide a brief statement on any significant developments in the college's relations with the state, territory, or Commonwealth or New Zealand health care services.

Provide details of any significant changes to arrangements for monitoring the quality of clinical training including changes to the process or policy for the accreditation of training programs, institutions or training posts, such as:

- changes to accreditation policy or principles

An outline of the **Policies and Procedures** is listed in the College Activities Report for 2005, page 55. In April 2005 the ACCC provided the College with their final review report- "Review of the criteria for Accrediting Hospital Training Posts for Advanced Surgical Training and Posts for Basic Surgical Training". Included in the report were 42 recommendations relating to Accreditation. These recommendations which are listed in the Activities Report (Page 57) were used to inform the development of a new document entitled **Accreditation of Hospitals and Posts for Surgical Training – Process and Criteria for Accreditation**. This has been completed and signed off by the College Boards, the College Council, the Jurisdictions and the Specialist Societies and Associations. The document, which is attached, is now on the College website and is being used for all Accreditations in 2006.

This document has also been sent to all hospitals and sets out the processes for applying for Accreditation or Reaccreditation.

- changes to the criteria for accreditation

The revised **criteria** which number 43 in total are based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts. They are built in part on the previous criteria which were found to be helpful but rationalised from over 200 in total across the nine Specialties. Because training takes places in a wide range of Hospitals and Health Services a degree of flexibility is allowed for in the application of the criteria. The new processes and criteria will be reviewed during 2006 based on experience and feedback on its use.

- access to outpatient and ambulatory experience

**Teaching Outpatient Clinics** are a very important part of surgical training and unfortunately are disappearing from some jurisdictions, and particularly so in Sydney. SEAC in its comment Number 8 on the 2004 Annual Report called for the College to address this issue. The College through its Boards and its State Committees has discussed this in a number of forums and the President has raised it at the highest level. It must be acknowledged that the College has only minimal influence on these hospitals. Nevertheless this will continue to be repeated in the Federal, State and public arena. Clear Accreditation criteria are included in the Accreditation document (number 23, page 11-61) on the requirements for supervised consultative clinics or equivalent alternatives.

- mechanisms for monitoring the adequacy, supervision and organisation of clinical placements.

**Feedback** is gathered from trainees during Accreditation visits and the new Trainees' Association will participate in ways to improve the collection of this information.

Provide a short report on the college's accreditation activities in the last 12 months.

At the end of December 2005 there were 915 Specialist Surgical Posts within Australia, New Zealand and Overseas. Further details of these posts are listed in Table 60, page 62 of the 2005 Activities Report. There were **50 new Specialist Surgical Training Posts** accredited in 2005

and these are listed in Table 61, page 62. **Reaccreditation of 210 Specialist Surgical Training Posts** was carried out during 2005, up from 117 in 2004; and five posts were not granted reaccreditation (Tables 63 and 64, page 63).

**New Potential Training Positions** are being sought by the College in the public and private sector. The President has written to all jurisdictions requesting the identification of any such positions and reaffirmed the commitment of the College to undertake timely review of those identified. So far there has been minimal response to this communication. The College strongly supports education and training in the private sector and is discussing the most appropriate way forward with this possibility. The Boards have embarked on the challenge of identifying and reviewing those positions previously referred to as "Non Accredited Training Posts" and is hopeful that some will be suitable to be accredited as Specialist Training Posts.

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## 5 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

- Provide details of any significant changes to the process by which supervisors are appointed and/or to the roles of supervisors, assessors, trainers and/or mentors.

The College is in the process of developing policies on the selection, role and duties of supervisors, mentors and instructors.

- Provide details of any significant activities to support supervisors, assessors, trainers and mentors, such as training activities or written manuals.

A review of the strategies and mechanisms for communication to and from the College, trainees, supervisors, mentors and trainers was carried out in 2005 and a much enhanced, reliable and accountable policy has been implemented. The **College website has been completely redesigned** to make it a more user friendly facility and to provide extensive information to all stakeholders. A meeting was held during the College 2005 Annual Scientific Congress with supervisors to improve understanding and provide support. The development of a real time reporting system through the College's iMIS database has made trainees' operational reports available to support supervisor's activities.

A **Coordinator for the College's Facilitated Personal Mentoring Program** has been appointed with the objective of promoting access to the program by Fellows and trainees and coordinating responses and enquires. This program has been publicised through the BST newsletters and website as well as through the monthly College *Surgical News*. Further details are on page 7 of the Activities Report for 2005.

*Surgical News* has been upgraded and extended and is being used much more extensively to communicate with Fellows and trainees.

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## 6 ISSUES RELATING TO TRAINEES

Provide a brief summary of significant changes planned or implemented:

- to the policy and procedures for trainee selection

A **workshop** was held in 2005 attended by the Board of Basic Surgical Training and the Jurisdictions to discuss selection and the allocation of trainees. There are no significant changes to selection but once they are selected as meeting the criteria, they are then offered positions by the Jurisdictions.

