Royal Australasian College of Surgeons

Activities Report

For the period January to December 2006

The activities report is a document provided for the community which details statistics on the College's activities in education, assessment and the surgical workforce. Education figures provided include details on Basic Surgical Trainees (BST); Transitional Surgical Trainees (TST); and Specialist Surgical Trainees (SST), with associated accredited BST hospitals and SST accredited hospital post listings. New and Active Fellows and International Medical Graduates are also described.

This activities report is available at www.surgeons.org
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Basic Surgical Trainees – Policies and Procedures

College policies for basic and for specialist surgical training undertaken with the Royal Australasian College of Surgeons are published on the College website.

Purpose of the Basic Surgical Training Program

The purpose of the Basic Surgical Training Program is to train and assess trainee surgeons in the knowledge, skills and attitudes necessary to enable progression into specialist surgical training.

During Basic Surgical Training trainee surgeons gain an understanding of the principles of surgery and acquire skills in basic surgery, clinical assessment and the use of diagnostic modalities and gain an understanding of basic surgical sciences.

Content of the Basic Surgical Training Program

The Basic Surgical Training program comprises four compulsory training and assessment components and one optional component. Training components may be undertaken concurrently and most are non-sequential. Assessment methods and timing are based on individual training components.

Compulsory Basic Surgical Training Components are as follows:

- Online Resources
  - Case Studies
  - Practice Multiple Choice Questions (MCQs)
- Clinical Placements
  - Core Surgical Rotations
  - ICU Rotation
  - Emergency Rotation
  - Elective Rotations
- Skills Courses
  - Australian and New Zealand Surgical Skills Education and Training (ASSET)
  - Care of Critically Ill Surgical Patients (CCrISP)
  - Early Management of Severe Trauma (EMST)
- Examinations
  - Basic Sciences Examination
  - Clinical Examination

Optional courses and pathways:

- Qualifications
  - Postgraduate courses in Surgical Anatomy offered by universities
  - Combined FRACS/PhD

The training program is updated periodically and changes are communicated to trainees via the Basic Surgical Trainee Newsletter, which is administered through Basic Surgical Training Online.

Duration of Basic Surgical Training

The Basic Surgical Training program takes a minimum of two years and a maximum of four years. In this time basic surgical trainees must complete at least four core surgical placements of approximately three months each as well as other clinical placements, training and assessment. Trainees may take leave of absence (Interruption of Training) from the program for up to three years subject to approval by the Chair of the Board of Basic Surgical Training. It is possible to undertake training on a part-time basis. Relevant policies are available on the College website.

Facilitated Personal Mentoring Scheme

In July 2001 the College implemented a Facilitated Personal Mentoring Scheme for trainees in the restructured Basic Surgical Training Program. The focus of the scheme is to provide trainees in the restructured basic surgical training program with an opportunity to enhance their educational experience by having access to a personal mentor. The Scheme was implemented as a result of the findings from a pilot study conducted by the Women in Surgery Group of the College. While, the pilot study was

conducted with female trainees only, its the results of the pilot study indicated that the scheme would be beneficial to all trainees in the training program.

Since inception, 50 mentor pairs have been identified. A survey of these pairs and a review of the scheme were undertaken in 2006. Of the original pairs, only a small minority continue in their relationship. Indications are that facilitated access to a mentor remains an important activity of the College but one that is supplemented by a number of alternative means of individuals identifying and contacting mentors. The mentor relationship is variable and changes with need and circumstance.

BST Assessment

Assessment of Basic Surgical Training and time requirements

Program component required to be achieved	**Minimum Required**	**Assessment Activity**
Australian and New Zealand Surgical Skills Education and Training (ASSET)	1 x 2 ½ day course	Progress record completed by instructors throughout the course
Care of Critically Ill Surgical Patients (CCrISP) Course	1 x 2 ½ day course	Progress record completed by instructors throughout the course Examination – MCQ format Clinical Assessment Examination
Early Management of Severe Trauma (EMST) Course	1 x 2 ½-day course	
Basic Sciences Examination	1 examination	3 days x 2 ½ hours written examination, MCQ format
Clinical Examination	1 examination	2 to 3 hour practical and written examination, OSCE format
Core Surgical Rotations	4 x 3-months	•Experience Portfolio •In-training assessment
Emergency Department Rotation	10 weeks	
ICU/HDU Rotation	8 weeks	
Elective Rotations	34 weeks	

Assessment of Clinical Placements during training

There are two forms of review for trainees on Clinical Placements – the Experience Portfolio and the In-training Assessment. On completion of each Clinical Placement trainees are responsible for forwarding these documents to the College and must also keep a copy for their own records.

Following each rotation, Supervising Consultants complete an In-training Assessment for each trainee and discuss this assessment with trainees individually. The purpose of the In-training Assessment is to review and assess trainees' clinical skills, technical skills, attitudes, academic performance, teaching and research activities and to make recommendations for their future training. In-training Assessment forms with an overall rating of less than 3 are deemed unsatisfactory and the related clinical rotation will not be accepted towards the participant's training – a satisfactory assessment in a further rotation will be required.

The Experience Portfolio describes trainees' clinical experience and other hospital activities. Each trainee records and reviews their clinical experience and performance for each Clinical Placement. The Experience Portfolio includes information about the trainee's experience of ambulatory care, operative experience, procedural experience, patient management, academic activities, courses undertaken and teaching responsibilities. The Experience Portfolio also includes Rotation Outlines – ongoing detailed documents maintained by trainees to provide a record of their weekly timetable, level of supervision, procedural log, operative log and their level of satisfaction with various aspects of the rotation. It is an important tool to aid self-learning and reflection. The format of the Experience portfolio was reviewed in 2006 and a revised format will be introduced in 2007.

Examination components and marking system

The aim of BST examinations is to use a number of different assessment methods and tools to assess the knowledge, skills, and attitudes of trainees.

Basic Surgical Trainees take two formal examinations; firstly the Basic Sciences Examination which tests knowledge of Anatomy, Pathology and Physiology. This written examination is conducted over three consecutive days with one session of two and a half hours each day. Each paper contains 120 multiple choice questions covering each of the three disciplines. The College provides a recommended reading list, Case Studies on-line learning resources and examples of practice Multiple Choice Questions on the College website to assist trainees prepare for the Examination.

The second formal examination for Basic Surgical Trainees is the Clinical Examination. In this practical examination trainees are assessed on their clinical skills – examination, history-taking, diagnosis, procedure skills and counselling of patients as they relate to RACS Competencies of Medical Expertise, Judgment – Clinical Decision Making, Communication and Professionalism. The Clinical Examination is conducted in OSCE format, that is, a single two- to three-hour session using a series of examination stations at which candidates are observed by examiners as well as stations at which written responses are required.

The Basic Sciences Examination is offered three times and the Clinical Examination is offered twice per year at locations around Australia and New Zealand. Examinations are overseen by the Examination Committee of the Board of Basic Surgical Training, and committees of Anatomy, Pathology, Physiology and Clinical which analyse and verify examination outcomes, generate new questions and set future examinations. Examination results are published on the College website as they become available after each sitting. The Basic Sciences Examination schedule will be changed from 2007 to run twice per year.

The College reports on annual examination pass rates which can, therefore, reflect results of more than one individual exam.

Following the work to introduce RASCH scaling and criterion referencing in 2005, the validity and reliability of the examination remains consistent.

Basic Surgical Trainees – Activities

Basic Surgical Training

The purpose of the Basic Surgical Training Program is to train and assess trainees knowledge, skills and attitudes necessary to enable progression into specialist surgical training. The following tables provide information on Basic Surgical Trainees as at 30 December 2006. Overall there were 753 BST trainees enrolled within the College. Approximately, two-fifths of BST's were in their first year of training (38% or 287 BSTs), with just over half of BSTs in their second or third years (53% or 396 trainees) and 9% in their fourth year (70 trainees). Eighty-one percent of BSTs were located in Australia (607 trainees) and 19% of BSTs were located in New Zealand (142 trainees).

There has been a 10% increase in the number of BST trainees between the December 2005 and December 2006. In December 2005 there were 685 trainees, compared to 753 trainees in December 2006. There was however a decline in the number of fourth year BST trainees reducing from 86 in 2005 to 70 in 2006.

Training on a part-time basis within the BST training program is limited with just one part-time trainee.

Table: 1. All BST trainees by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	5	70	0	45	14	3	82	15	234	49	4	287	265	8.3%
2	1	69	1	39	16	3	64	19	212	41	0	253	196	29.1%
3	2	34	0	21	10	1	29	12	109	34	0	143	138	3.6%
4	0	17	1	8	6	0	15	5	52	18	0	70	86	-18.6%
Total	8	190	2	113	46	7	190	51	607	142	4	753	685	9.9%

Source: RACS (2005) Management Report, As at December 30th 2006

Table: 2. Full time active BST trainees (including research) by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	5	66	0	43	14	2	76	13	219	46	2	267	262	1.9%
2	1	69	1	33	16	3	60	19	202	38	0	240	177	35.6%
3	2	30	0	19	9	0	28	12	100	33	0	133	118	12.7%
4	0	16	1	8	6	0	15	5	51	17	0	68	63	7.9%
Total	8	181	2	103	45	5	179	49	572	134	2	708	620	14.2%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 3. Part time active BST trainees by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	0	0	0	0	0	0	0	0	0	0	0	0	-
2	0	0	0	0	0	0	0	0	0	0	0	0	0	-
3	0	0	0	0	0	1	0	0	1	0	0	1	0	-
4	0	0	0	0	0	0	0	0	0	0	0	0	1	-
Total	0	0	0	0	0	1	0	0	1	0	0	1	1	-

Source: RACS (2006) Management Report, As at December 30th 2006

Over one quarter of Basic Surgical Trainees in August 2006 were female (194 trainees or 26% of all BSTs). By country, 26% of Australian BSTs were female and in New Zealand 27% of trainees were female. Western Australia had the greatest proportion of female trainees, with 37% of all BSTs who were female (19 BSTs). Overall there has been a 22% increase in the number of Female BST trainees from 159 in December 2005 to 194 in December 2006.

Table: 4. All BST trainees by region by gender

Gender	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
Female	2	45	1	23	11	0	54	19	155	38	1	194	159	22.0%
Male	6	145	1	90	35	7	136	32	452	104	3	559	526	6.3%
Total	8	190	2	113	46	7	190	51	607	142	4	753	685	9.9%

Source: RACS (2006) Management Report, As at December 30th 2006

Table 5 reports the number of Basic Surgical Trainees who have had an interruption of their training. Interruption of training is a period of leave from the training scheme and is not considered a deferral. Applications for interruption of training by BSTs may be approved in a range of circumstances. Across the four years of training, 44 BSTs were on interruption of training as at 30 December 2006. This is represents a 31% decline in the number of BST trainees on interruption, falling from 64 BSTs in December 2005. The highest numbers of Interrupted BST trainees were located in Victoria (11 BSTs), followed by QLD (10 BSTs) and NSW (9 BSTs). Forty-four percent of BSTs on leave were in their first year of training.

Table: 5. Basic Surgical Trainees on Interruption by region by last known year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	4	0	2	0	1	6	2	15	3	2	20	3	566.7%
2	0	0	0	6	0	0	4	0	10	3	0	13	19	-31.6%
3	0	4	0	2	1	0	1	0	8	1	0	9	20	-55.0%
4	0	1	0	0	0	0	0	0	1	1	0	2	22	-90.9%
Total	0	9	0	10	1	1	11	2	34	8	2	44	64	-31.3%

Source: RACS (2006) Management Report, As at December 30th 2006

Basic Surgical Training Assessment

In the year to 30 December 2006, 225 BST trainees sat for the Clinical Examination, an increase of 31% from the proceeding year (172 sat in 2005). This examination is a practical examination that assesses clinical skills including examination, history-taking, diagnosis, procedure skills and counselling of patients. Ninety-seven percent of BSTs who sat the exam successfully passed (218 BSTs). The pass rate was notably higher when compared to the exam results in 2005, which had an average pass rate of 88%. VIC, TAS and SA all achieved a 100% pass rate on the clinical examination.

Table: 6. Clinical Examination Results by region

Activity	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
Total sitting	2	60	0	37	13	3	50	22	187	38	0	225	172	30.8%
Pass	2	59	0	36	13	2	50	19	181	37	0	218	152	43.4%
%	2	98	-	97	100	67	100	86	97	97	-	97	88	10.2%
Fail	0	1	0	1	0	1	0	3	6	1	0	7	20	-65.0%
%	-	2	-	3	-	33	-	14	3	3	-	3	12	-75.0%

Source: RACS (2006) Management Report, As at December 30th 2006

Three hundred and fifteen BST trainees sat for the Basic Science Examination in 2006. This examination is designed to test the knowledge of Anatomy, Pathology and Physiology. Each paper contains 120 multiple choice questions covering each of the three disciplines. Overall the pass rate achieved was 87%. Again, the pass rate was considerably higher than in 2005, which had an average pass rate of 77%. It should be noted that the 'criterion referencing standard' was introduced in mid 2005.

Table: 7. Basic Sciences Examination Results by region

Activity	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
Total sitting	2	87	2	44	25	4	71	18	253	62	0	315	293	7.5%
Pass	1	71	2	38	21	3	65	15	216	57	0	273	225	21.3%
%	50	82	100	86	84	75	92	83	85	92	-	87	77	13.0%
Fail	1	16	0	6	4	1	6	3	37	5	0	42	68	-38.2%
%	50	18	-	14	16	25	8	17	15	8	-	13	23	-43.5%

Source: RACS (2006) Management Report, As at December 30th 2006

Basic Surgical Training Completion Status

Fifty-five trainees withdrew from the BST program without completing in 2006. Sixty-nine percent of BST trainees exited the program voluntarily (38 BSTs), while seven BST trainees left the program due to time expiration. Seventy-eight percent of BST trainees had completed at least one year of training prior to their withdrawal (43 BSTs).

Table: 8. Total trainees who ceased training by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	3	0	1	1	0	3	3	11	1	0	12	5	140.0%
2	1	7	0	2	1	0	3	0	14	1	0	15	9	66.7%
3	0	1	0	2	0	0	0	1	4	2	0	6	16	-62.5%
4	1	6	0	4	0	0	7	0	18	4	0	22	62	-64.5%
Total	2	17	0	9	2	0	13	4	47	8	0	55	92	-40.2%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 9. Training ceased - withdrawn voluntarily by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	2	0	1	1	0	3	3	10	1	0	11	5	120.0%
2	1	6	0	2	1	0	2	0	12	0	0	12	9	33.3%
3	0	0	0	2	0	0	0	1	3	1	0	4	11	-63.6%
4	1	3	0	2	0	0	3	0	9	2	0	11	14	-21.4%
Total	2	11	0	7	2	0	8	4	34	4	0	38	39	-2.6%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 10. Training ceased - non-financial by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	1	0	0	0	0	0	0	1	0	0	1	0	-
2	0	1	0	0	0	0	1	0	2	1	0	3	0	-
3	0	1	0	0	0	0	0	0	1	1	0	2	5	-60.0%
4	0	0	0	1	0	0	1	0	2	0	0	2	22	-90.9%
Total	0	3	0	1	0	0	2	0	6	2	0	8	27	-70.4%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 11. Training ceased - time expired by region by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	0	0	0	0	0	0	0	0	0	0	0	0	-
2	0	0	0	0	0	0	0	0	0	0	0	0	0	-
3	0	0	0	0	0	0	0	0	0	0	0	0	0	-
4	0	2	0	1	0	0	2	0	5	2	0	7	26	-73.1%
Total	0	2	0	1	0	0	2	0	5	2	0	7	26	-73.1%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 12. Training ceased – Maximum exam attempts reached

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
1	0	0	0	0	0	0	0	0	0	0	0	0	0	-
2	0	0	0	0	0	0	0	0	0	0	0	0	0	-
3	0	0	0	0	0	0	0	0	0	0	0	0	0	-
4	0	1	0	0	0	0	1	0	2	0	0	2	0	-
Total	0	1	0	0	0	0	1	0	2	0	0	2	0	-

Source: RACS (2006) Management Report, As at December 30th 2006

The table below shows the status of BST trainees as at 30 December 2006, based on the year they began their training. The table shows that 69% of the 2001 BST intake were undertaking SST training in December 2006. A further 25% of 2001 intakes did not complete the training program. Seven BST trainees from the 2001 intake were Transitional Surgical Trainees (TSTs). Sixty-eight percent of 2002 BST intakes, 64% of 2003 BST intakes and 53% of 2004 BST intakes had also entered into SST training.

Table: 13. BST Completion Status by Year of Intake

Current status within RACS, 2006	Year of Intake						
	2001	2002	2003	2004	2005	2006	2007
Total BST Intake by year	190	187	202	208	267	276	235
BST in Training / Incomplete							
In Training							
Active	2	5	23	64	178	261	233
Deferred	0	0	0	0	0	0	2
Interrupted	0	0	0	2	3	3	0
Part time	0	0	1	0	0	0	0
To be expired							
Total In Training	2	5	24	66	181	264	235
Incomplete							
Training ceased – Non-financial	10	8	7	5	3	0	0
Training ceased – Max exam attempts reached	2	0	2	0	0	0	0
Training ceased – time expired	11	8	15	0	1	0	0
Withdrawn voluntarily	24	38	24	25	13	11	0
Deceased	0	1	1	1	0	0	0
Total Incomplete	47	55	49	31	17	11	0
SST	132	127	129	111	68	0	0
TST	7	0	0	0	0	0	0
Reclassified as Person type	0	0	0	0	1	0	0
Reclassified as IMG type	2	0	0	0	0	1	0

Source: RACS (2006) Management Report, As at December 30th 2006

Basic Surgical Training Hospital Accreditation

There were 110 Accredited BST Hospitals as at 30 December 2006. Seventy-nine percent of hospitals were in Australia (87 hospitals) and the remaining fifth of hospitals were in New Zealand (23 Hospitals). The largest proportion of hospitals within Australia were in NSW (34 Hospitals) and VIC (25 Hospitals).

Table: 14. Number of Accredited BST hospitals

State	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total '06	Total '05	% 2006/ 2005
Total	1	34	1	17	3	3	25	3	87	23	0	110	110	-

Source: RACS (2006) Management Report, As at December 30th 2006

The following two tables examine the geographic location of Australian basic surgical training hospitals based on rural classifications. Indicators of rurality used in this report include the RACS Remoteness classification and the Rural, Remote and Metropolitan Area classification (RRMA).