- to the college's role in selection  
**No change**
- to arrangements for trainee support and counselling and/or mentoring programs.  
**No change**

Provide details of actions planned or taken by the college to ensure that its selection policies and practices comply with principles in the 1998 report, 'Trainee Selection in Australian Medical Colleges' by the Medical Training Review Panel (Brennan Principles).

**No change** as the College already complies with the requirements.

Provide information on the number of trainees entering training programs (if applicable, provide figures for basic and advanced training programs). If the college has identified a disparity between the number of training posts/opportunities available and the number of applicants for the positions, please comment briefly on the reasons for this disparity and any actions by the college and other bodies to address it.

**Please refer to the College Activities Report for 2005**, pages 4 and 5 (Tables 1& 2) for Basic Surgical Trainees and pages 29 to 33 (tables 22 to 30)

Provide a short summary of the activities of and significant issues raised by the trainees' association, if one exists.

**An Interim Trainees Association** with an Interim Committee was formed in November 2005 and is working towards the development of a fully constituted Trainees Association and elected Committee during 2006. The Committee is funded by the College and reports through the Educational Policy Board to Council. Since its inception the Interim Committee has been very active in coordinating trainee representatives on to College Boards and important Committees. Trainee representatives are full members of the Boards of Basic and Specialist Surgical Training and the Educational Policy Board. From June 2006 a trainees' representative will be an invited Observer at all Council Meetings. The Interim Committee has also identified representatives for each of the nine Specialty Boards. They have or are being appointed to Regional Surgical Supervisors Committees, IMET and the Safe Hours Working Party.

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## 7 OUTPUTS AND OUTCOMES OF TRAINING

Provide information on the following since the last report:

- the components of summative assessment (e.g. Part 1 and Part 2 exams) and the number of candidates sitting and passing each component each time they were held. If applicable, comment briefly on actions taken by the college in response to significant changes in the percentage of candidates passing summative assessments.
- the number of trainees who completed training (by program if there is more than one)
- initiatives introduced to determine outcomes/outputs.

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**The number of Basic Surgical Trainees** who sat the Clinical Examination and the Basic Sciences Examination in 2005 is listed in Tables 9 and 10 on pages 11 and 12 of the Activities Report. It is important to note the marked increase in the pass rates in the Basic Sciences Examination during 2005. This followed the introduction of Rasch scaling for this examination in June.

**Cessation of training** by 92 BSTs occurred in 2005 of whom 39 did so voluntarily. Details are given in Table 11, page 12 of the Activities Report.

**Completion status for BSTs** by year of intake is listed in Table 17, page 14.

**The number of Specialist Surgical Trainees undertaking the Fellowship Examination** by Specialty and Region is listed in Table 88, page 53. In 2005, 225 candidates were examined which was a 5% increase on 2004. 191 candidates were successful resulting in an annual pass rate of 85% up from 77% in 2004. Further details are given in Tables 56 to 59 on pages 53 to 55 in the Activities Report.

**Outcomes and outputs** are now calculated and recorded in the College Annual Activities Report.

## 8 EVALUATION OF THE PROGRAM

Provide details of any significant changes to the way in which the college monitors and evaluates the quality of its education and training programs and/or to methods used to monitor the trainees' and the supervisors' opinion of the programs.

Provide information on the following activities undertaken in the last 12 months:

- new evaluation activities initiated
- evaluation activities completed
- changes in the resources available to support the program.

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**SEAC comments on the 2004 Annual Report** asked for a report on progress with systems for program monitoring and evaluation in the context of the five evaluation activities listed in the 2004 Report and these will be covered under each of these headings.

### **Databases**

Four linked database systems have been under development to enable routine College administration, business activities and the monitoring of trainees' progress to be undertaken. These include an iMIS database - now fully implemented - for collecting a range of trainee data which is used to produce Monthly Management Reports to monitor College activities; Electronic Logbooks for trainees to enter online logbook data for their personal audit; an Examinations database for questions used in College Examinations; and an Educational database which is used for training programs including online case studies.

### **Feedback from trainees and supervisors**

The major development has been the formation of a Trainees Association in 2005 and they have been asked to help with this challenge. This will be discussed in 2006 and a practical way forward introduced to obtain this important confidential information.

### **Audit of the Fellowship Examination**

The College will be appointing a Senior Manager for Examinations in 2006. One of the tasks of this position will be to undertake an audit of the Fellowship Examination and to extend evaluation of validity and reliability of this assessment. As mentioned under Section 3 of this Report, Specialties have begun working on the alignment of the curriculum and assessment incorporating the College adaptation of the CanMEDS competencies.

### **Detailed analysis of repeated examination failure**

Following on from the implementation of a process to ensure the recording of reliable quantitative data for the Fellowship Examination as displayed in the College Activities Report, the College has commenced a review of those who repeatedly fail the Fellowship Examination and this will continue throughout 2006.

## 9 ASSESSMENT OF OVERSEAS TRAINED SPECIALISTS

Describe the college's process for assessing the equivalence of the education, training and experience of overseas-trained specialists to that of Australian-trained specialists. Detail any changes to the process over the last 12 months or planned in the next 12 months, and comment briefly on the reasons.