Based on the RRMA indicator, it was found that 57% of Australian hospitals were located in capital cities or other metropolitan centres (M1 and M2). One third of hospitals accredited for BST training were located in rural centres of Australia (R1 to R3).[1] Similarly, it was found that 55% of Australian based BST hospital hospitals were located in Metropolitan areas, utilising the RACS remoteness classification.[2]

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[1] RRMA Remoteness Categories

M1	Metropolitan Zone	Capital Cities
M2		Other Metropolitan centres (>100,000)
R1	Rural Zone	Large Rural Centre (25,000-99,999)
R2		Small Rural Centre (10,000-24,999)
R3		Other Rural Areas (<10,000)
Rem1	Remote Zone	Remote Centre (>5,000)
Rem2		Other Remote Areas (<5,000)

[2] RACS Remoteness Categories

M = Metropolitan (i.e. Capital cities, Gold Coast, Newcastle, Wollongong or Geelong)

Table: 15. Number of Accredited BST hospitals by Regionality, Metropolitan and Non-Metropolitan (Australia only)

Regionality	ACT No.	NSW No.	NT No.	QLD No.	SA No.	TAS No.	VIC No.	WA No.	Total No.	%
Metropolitan	1	19	1	6	3	1	14	3	48	55.2%
Non-Metropolitan	0	13	0	7	0	2	8	0	30	34.5%
N/A	0	2	0	4	0	0	3	0	9	10.3%
Total	1	34	1	17	3	3	25	3	87	100.0%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 16. Number of Accredited BST hospitals by Regionality, RRMA (Australia only)

Regionality	ACT No.	NSW No.	NT No.	QLD No.	SA No.	TAS No.	VIC No.	WA No.	Total No.	%
M1	1	17	0	5	3	1	13	3	43	49.4%
M2	0	3	1	2	0	0	1	0	7	8.0%
R1	0	8	0	5	0	1	2	0	16	18.4%
R2	0	4	0	1	0	0	4	0	9	10.3%
R3	0	0	0	0	0	1	2	0	3	3.4%
N/A	0	2	0	4	0	0	3	0	9	10.3%
Total	1	34	1	17	3	3	25	3	87	100.0%

Source: RACS (2006) Management Report, As at December 30th 2006

N = Non-Metropolitan

Transitional Surgical Trainees – Policies and Procedures

The category of Transitional Surgical Trainee was created for Basic Surgical Trainees who on their last opportunity to apply for Specialist Surgical Training met the minimum criteria for selection in at least one specialty applied for but were not selected to the program due to insufficient vacant posts. Such trainees could apply in the next year of selection.

The College's new Specialist Education and Training (SET) program does not restrict the number of times an applicant can apply for training. Consequently the category of TST has been discontinued.

Transitional Surgical Trainees – Activities

The number of Active Transitional Surgical Trainees as at 30 December 2006 was 39. Two-thirds of TSTs were Australian based (26 TSTs) and 31% were New Zealand based (12 TSTs).

Thirteen trainees withdrew from TST standing in 2006 whereby they were offered TST status but declined to accept it. Three TST trainees were terminated due to time expiration or they had not paid a TST renewal fee. This provision will change with the introduction of the SET training system.

Table: 17. Transitional Surgical Trainees by Status by Year by Region

Status	YRS AS TST	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aus	NZ	O/S	Total
Active	1	1	6	0	2	1	1	2	0	13	1	0	14
	2	0	3	0	0	1	0	0	0	4	1	0	5
	3	0	0	0	0	0	0	0	0	0	1	0	1
Active Total		1	9	0	2	2	1	2	0	17	3	0	20
Terminated – Non Financial	1	0	0	0	0	0	0	0	0	0	0	0	0
	2	0	0	0	0	0	0	0	0	0	2	0	1
	3	0	0	0	0	1	0	0	0	1	0	0	1
Terminated Non Financial Total		0	0	0	0	1	0	0	0	1	2	0	3
Terminated - Time Expired	1	0	0	0	0	1	0	0	0	1	0	0	1
	2	0	0	0	1	0	0	0	0	1	1	0	2
	3	0	0	0	0	0	0	0	0	0	0	0	0
Terminated - Time Expired Total		0	0	0	1	1	0	0	0	2	1	0	3
Withdrawn	1	0	3	0	0	0	0	2	0	5	4	0	9
	2	0	0	0	0	0	0	1	0	1	2	1	4
	3	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawn Total		0	3	0	0	0	0	3	0	5	6	1	13
Total	1	1	9	0	2	2	1	4	0	19	5	0	24
	2	0	3	0	1	1	0	1	0	6	6	1	13
	3	0	0	0	0	1	0	0	0	1	1	0	2
Total		1	12	0	3	4	1	5	0	26	12	1	39

Source: RACS (2006) Management Report, As at December 30th 2006

International Medical Graduates – Policies and Procedures

Applications for International Medical Graduates Specialist Assessment

Assessment policy and procedure

The processes for assessing the suitability of overseas-trained doctors (otherwise known as International Medical Graduates) for practice as surgeons in Australia are in accordance with the principles outlined in the:

- AMC “Application procedures and requirements for specialist assessment”
- AMC / Committee of Presidents of Medical Colleges / State and Territory Medical Boards / DoHA / State and Territory Health Departments “Assessment process for Area of Need specialists: User’s guide”
- AMC / CPMC (JSCOTS) “Assessment of Overseas Trained Specialists: Template for Colleges”.

In April 2005, an ACCC review committee released a final report to the College, with 17 recommendations relating to the assessment of International Medical Graduates. During 2006 the College completed a number of policies for the assessment of International Medical Graduates which incorporated the recommendations of the ACCC review committee. The College also entered into a funding agreement with the Commonwealth Department of Health and Ageing for a Rapid Assessment Unit. The post of Clinical Director, occupied by a Fellow of the College, was also created to service the assessment of international medical graduates.

The College aims to assess an IMG within 6 months of the receipt of a complete application. Traditionally interviews have been undertaken 3 times per year however in 2006 additional interview days were arranged. This will continue in 2007.

The test used by the College to assess the surgical skills, knowledge and experience of an international medical graduate is “substantial comparability to an Australian or New Zealand trained surgeon”. The elements of such a test of substantial comparability are that the doctor has an acceptable overseas qualification, acceptable competency according to the RACS list of competencies and acceptable recency and currency of surgical practice. The assessment tools include a paper-based assessment of curriculum vitae, testimonials and log books, an interview to ascertain non-clinical competencies, and practice assessment by oversight.

The doctor may also be required to present for the Fellowship Examination. Importantly, there is no implication of equivalence of training or conforming within Australian and New Zealand surgical specialties, which gives the College scope to accept experienced surgeons whose training program may have been different.

The College assesses each international medical graduate on an individual basis, scrutinising a range of documentation supplied by the doctor that covers their education, training, qualifications and surgical experience. This documentation is assessed by the Clinical Director and the relevant Specialty Board Chair, and the Censor-in-Chief or nominee.

If this assessment determines that the applicant is clearly not substantially comparable to an Australian- or New Zealand-trained surgeon a written assessment with recommendations is made. Where the written assessment suggests comparability, an interview is scheduled with the applicant.

The interview panel comprises the relevant Specialty Board Chair, the Censor-in-Chief or nominee and a government appointed jurisdictional representative. Interview panel members may also include other Specialty Board Chairs or the Dean of Education. The semi-structured interview comprises a series of standard questions and brief hypothetical scenarios.

The aim of the semi-structured interview is to explore competencies and attributes relating to surgical practice:

- ability in terms of professional performance
- professional ethics
- professional insight
- professional team work and relationships
- professional approach to patients
- professional communication skills (including effective spoken communication in English)
- the ability to adapt to the Australian health care system (if appropriate).

Each section of the interview is rated by each interviewer before a consensus score is reached. The jurisdictional representatives are equal and full voting members of the panels. The recommendations arising from the interview are determined by the profile of scores across the different competencies and attributes.

As a result of the new policies implemented in 2006 assessment panels may recommend an oversight and/or examination program for applicants to achieve Fellowship of the College. Where an applicant is deemed to not be substantially comparable to an Australian or New Zealand trained Fellow the applicant is required to complete medical registration requirements including the AMC Examinations before applying for Specialist training.

New Zealand

In New Zealand, the College provides recommendations, as an agent of and only at the request of the Medical Council of New Zealand, on an international medical graduate's comparability to the standard identified by the Medical Council of New Zealand for vocational registration in a surgical vocational scope. The Medical Council of New Zealand considers these recommendations and determines whether to grant the International Medical Graduate medical registration and whether any restrictions or conditions will be placed on that registration.

International Medical Graduates assessed for vocational registration may subsequently apply for admission to Fellowship of the Royal Australasian College of Surgeons via Articles 19 or 21. This is a decision of the College based on comparability, and is independent of the Medical Council of New Zealand's decision to offer vocational registration.

International Medical Graduates – Activities

In total 110 applications for International Medical Graduate Assessment were received by the College in 2006. Of these applications 29 were "Area of Need' positions and 81 were for Specialist Assessment. Forty-percent of applications came from doctors of English-speaking countries (ESC). Overall, 95 applications were completed in 2006, representing an 86% completion rate. This is a marked improvement on December 2005, where 28% of all applications were completed. Thirty-one International Medical Graduates had undertaken or were undertaking training as recommended.

Table: 18. Applications for International Medical Graduate Specialist Assessment, Australia

	Area of Need			
Applications	**ESC***	**Non-ESC & others**	**Non-ESC only**	**Total**
Received	11	6	12	29
Completed	10	6	12	28
In progress	1	0	0	1
Completion Time				
Less than 8 weeks	3	3	5	11
More than 8 weeks	7	3	7	17
	Other than Area of Need			
Applications	**ESC***	**Non-ESC & others**	**Non-ESC only**	**Total**
Received	16	10	55	81
Completed	13	10	44	67
In progress	3	0	11	14
Completion Time				
Less than 3 months	7	5	24	36
More than 3 months	6	5	20	31
	All Positions			
Assessment Outcome	**ESC***	**Non-ESC & others**	**Non-ESC only**	**Total**
Complete BST	0	0	5	5
Complete SST only	0	0	3	3
Complete SET	0	0	6	6
Two or less years of Oversight to assess equivalence	22	16	37	75
Apply for Fellowship via Article 21	14	4	14	32
Apply for Fellowship via Article 19	8	12	23	43
Training in Progress	**ESC***	**Non-ESC & others**	**Non-ESC only**	**Total**
Undertaking training specified	8	7	16	31

Note: The category 'Non-ESC & Others' has been used to identify applicants from a Non-English Speaking Country that have completed subsequent training in an English Speaking Country.
Source: RACS (2006) Management Report, As at December 30th 2006

Specialist Surgical Training – Policies and Procedures

Specialist Surgical Trainee Selection

The responsibility for the administration, regulation and assessment of applicants for specialist surgical training lies with the relevant Specialty Training Boards, which advise the Council of the College through the Board of Specialist Surgical Training and the Education Policy Board.

Selection to the surgical training program at the Royal Australasian College of Surgeons occurs as either a national or bi-national activity. Applicants apply in open competition, and the College's selection processes are based on the principles outlined in the 1998 report, 'Selection into Specialist Training Programs' by the Medical Training Review Panel (Brennan Principles).

Each of the Specialty Training Boards annually review their selection processes to continuously refine and improve the assessment process. A range of selection tools are used and include a combination of the following:

- referees' reports
- professional performance appraisals
- curriculum vitae
- logbook analysis
- research presentation
- semi-structured and specialty-specific interviews.

The weighting of selection tools will be reasonable and fair to all applicants and will be determined prior to commencement of the selection process.

Doctors seeking specialist training apply to the relevant Specialty Board of the College using a proforma Application Form. An assessment is undertaken by administrative staff to check compliance with published eligibility requirements.

The Curriculum Vitae is scored by the selection panel of the Specialty Board in accordance with its marking guidelines.

Administrative staff distribute referee reports to the nominated referees and compile the scores of the completed reports when returned. Referees' reports are written in a standardised pro forma with a view to achieving objectivity, comparability and quantification.

Professional Performance Appraisals entail telephone contact by a member of the selection committee with any person with whom the applicant has worked within a specified period. This feedback is recorded according using a standardised scoring tool. Professional Performance Assessments are recorded in a standardised pro forma with a view to achieving objectivity, comparability and quantification.

Trainees who meet the minimum criteria in the preceding selection tools are invited to an interview. Interviews are conducted by panels of interviewers nominated by the Specialty Boards.

Once all selection activities have been completed applicants are ranked according to the combined weighted score that they have been awarded for each selection tool. Suitable applicants are defined as an applicant who has met the defined minimum selection criteria for that specialty.

The allocation of suitable applicants to training positions is undertaken either by the Specialty Board or their Regional Subcommittees and all training positions for which suitable applicants have been identified must be filed. If there are more available positions than suitable applicants, some training positions may be unfilled. In some specialties which incorporate General Surgery training as part of their program, it may be necessary to reserve positions for trainees completing the General Surgery component.

Feedback to unsuccessful applicants

All unsuccessful applicants are provided with written feedback on request of their standing and performance in the application and selection process.

Applications from International Medical Graduates

International Medical Graduates are eligible to apply to Specialist Surgical Training provided that they can satisfy the relevant immigration requirements and hold a current Specialist Assessment by the College which recommends application in open competition to Specialist Surgical Training or a current exemption from Basic Surgical Training.

Service Agreements

Memoranda of Association and Agreements with the Specialty Societies And Associations

All specialty training in Australia conducted by the College is accredited by the Australian Medical Council (AMC). Delivery of the surgical training programs is undertaken through a contractual relationship between the College and 12 specialty groups who represent the nine surgical disciplines in Australia and New Zealand. General Surgeons Australia is not a party to the Service Agreement.

Surgical training is delivered in accordance with a “user pays” and cost neutral philosophy. The income derived from trainee fees is pooled and shared between the College and the Societies/Association in accordance with the agreed funding formula. The Service Agreements have three core funding components:

College Component – for College expenses associated with the provision of the training program.

Base Services Component - Expenses that fall into this category are:

- representation by the specialist group at the BSST meetings
- conduct of the Specialty Board in day to day administration of the surgical training programs
- general office expenses related to administration of the training program, and
- Board Chair allowance.

Service Activity Component - Expenses that fall into this category have been broken down into six core activities:

- Course Development
- Trainee Selection
- Hospital Post Accreditation
- Course Delivery
- Records Management
- Program Management

The core activities are performed by either the College or the Society/Association and the performing body is funded accordingly.

The following table provides an overview of the activities allocated across all regions.

Society *	Course Development	Trainee Selection	Post Accreditation	Course Delivery	Records Management	Program Management
NZAGS	RACS	RACS	RACS	SOC	RACS	SOC
AOA	SOC	SOC	SOC	SOC	SOC	SOC
NZOA	SOC	SOC	SOC	SOC	SOC	SOC
NSA	SOC	SOC	SOC	SOC	SOC	SOC
ASPS	SOC	SOC	SOC	SOC	SOC	SOC
NZAPS	RACS	RACS	RACS	RACS	RACS	RACS
ASCTS	RACS	RACS	RACS	RACS	RACS	RACS
AAPS	RACS	RACS	RACS	RACS	RACS	RACS
USANZ	SOC	SOC	SOC	SOC	SOC	SOC
ASOHNS	RACS	RACS	RACS	SOC	SOC	SOC
NZSOHNS	RACS	RACS	RACS	SOC	SOC	SOC
ANZSVS	RACS	RACS	RACS	RACS	RACS	RACS

SOC = Society is responsible
RACS = RACS is responsible
* Abbreviations for the Societies and Associations:
NZAGS - New Zealand Association of General Surgeons; AOA - Australian Orthopaedic Association; NZOA - New Zealand Orthopaedic Association; NSA - Neurosurgical Society of Australasia; ASPS - Australian Society of Plastic Surgeons; NZAPS - New Zealand Association of Plastic Surgeons; ASCTS - Australian Society of Cardiac and Thoracic Surgeons; AAPS - Australasian Association of Paediatric Surgeons; USA - Urological Society of Australasia; ASOHNS - Australian Society of Otolaryngology - Head and Neck Surgeons; NZSOHNS - New Zealand Society of Otolaryngology - Head and Neck Surgeons; ANZSVS - Australian New Zealand Society of Vascular Surgeons.

Specialist Surgical Training

Goals

The goal of Specialist Surgical Training is to train surgeons to the point where they are competent to practice independently and safely and provide the highest standards of specialist care to their patients. The principles of training are guided by international evidence based medical education, vocational and adult learning. The College continues to work with a number of Federal, State and Territory Government departments and working groups to review the goals of surgical education and training within the broad spectrum of delivery of services within the Australian health system. As trainees are located in various regions in a bi-national training program, the College utilises a combination of face to face, computer assisted and distance learning educational resources in a range of settings including hospitals, skills centres and universities.

The College has incorporated the CanMEDS principles into its curricula and is collaborating with a number of organisations, including the AMC, and the Committee of Presidents of Medical Colleges to ensure that curricula meet required standards for quality assurance.

Curriculum

The Specialist Surgical Training curriculum has been developed in accordance with the AMC accreditation requirements and includes clearly articulated learning objectives and competencies, an explanation of the philosophy and goals of the training courses and learning materials for self directed learning. Curriculum maps for most of the specialty areas have been developed to provide an overview of the entire specialist surgical training curriculum and to facilitate the linking of assessment and content.

Supervisors, Assessors, Trainers and Mentors - Appointment of supervisors, and roles of the assessors and trainers

In each hospital there is a Specialty Supervisor for each discipline that has a specialist surgical program. The process for appointing a Specialty Supervisor involves nomination by the hospital, which must be approved by the Specialty Board and the Board of Specialty Surgical Training.

Specialty Supervisors work under the direction of the Chair Specialty Board, or for larger Specialties, the Chair of the Regional Subcommittees of the Specialty Boards. Normally they will be members of the surgical staff of the hospital and will hold office for three years, after which time they are eligible for re-

appointment to a maximum of six years. In the smaller specialties, reappointment after 6 years may be necessary.

Reappointment may be denied on the basis of poor general performance, repeated absences from meetings at the local Regional Surgical Training Committee/Specialty Board level, failure to supervise and advise Trainees adequately and failure to maintain good communications and relations with trainees and key bodies involved in the surgical training program.

The duties of a supervisor are:

- To monitor and manage the progress and performance of Specialist Surgical Trainees allocated to the Surgical Supervisor.
- To co-ordinate formal formative assessment of Specialist Surgical Trainees
- To identify, document and advise trainees of any deficiencies at an early stage and to provide constructive advice as to how trainees may improve.
- To and make recommendations on trainee progress to the Specialty Board or, in larger specialties, its delegated Regional Subcommittee.
- To be an active member of the Regional Subcommittee (where they exist) of the Specialty Board.
- To participate in training post accreditation as defined in College Policy.
- To participate in selection of Specialist Surgical Trainees, if required by the Specialty Board.
- To make recommendations to the Specialty Board regarding trainees' suitability to present for the Fellowship Examination.
- To make recommendations to the Specialty Board regarding trainees' completion of training requirements and suitability for Admission to Fellowship.
- To participate in the College's educational programs, contribute to curriculum development and evaluation, and assist in developing new strategies for teaching and learning.

In training assessment

Trainee performance is evaluated regularly during each rotation period and throughout training for overall competent performance.

The RACS Competencies that are assessed are:

1. Medical expertise:
2. Technical expertise:
3. Judgement – clinical decision making:
4. Communication:
5. Collaboration:
6. Management and leadership:
7. Health advocacy:
8. Scholar and teacher:
9. Professionalism:

Specialist Surgical Training Assessment

Formative assessment

The College introduced several types of formative assessment during 2004. Specialty Boards are continuing to review their assessment in light of trainees' changing educational experiences prior to commencing surgical training, the changing knowledge and skill requirements within the training program (including competencies), and changes in the clinical environment.

Specialty-Specific Principles and Basic Sciences

There are many benefits to trainees of understanding early in their specialty training the important principles and relevant basic science which underpin that specialty. For this reason the training programs for Orthopaedic Surgery, Plastic and Reconstructive Surgery and Paediatric Surgery include examinations which test this knowledge.