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The Review of the **Assessment of Overseas Trained Specialists** released its Report in April 2005. This report contained 17 recommendations (see pages 19 to 22 of Activities Report) including the development of a special unit within the College for the assessment of what are now called International Medical Graduates (IMGs). In December 2005 the College signed an agreement with the Department of Health and Ageing for funding to establish a Rapid Assessment Unit and funding has been obtained for 18 months. The College is currently in the process of appointing a Clinical Director and Senior Manager to this unit and is completing an internal review of the current processes and methods being used to assess IMGs. Key Performance Indicators for internal monitoring of the Unit and reporting to the AMC are being identified.

**Applications for assessment** were received by the College from 105 IMGs during 2005 which is a significant increase from the 67 applications in 2004. Approximately one third were for Area of Need positions. Further quantitative data is provided in Table 21, page 24 of the College Activities Report.

## 10 CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMS

Provide details of any significant changes to the college's continuing professional development programs and any changes planned within the next 12 months, together with a brief statement of reasons for the change, including:

- changes to policy or principles relating to continuing professional development

**Policies are current** for the period 2004 – 2006. In February 2005 the College Council approved that following a consent process, the names of Fellows who have complied with the requirements of the 2004 – 2006 CPD Program triennium will be listed on the College website. This is to ensure the ongoing development of a robust and transparent Recertification Program and to enable the community to be assured that their surgeon has met the College's minimum standards for recertification.

- changes to the categories of activity recognised for continuing professional development  
**No changes**

- changes to the college's process for endorsement of educational activities/meetings

**A focus on active learning** was one of the major changes to the 2004 – 2006 CPD Program. Educational activities that meet the standards set by the Professional Development and Standards Board involving small group learning and interactive clinical/ surgical skills are eligible to be recognised in the CPD Program at five points per hour. Since the 2004 AMC report, the standards for five points per hour activities and the application process around endorsement of these activities have been defined and promoted to the Fellowship.

- initiatives to evaluate professional development programs.

The College continues to undertake regular process evaluation of the CPD Program including reporting on compliance and participation using a variety of parameters such as type of surgical practice, specialty and region/ country.

In February 2005 the Professional Development and Standards Board reviewed feedback from a Participation Survey aimed at Fellows who had not submitted a return to the College



for the 2002 CPD Program. The survey collected information on barriers and problems experienced with participating in the CPD Program. The survey raised a number of themes including communication, timeliness of data collection, consideration for rural Fellows and recognition of other CPD Programs as approved pathways for recertification.

As part of a review to set the policy for the 2007 – 2009 CPD Program, individual Fellows, Regional Committees and Specialist Societies and Associations will be encouraged provide feedback on the CPD Program so that it continues to meet the needs of Fellows and the responsibilities of the College in ensuring a transparent and educationally sound program.

#### **Professional Development Program**

All professional development workshops and courses offered as part of the Professional Development Program continue to be evaluated and results are carefully considered to assist with future planning and to ensure that the needs of Fellows are being met.

The College will be undertaking a survey of all Fellows during 2006. Key areas of the survey will include topics, content and delivery models for professional development opportunities and a focus on how the College can better support Fellows to meet the CPD Program requirements.

Please provide information on the rates of participation by college fellows in the college's last CPD cycle. If applicable, comment briefly on actions taken by the college in response to low participation rates or actions aimed at improving participation in continuing professional development programs.

Details of the Active Fellowship can be found on pages 64 to 66 in the 2005 Activities Report. Currently 89% of Fellows with a requirement have participated in the 2004 CPD Program, and of those Fellows 99% have complied with the annual requirements.

Actions taken to improve participation in the CPD Program include:

- Introduction of data collection through CPD Online enabling real time recording of CPD activities.
- Publication and distribution of the Surgical Audit and Peer Review Guide (2005) to all Fellows and trainees to strengthen support for auditing activities.
- Increased contact with Fellows who are non-compliant or non-participant by Specialist Society representatives on the Professional Development and Standards Board. Representatives provide follow up and assistance to individual members of their Society.
- Structured administrative processes as part of the annual cycle, including two reminder letters and a letter from the College President.

## **Response to the Recommendations in the 2002 AMC Accreditation Report**

### **1. That the College clarifies its position on issues of self-regulation and recertification**

- Council has determined that it is mandatory for all Fellows in active practice to participate in an approved CPD Program.
- Issue of the 2004 – 2006 CPD Program Certificate is evidence of recertification as a Fellow of the College and is valid until December 2009 (conclusion of the following triennium).
- In order to maintain accountability and transparency with respect to the CPD Program, 2.5% of Fellows with a requirement are randomly selected to verify their annual CPD activities. Fellows who fail to verify their CPD activities are not eligible for the annual statement of participation or the triennial certificate.

### **2. That the College formulates regulatory measures to address non-participation, within the framework of AMC/CPMC initiatives and NZMC requirements.**

The Professional Development and Standards Board continues to deliberate on incentives and sanctions to increase participation and compliance in the CPD Program.

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