Stages in trainee examination

Examination of trainees progresses in 6 stages:
1. Recommendation to sit the examination
2. Application and payment of examination fees
3. Sitting the Written
4. Presenting for the Clinicals
5. Presentation of results
6. Convocation

Approval to sit the Fellowship Examination

After completing specific components of the training program, as published by each specialty board, a trainee may apply to sit the Fellowship Examination. Applications to sit the examination are checked for eligibility by College staff and require the assent of the relevant Board Chair. Once eligibility has been confirmed and fees have been paid the trainee will be advised of the examination procedures and dates.

International Medical Graduates who have been recommended to sit the Fellowship Examination must also apply for permission, which is determined in accordance with the specifics of their individual assessment.

Examinations are held in designated venues in Australia and New Zealand, and consist of seven separate segments, including:

Segment	Details
Written paper 1 (duration 2 hours) MCQ papers will be sat in Orthopaedic Surgery, Neurosurgery and Vascular Surgery	Held on the same day several weeks in advance of the oral examinations
Written paper 2 (duration 2 hours) This paper may include a question on Anatomy and Developmental Anatomy.	
A Clinical Examination of a 'Long Case' or 'Medium Cases' (duration 30 minutes)	This session comprises of short cases where patients present with common conditions. The examination in Urology consists of a 'structured oral examination' with two brief clinical scenarios. In Orthopaedic Surgery both clinical examinations comprise three 'medium' cases.
A Clinical Examination of a Number of 'Short Cases'	A variable number of cases may be shown. Spot diagnosis, short answer treatment and precise investigation programs are required and encouraged. Short cases are replaced by a 'diagnostic' examination involving predominantly x-ray images in Urology.
A Half-Hour Viva on Operative Surgery	A pair of Examiners will examine the candidate on this subject for 25 minutes, and will base their examination upon photographic slides, CD Roms, pathology museum specimens, x-rays or other imaging modalities, etc. At the Examiner's request, the facilities to utilise any or all of these examination aids will be made available.
A Half-Hour Viva on Surgical Pathology	Similar in all ways to the operative surgery viva, except for the content and subject matter of the examination. This viva is replaced by 'Clinical Investigation and Management in Orthopaedic Surgery with pathology being covered in the Orthopaedic Principles and Basic Science (OPBS) examination

Segment	Details
A Half-Hour Viva on Surgical Anatomy, with Specimens	Dissected specimens are selected by the Examiners. Recent emphasis has been towards surgical exposures, incisions, dissection planes and danger areas, rather than pure anatomy. Cross sectional anatomy is becoming more important with increasing use of Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI). In Urology, operative surgery and anatomy are combined in two 25 minute vivas. In Orthopaedic Surgery, anatomy is covered in the OPBS examination (see below).

Marking system used for Fellowship examination

The marking system adopted for each segment of the examination is the 'close marking system', that is, the grading system is not 1 to 10 but instead, marks range from 8 to 9 ½ in half increments.

An important aspect of this marking system is that a uniformly satisfactory performance through all segments is required to pass and, only to a limited extent, is it possible to compensate for a serious deficiency in one segment by an exceptional performance in another segment.

(1) A mark of 9½ is awarded for exceptional performance.
(2) A mark of 9 represents a 'satisfactory' standard so that a pass in the entire examination requires seven segments of 9 each = 63 marks.
(3) A mark of 8½ represents an unsatisfactory performance. Its significance may be modified in the light of performance in other segments and by discussion by all members of the Court before a final decision is taken.
(4) A mark of 8 represents a fail.

The Marking Policy is as follows:

a. Candidates obtaining a total mark of 63 or more, with at least 9 in each clinical, will be automatically approved
b. Candidates obtaining at total mark of 61½ or less will not be approved
c. Candidates obtaining a total mark of 62½ or more, with at least 9 in one clinical, may be presented in block form by their Specialty Court for approval without discussion
d. Candidates obtaining a total mark of 62½ or more who are not recommended for approval by their Specialty Court must be discussed by the full Court
e. Candidates with a total mark of 62 on the primary count and with:

   1. a mark of 9 or better in both Clinical examinations **may** be approved after discussion
   2. a mark of 8½ in one Clinical examination **may** be approved after discussion
   3. a mark of 8½ in both Clinical examinations may be discussed but are unlikely to be approved.

f. Not withstanding the above Guidelines, any Member of the Court may request that a Candidate be discussed and their result be determined by a majority vote. Candidates in the borderline score ranges (i.e. 62, 62½ or totals which include less than 9 in clinical segments) are discussed in considerable detail. The Examiners are required to recount to the Full Court the questions they asked and the answers received from the candidate, and answer any questions from other Examiners in relation to the candidate’s performance.

Accreditation of Hospital Posts for Specialist Surgical Training

Specialist surgical training is conducted in surgical training posts in which the trainees are supervised and mentored by appropriately qualified surgeons. In 2006 the College implemented its Process for Hospital and Post Accreditation. Accreditation is based on 43 criteria grouped within the seven standards of:

Standard 1 - Education facilities and systems required
Standard 2 - Quality of training/learning
Standard 3 – Surgical supervisors and staff
Standard 4 - Support services for trainees
Standard 5 - Clinical load and theatre sessions
Standard 6 - Equipment and clinical support services
Standard 7 - Clinical governance, quality and safety

Hospitals that wish to host a new training post or seek reaccreditation of current posts are invited to make a submission to the College documenting how the post satisfies the minimum requirements for accreditation. Submissions are considered by the relevant specialty board for compliance and posts may be accredited on the basis of this assessment. However the usual practice is the recommendation of an inspection visit.

Inspection teams are nominated by the specialty board and jurisdictions are invited to nominate a representative as a full member of the team. On completion of an inspection visit the team will prepare a draft report containing the recommendation. This report is sent to the hospital for comment on factual matters. The final draft report is then prepared for review by the specialty board which makes a recommendation on accreditation to the Board of Specialist Surgical Training.

The recommendation of the Board is incorporated into the final report and the decision communicated to the hospital.

Trainees' Association

In 2005 an Interim Committee was established to set up the College Trainees' Association. The aim of the Trainees' Association is to better represent trainees' interests within the institution and to fully understand trainees' perspectives on the surgical profession. The structure of the Trainees' Association includes a bi-national committee and regional groups. In 2005 the Interim Committee established representatives as full members of the Education Board, the Boards of Specialist Surgical Training, the Board of Basic Surgical Training and observer status on RACS Council. Representatives have been active in regional committees and each of the Specialty Training Boards. Following elections in November, the Interim Committee will handover to the Trainees' Committee who will take office in January 2007.

Specialist Surgical Trainees - Activities

Specialist Surgical Trainee Selection

In 2006, 573 applications were received by the College for positions in the Specialist Surgical training program. Sixty-three percent of applications came from BST trainees. Sixteen percent of applications were from current SST trainees and 4% were from TSTs. There were 90 applications from IMGs (16% of all applications). Just of half of all applications were received by candidates from NSW and VIC. Sixteen percent of applications were received from NZ and overseas.

Overall there were 446 individual applicants for the 2007Specialist Surgical Training program. Twenty percent of applicants submitted applications for two specialties. Four percent of applicants (16 applicants) submitted three or more applications for different specialty training programs.

Table: 19. SST Applications by Specialty and Type

Specialty	BST Yr2	BST Yr3	BST Yr4	Active Fellow	IMG*	SST*	TST*	Total
CAR	3	3	2	0	7	3	1	19
GEN	84	50	22	0	27	1	5	189
NEU	4	5	0	0	3	0	0	12
ORT	5	35	37	0	19	1	12	109
OHN	20	15	6	0	7	16	0	64
PAE	1	4	5	0	3	3	0	16
PLA	2	15	10	0	13	38	1	79
URO	12	11	3	0	6	23	2	57
VAS	4	4	2	2	5	9	2	28
Total	135	142	87	2	90	94	23	573

Source: RACS (2006) Management Report, As at December 30th 2006
*IMG = International Medical Graduate; SST = Current Specialist Surgical Trainee in another Specialty Area; TST = Transitional Surgical Trainee

Table: 20. SST Applications by Specialty and Region

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	1	3	0	4	1	1	2	1	13	6	0	19
GEN	2	50	1	22	10	4	60	15	164	24	1	189
NEU	1	3	0	4	1	0	2	1	12	0	0	12
ORT	1	31	0	14	7	0	22	8	83	25	1	109
OHN	0	16	1	13	4	1	18	3	56	7	1	64
PAE	0	3	1	3	1	0	3	3	14	2	0	16
PLA	0	18	0	9	5	1	21	13	67	10	2	79
URO	0	19	0	8	3	0	14	4	48	9	0	57
VAS	0	8	0	5	3	0	4	2	22	4	2	28
Total	5	151	3	82	35	7	146	50	479	87	7	573

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 21. Number SST Individual Applicants by type applying for 1 or more Specialty

No of Applications	BST Yr2	BST Yr3	BST Yr4	Active Fellow	IMG*	SST*	TST*	Total
1	65	73	47	2	53	84	15	339
2	32	24	13	0	15	5	2	91
3	2	7	2	0	1	0	0	12
4+	0	0	2	0	1	0	1	4
Total	99	104	64	2	70	89	18	446

Source: RACS (2006) Management Report, As at December 30th 2006
*IMG = International Medical Graduate; SST = Current Specialist Surgical Trainee in another Specialty Area; TST = Transitional Surgical Trainee

Table 22 to 24 refer to the outcomes of the selection process by application. Seventy-two percent of applications received for the General Surgery Specialist Training Program were offered a training post. This was the highest proportion across all specialty training programs.

Approximately one-fifth of all applications received for the Cardiothoracic Surgery Specialist Training Program received an offer (4 offers), representing the lowest proportion of successful applications. However, of the applicants that did not receive an offer, 6 were accepted into another specialty training program (32% of all Cardiothoracic Surgery applications). Urology (35.1% or 20 applicants) and Otolaryngology, Head & Neck Surgery (31.3% or 20 applicants) had the highest proportion of unsuccessful applicants accepted into another specialty.

Table: 22. Applications by Outcome by Specialty

Specialty	OFFER		NOT SUCCESSFUL		WAIT LIST		WITHDRAWN		INELIGIBLE		Accepted into another specialty	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
CAR	4	21.1	7	36.8	7	36.8	1	5.3	0	-	6	31.6
GEN	136	72	28	14.8	3	1.6	19	10.1	3	1.6	12	6.3
NEU	5	41.7	7	58.3	0	-	0	-	0	-	3	25
ORT	59	54.1	33	30.3	16	14.7	1	0.9	0	-	2	1.8
OHN	19	29.7	21	32.8	19	29.7	4	6.3	1	1.6	20	31.3
PAE	4	25	9	56.3	-	-	3	18.8	0	-	4	25
PLA	23	29.1	34	43	16	20.3	2	2.5	4	5.1	13	16.5
URO	21	36.8	33	57.9	3	5.3	-	-	0	-	20	35.1
VAS	13	46.4	12	42.9	-	-	2	7.1	1	3.6	8	28.6
Total	284	49.6	184	32.1	64	11.2	32	5.6	9	1.6	-	-

Source: RACS (2005) Management Report, As at December 30th 2006

Thirty-four percent of IMG applications received offers into the SST training program (31 applicants). Ten percent were either wait listed or withdrew (9 applicants), while 47% were not successful (43 applicants).

Table: 23. IMG Applications by Outcome by Specialty

Specialty	OFFER		NOT SUCCESSFUL		WAIT LIST		WITHDRAWN		INELIGIBLE		Accepted into another specialty	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
CAR	1	14.3	4	57.1	1	14.3	1	14.3	0	-	0	-
OHN	0	-	5	71.4	1	14.3	0	-	1	14.3	0	-
GEN	15	55.6	9	33.3	0	-	0	-	3	11.1	0	-
NEU	1	33.3	2	66.7	0	-	0	-	0	-	0	-
ORT	9	47.4	8	42.1	2	10.5	0	-	0	-	1	14.3
PAE	0	-	2	66.7	0	-	1	33.3	0	-	0	-
PLA	5	38.5	5	38.5	1	7.7	0	-	2	15.4	2	15.4
URO	0	-	5	83.3	1	16.7	0	-	0	-	0	-
VAS	0	-	3	6-	0	-	1	2-	1	2	0	-
Total	31	34.4	43	47.8	6	6.7	3	3.3	7	7.8	-	-

Source: RACS (2005) Management Report, As at December 30th 2006

The breakdown of outcomes by application type is shown in the following table. There were 268 successful applications, 16 deferred offers, 184 unsuccessful applicants, 32 applications withdrawn and 64 applicants wait listed. The applicants who are on the waiting list will be able to commence specialist training when funded, accredited Specialist Surgical posts are identified.

Fifty-six percent of BST applications were successful and 36 applications from SST candidates were successful (38%), including deferred offers. Forty-four percent of TST applications and 34% of IMG applications were also successful. Victoria has the largest number of applications waited listed (6 applications).

Table: 24. SST Outcomes by Applications and Type, 2006

Outcome	BST Yr2	BST Yr3	BST Yr4	Active Fellow	IMG*	SST*	TST*	Total
Application Successful	72	76	47	1	30	32	10	268
Application Unsuccessful	33	35	25	0	43	37	11	184
Offer Deferred	5	3	1	1	1	4	1	16
Waitlist (unspec)	10	9	3	0	4	18	0	44
Wait List – NZ	2	2	0	0	0	0	0	4
Wait List – NSW	1	2	1	0	0	0	1	5
Wait List – QLD	0	1	0	0	0	0	0	1
Wait List – SA	0	1	0	0	0	0	0	1
Wait List – Vic	1	2	3	0	0	0	0	6
Wait List – WA	0	0	1	0	2	0	0	3
Withdrawn Application	11	10	6	0	3	2	0	32
Ineligible application	0	1	0	0	7	1	0	9
Total	135	142	87	2	90	94	23	573

Source: RACS (2006) Management Report, As at December 30th 2006
*IMG = International Medical Graduate; SST = Current Specialist Surgical Trainee in another Specialty Area; TST = Transitional Surgical Trainee

The table below is based on the overall outcome of the selection process based on individual applicants. Overall 270 applicants received an offer or deferred offer (60%). Twenty-eight percent of applicants were not successful in receiving a 2007 offer, while a further 9% of applicants were waitlisted. Seventeen applicants withdrew or were ineligible. Active Fellows, BST and TST applicants had the highest proportions of offers / deferred offers by applicant type. Applicants already in a Specialist Surgical training programhad the lowest proportion of offers (36 offers).

Table: 25. SST Outcomes by Applicant and Type, 2006

OVERALL OUTCOME	BST		SST		Active Fellow		IMG		TST		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
OFFER / OFFERED DEFERRED	190	71.2	36	40.4	2	100.0	31	44.3	11	61.1	270	60.4
NOT SUCCESSFUL	52	19.5	35	39.3	0	0.0	27	38.6	6	33.3	120	27.8
WAITLIST	17	6.4	16	18.0	0	0.0	5	7.1	1	5.6	39	8.7
WITHDRAWN	8	3.0	1	1.1	0	0.0	3	4.3	0	0.0	12	2.7
INELIGIBLE	0	0.0	1	1.1	0	0.0	4	5.7	0	0.0	5	1.1
Total	267	100.0	89	100.0	2	100.0	70	100.0	18	100.0	446	100.0

Table 26 and 27 show the total number of accepted offers by specialty group and region. Overall there were 258 accepted offers, representing 91% of all offers made by the specialty training programs. The highest number of accepted offers were based in NSW (72 accepted offers) and VIC (66 accepted offers).

Table: 26. SST Accepted Offers by Specialty and Type*

Specialty	BST Yr2	BST Yr3	BST Yr4	Active Fellow	IMG**	SST**	TST**	Total
CAR	0	2	0	0	1	0	1	4
GEN	54	30	11	0	15	0	3	113
NEU	1	3	0	0	1	0	0	5
ORT	1	19	22	0	9	1	7	59
OHN	6	6	1	0	0	6	0	19
PAE	0	0	1	0	0	0	0	1
PLA	0	2	5	0	5	11	0	23
URO	4	6	0	0	0	11	0	21
VAS	1	2	1	2	0	7	0	13
Total	67	70	41	2	31	36	11	258

Source: RACS (2006) Management Report, As at December 30th 2006
**IMG = International Medical Graduate; SST = Current Specialist Surgical Trainee in another Specialty Area; TST = Transitional Surgical Trainee

Table: 27. SST Accepted Offers by Specialty and regional base of training program

Specialty	OFFER ACT	OFFER NSW	OFFER QLD	OFFER SA	OFFER TAS	OFFER VIC	OFFER WA	OFFER AUST	OFFER NZ	OFFER OS	Total
CAR	0	1	1	0	1	0	0	3	1	0	4
GEN	0	34	14	5	0	39	9	101	12	0	113
NEU	1	1	1	0	1	0	0	4	1	0	5
ORT	0	17	9	6	0	10	4	46	13	0	59
OHN	0	5	2	4	0	4	1	16	3	0	19
PAE	0	1	0	0	0	0	0	1	-	0	1
PLA	0	5	3	4	1	5	2	20	3	0	23
URO	0	4	3	2	0	7	2	18	3	0	21
VAS	0	4	3	1	0	1	1	10	2	1	13
Grand Total	1	72	36	22	3	66	19	219	38	1	258

Source: RACS (2006) Management Report, As at December 30th 2006

The "Cut-off" score reflects the lowest score achieved by trainees accepted into the Specialist Surgical Training program, with cut-off scores ranging from 44% to 65% in 2006.

Table: 28. SST Cut-off Score, 2006 intake

Specialty	Cut-off Score
CAR	65%
GEN	#
NEU	*
ORT	61%
OHN	60%
PAE	60%
PLA	60%
URO	40%**
VAS	65%

Source: RACS (2006) Management Report, as at December 31st 2006
[#] For General Surgery applicants must meet the minimum selection criteria in order to be deemed suitable for training. To meet the minimum criteria applicants must a) not receive an unsatisfactory rating for any of the essential criteria in more than one (1) Assessment Report, or b) fail to receive a score of 'fair' or above in *all* of the attributes assessed in the Semi-Structured Interview.
*For Neurosurgery, applicants must score a) a percentage adjusted score of 43 or above in the Structured CV scoring process; b) a percentage adjusted score of 34 or above in a minimum of two of the four chosen Structured Referee Reports; c) a combined percentage score of 44 or above for the Structured Referee Reports; d) a rating of suitable or above in each of the eight sections and three scenarios during the interview to be deemed suitable for selection.
** For Urology, applicants must pass both the logbook and the interview selection tools to be considered eligible. Applicants who failed the logbook tool were not offered an interview. The cut-off score is the score attained by the lowest ranked applicant that was offered a place on the training program.

Specialist Surgical Training

Specialist Surgical trainees in this report includes all trainees who are completing clinical training through surgical rotations in an accredited training post, trainees who are completing accredited research, trainees who have completed all other requirements of their training but have not yet successfully completed the Fellowship examination, trainees on an approved leave of absence from training and trainees engaged in unaccredited research. Other inactive trainees are highlighted in selected tables.

The total number of Specialist Surgical Trainees (SST), as at 30 December 2006 was 942 trainees. The largest groups of trainees were in General Surgery (39% or 367 SSTs) and Orthopaedic Surgery (22% or 208 SSTs). Eighty-three percent of SST trainees were based within Australia (781 SSTs), 15% were based in New Zealand (139 SSTs) and 2% were located overseas (22 SSTs).

Ninety-four percent of SST trainees were Active as at December 30 2006 (889 SSTs). Orthopaedic surgery had the highest proportion of Active SST trainees relative to total trainees (99% or 207 SSTs). Paediatric surgery had the lowest proportion of Active SST trainees (80% or 16 SSTs).

Table: 29. All Specialist Surgical Trainees, by status and specialty

Status	CAR	GEN	NEU	ORT	OHN	PAE	PLA	URO	VAS	Total
Active										
Clinical	29	335	41	206	70	16	68	68	31	864
Accredited Research	1	6	8	0	0	0	0	4	0	19
Exam Pending	3	2	0	1	0	0	0	0	0	6
Inactive										
Unaccredited Research	2	5	4	0	8	1	0	0	1	21
Approved interruption to training	1	15	2	1	1	1	2	1	1	25
Suspended	0	1	0	0	0	0	0	0	0	1
Deferred	0	3	1	0	0	2	0	0	0	6
Total	**36**	**367**	**56**	**208**	**79**	**20**	**70**	**73**	**33**	**942**

Source: RACS (2006) Management Report, As at December 30 2006

Table: 30. All Specialist Surgical Trainees, by status and location of hospital post

Status	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
Active												
Clinical	13	246	6	126	49	15	192	67	714	131	19	864
Accredited Research	0	7	0	1	1	1	5	1	16	1	2	19
Exam Pending	0	2	0	0	1	0	2	0	5	0	1	6
Inactive												
Unaccredited Research	0	7	0	2	3	0	5	1	18	3	0	21
Approved interruption to training	0	9	0	1	2	1	7	2	22	3	0	25
Suspended	0	0	0	0	0	0	1	0	1	0	0	1
Deferred	0	1	0	1	1	0	1	1	5	1	0	6
Total	**13**	**272**	**6**	**131**	**57**	**17**	**213**	**72**	**781**	**139**	**22**	**942**

Source: RACS (2006) Management Report, As at December 30 2006

Twenty-seven percent of SSTs (250) were in their first year of training in 2006. Close to half of the SSTs were in their second or third year of training (441 SSTs), while 6% are in their fifth or sixth year of training (57 SSTs).

Table: 31. Specialist Surgical Trainees*, by year of training and location of hospital post

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	7	72	4	35	13	9	45	22	207	43	0	250
2	3	68	1	33	17	8	42	16	188	33	6	228
3	0	60	0	29	11	0	56	15	171	36	6	213
4	3	53	0	25	12	0	51	15	159	22	7	188
5	0	16	1	7	1	0	12	2	39	3	2	44
6	0	2	0	1	2	0	4	1	10	2	1	13
Total	13	271	6	130	56	17	210	71	774	139	22	936

*Specialist surgical trainees in this table include *all trainees* who were active in training posts, active and on accredited research, active and exam pending as well as inactive trainees on an approved leave of absence from training. *Deferred* trainees are not included in this report.
Source: RACS (2006) Management Report, As at December 30th 2006

There has been a 3% decline in the number of Active SST trainees between December 2005 and December 2006, from 919 Active SSTs to 889 in 2006. This was a result of declines in General Surgery (-12%) and Neurosurgery (-14%) trainees.

Table: 32. Active* Specialist Surgical Trainees, by specialty and location of hospital post

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	1	8	0	3	3	1	9	1	26	6	1	33	31	6.5%
GEN	5	97	4	47	17	7	85	26	288	42	13	343	390	-12.1%
NEU	1	21	0	5	2	1	10	3	43	4	2	49	57	-14.0%
ORT	4	57	1	32	14	4	38	18	168	37	2	207	195	6.2%
OHN	1	20	1	9	5	0	17	6	59	11	0	70	70	0.0%
PAE	0	3	0	2	0	0	4	0	9	6	1	16	14	14.3%
PLA	0	16	0	9	5	1	14	8	53	15	0	68	67	1.5%
URO	1	22	0	15	3	2	14	5	62	7	3	72	68	5.9%
VAS	0	11	0	5	2	0	8	1	27	4	0	31	27	14.8%
Total	13	254	6	127	51	16	200	68	735	132	23	889	919	-3.3%

*Active trainees include all trainees who are completing clinical rotations, accredited research or who are waiting to sit their exam. This table does not include interrupted trainees (who are unaccredited research or interrupted for another approved reason), suspended or deferred trainees.
Source: RACS (2006) Management Report, As at December 30th 2006

There were two SST trainees, undertaking the program on a part-time basis within the General Surgery program.

Table: 33. Active Part-time Specialist Surgical Trainees, by specialty and location of hospital post

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	2006
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	0	0	0	2	0	0	0	2	0	0	2
NEU	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	0	0	0	0	0	0	0	0	0	0	0
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	2	0	0	0	2	0	0	2

Source: RACS (2006) Management Report, As at December 30th 2006

One hundred and seventy-nine active female SSTs were training in the year to December 2006. This represents just over one in five SSTs in training. By specialty, the highest proportion of female SSTs were within the Paediatric surgery and Otolaryngology, Head and Neck surgery specialties, with close to two-thirds of Paediatric SSTs (63%) and 33% of Otolaryngology, Head and Neck Surgery SSTs. More than half of all female SST trainees were in their first or second year of training (53%).

Table: 34. Female Active Specialist Surgical Trainees, by specialty

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	0	1	0	0	0	0	1	0	2	0	0	2	2	0%
GEN	1	14	3	13	6	2	23	6	68	11	3	82	97	-15%
NEU	0	5	0	1	0	0	3	0	9	0	0	9	11	-18%
ORT	1	1	0	2	0	0	4	2	10	3	0	13	9	44%
OHN	0	6	0	3	1	0	6	1	17	6	0	23	18	28%
PAE	0	4	0	2	0	0	0	0	6	3	1	10	8	25%
PLA	0	4	0	4	1	1	1	3	14	6	0	20	13	54%
URO	1	5	0	1	0	0	3	1	11	2	1	14	12	17%
VAS	0	3	0	2	0	0	0	0	5	1	0	6	2	200%
Total	3	43	3	28	8	3	41	13	142	32	5	179	172	4%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 35. Female Active Specialist Surgical Trainees, by year of training

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
1	1	13	2	7	1	2	9	5	40	7	0	47	48	-2%
2	1	11	0	7	4	1	12	2	38	8	1	47	49	-4%
3	0	9	0	9	0	0	9	5	32	11	1	44	35	26%
4	1	6	0	4	1	0	10	1	23	5	1	29	24	21%
5	0	4	1	1	0	0	0	0	6	1	2	9	12	-25%
6	0	0	0	0	2	0	1	0	3	0	0	3	4	-25%
Total	3	43	3	28	8	3	41	13	142	32	5	179	172	4%

Source: RACS (2006) Management Report, As at December 30th 2006

Specialist Surgical Training Attrition

In the year 2006, 22 trainees ceased Specialist Surgical Training without completing the program. Eighty-six percent of trainees who exited the SST training program were from General Surgery (19 SSTs). Just over two-thirds of trainees who ceased training prior to completing did so voluntarily, while 6 trainees were dismissed and one trainee deceased.

Table: 36. Total SST trainees who ceased training without completion by specialty by region*

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	3	0	0	0	0	3	0	6	0	13	19
NEU	0	0	0	0	0	0	1	0	1	0	0	1
ORT	0	1	0	0	0	0	0	0	1	0	0	1
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	1	0	0	0	0	0	0	1	0	0	1
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	0	0	0	0	4	0	9	0	13	22

Source: RACS (2006) Management Report, As at August 31st 2006

*Note that the region data in this table is based on the trainee's hospital post allocation region. If no post allocation has been made then the region defaults to the mailing state of the trainee's preferred address (e.g. for active trainees on accredited research).

Table: 37. Total SST trainees who ceased training without completion voluntarily by specialty by region*

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	3	0	0	0	0	2	0	5	0	9	14
NEU	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	1	0	0	0	0	0	0	1	0	0	1
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	0	0	0	0	2	0	6	0	9	15

Source: RACS (2006) Management Report, As at August 31st 2006
*Note that the region data in this table is based on the trainee's hospital post allocation region. If no post allocation has been made then the region defaults to the mailing state of the trainee's preferred address (e.g. for active trainees on accredited research).

Table: 38. Total SST trainees who were dismissed from training without completion by specialty by region*

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	0	0	0	0	0	0	0	0	0	4	4
NEU	0	0	0	0	0	0	1	0	1	0	0	1
ORT	0	0	0	0	0	0	0	0	0	0	0	0
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	1	0	0	0	0	0	0	1	0	0	1
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	1	0	2	0	4	6

Source: RACS (2006) Management Report, As at August 31st 2006
*Note that the region data in this table is based on the trainee's hospital post allocation region. If no post allocation has been made then the region defaults to the mailing state of the trainee's preferred address (e.g. for active trainees on accredited research).

Table: 39. Total SST trainees who deceased by specialty by region*

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	0	0	0	0	0	1	0	1	0	0	1
NEU	0	0	0	0	0	0	0	0	0	0	0	0
OHN	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	1	0	1	0	0	1

Source: RACS (2006) Management Report, As at August 31st 2006
*Note that the region data in this table is based on the trainee's hospital post allocation region. If no post allocation has been made then the region defaults to the mailing state of the trainee's preferred address (e.g. for active trainees on accredited research).

Table 40 provides an overview of the status of SST trainees who commenced training between 2001 and 2006 as at December 30 2006. Four in five SST trainees who commenced training in 2001 were accepted into full Fellowship in 2006. Nine percent of 2001 SST trainees were active SSTs, while a further 7% were inactive or had left the training program. Sixty-three percent of 2002 commencing SST trainees and seven percent of 2003 SSTs were also accepted or eligible for full Fellowship in the year to December 30 2006.

Table: 40. SST Progression to Fellowship by Year of Intake

Current status within RACS, 2006	Year of Intake					
	2001*	**2002***	**2003**	**2004**	**2005**	**2006**
SST – status						
Active						
Clinical	14	37	174	184	205	213
Accredited Research	0	0	4	9	4	2
Probationary	6	3	15	36	22	20
Exam Pending	0	1	-	4	2	-
Inactive						
Unaccredited Research	0	0	5	7	4	5
Approved interruption to training	1	3	3	5	6	2
Deferred	0	0	0	0	2	14
Suspended	1	0	0	0	0	0
Left program						
Terminated	0	3	3	0	1	0
Withdrawn	13	14	4	6	3	2
Deceased	0	0	1	1	0	0
Fellowship – status						
Fellow						
Accepted full Fellowship	172	126	9	1	0	0
Eligible – in process	7	8	5	0	0	0
Eligible – no application	2	6	3	0	0	0
Total SST intake by year	220	201	226	253	247	244

*Figures for 2001, 2002 may not be entirely accurate due to data collection and maintenance issues involved with migration to the iMIS database in 2002.
Source: RACS (2006) Management Report, As at December 30th 2006

Specialist Surgical Training by Specialty Group

Cardiothoracic Surgery

All Specialist Surgical Trainees, 2006

As at 30 December 2006, there were 36 Cardiothoracic Specialist Surgical Trainees. The largest number of Cardiothoracic SSTs were located in VIC (10 SSTs) and NSW (9 SSTs). There were two female SST trainees within the Cardiothoracic Surgery specialty.

Table: 41. All* Specialist Surgical Trainees, Cardiothoracic Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	1	3	0	0	0	1	1	1	7	3	0	10
2	0	1	0	0	2	0	1	0	4	0	0	4
3	0	0	0	0	1	0	1	0	2	1	0	3
4	0	1	0	1	0	0	2	0	4	1	0	5
5	0	2	0	1	0	0	3	0	6	0	0	6
6	0	2	0	1	0	0	2	0	5	2	1	8
Total	1	9	0	3	3	1	10	1	28	7	1	36

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 42. All* Specialist Surgical Trainees, Cardiothoracic Surgery - female

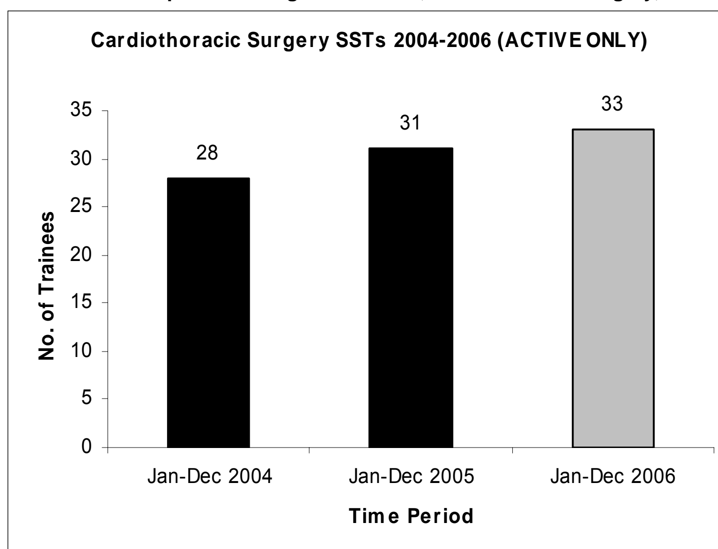
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	0	0	0	0	0	1	0	1	0	0	1
2	0	1	0	0	0	0	0	0	1	0	0	1
3	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	1	0	2	0	0	2

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been a steady increase in 'active' Cardiothoracic surgery SSTs between 2004 and 2006, increasing by 18% or 5 SST trainees during this period.

Chart 1: Active* Specialist Surgical Trainees, Cardiothoracic Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

General Surgery

All Specialist Surgical Trainees, 2006

General Surgery had 364 Specialist Surgical Trainees in 2006. Eighty-three percent of General Surgery SSTs were located in Australia and 12% were posted in New Zealand (45 SSTs). Fourteen General Surgery SST positions were based overseas. Over half of the total number of General Surgery SSTs were in their first or second year of training (55% or 202 SSTs). Close to one in four General Surgery SSTs were female (82 SSTs).

Table: 43. All* Specialist Surgical Trainees, General Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	3	33	3	15	2	3	23	11	93	14	0	107
2	1	31	0	10	8	5	18	6	79	11	4	95
3	0	21	0	12	2	0	24	3	62	12	4	78
4	1	13	0	10	4	0	25	5	58	7	5	70
5	0	5	1	1	1	0	1	1	10	1	1	12
6	0	0	0	0	2	0	0	0	2	0	0	2
Total	5	103	4	48	19	8	91	26	304	45	14	364

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 44. All* Specialist Surgical Trainees, General Surgery - female

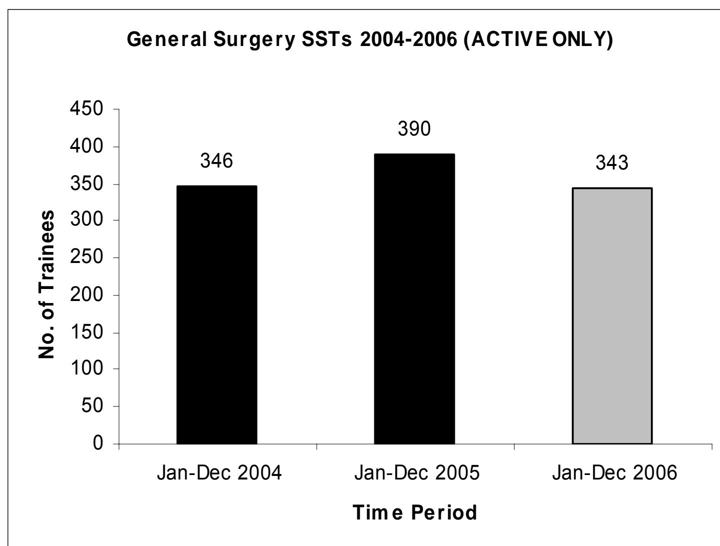
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	4	2	5	1	1	4	4	21	1	0	22
2	0	3	0	4	3	1	7	0	18	4	1	23
3	0	5	0	2	0	0	6	2	15	4	1	20
4	1	1	0	2	0	0	6	0	10	2	0	12
5	0	1	1	0	0	0	0	0	2	0	1	3
6	0	0	0	0	2	0	0	0	2	0	0	2
Total	1	14	3	13	6	2	23	6	68	11	4	82

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been a slight decrease in the number of 'active' General Surgery SST trainees between 2004 and 2006, from 346 to 343 SSTs.

Chart 2: Active* Specialist Surgical Trainees, General Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Neurosurgery

All Specialist Surgical Trainees, 2006

Fifty-five Specialist Surgical Trainees were training within the Neurosurgery specialty as at 30 December 2006. Sixteen percent of Neurosurgery SSTs were female (9 SSTs), with a high concentration of female trainees in NSW (5 SSTs). The majority of Neurosurgery SSTs were located in Australia (87% or 48 SSTs).

Table: 45. All* Specialist Surgical Trainees, Neurosurgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	2006
1	0	0	0	1	1	1	1	0	4	2	0	6
2	1	4	0	0	0	0	4	0	9	0	1	10
3	0	6	0	2	0	0	2	1	11	0	1	12
4	0	6	0	0	1	0	3	1	11	3	0	14
5	0	6	0	3	0	0	1	1	11	0	0	11
6	0	0	0	0	0	0	1	1	2	0	0	2
Total	1	22	0	6	2	1	12	4	48	5	2	55

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 46. All* Specialist Surgical Trainees, Neurosurgery - female

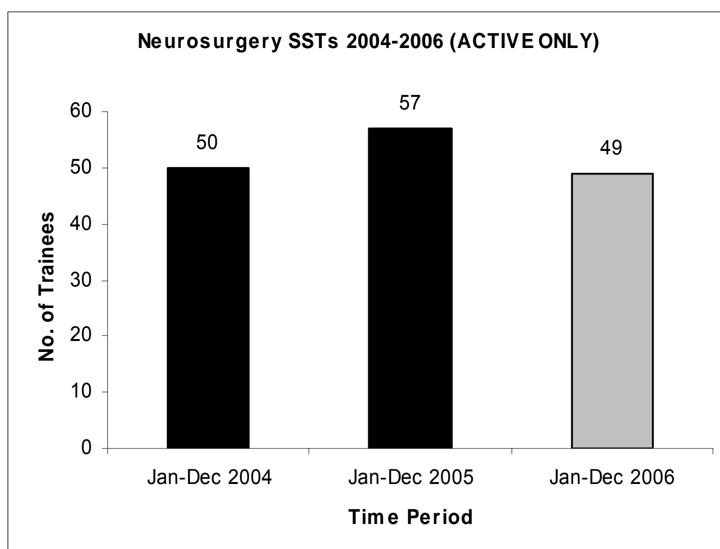
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	2006
1	0	0	0	0	0	0	0	0	0	0	0	0
2	0	1	0	0	0	0	1	0	2	0	0	2
3	0	0	0	1	0	0	0	0	1	0	0	1
4	0	2	0	0	0	0	1	0	3	0	0	3
5	0	2	0	0	0	0	0	0	2	0	0	2
6	0	0	0	0	0	0	1	0	1	0	0	1
Total	0	5	0	1	0	0	3	0	9	0	0	9

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

The number of 'active' Neurosurgery SST trainees has decreased by 8 trainees between December 2005 and December 2006.

Chart 3: Active* Specialist Surgical Trainees, Neurosurgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

All Specialist Surgical Trainees, 2006

There were 208 Orthopaedic Surgery Specialist Surgical Trainees as at 30 December 2006. Over half of all SSTs were in their first or second year of training (54%). One fifth of Orthopaedic Surgery SSTs were located in New Zealand. Thirteen Orthopaedic Surgery SSTs were female (6%).

Table: 47. All* Specialist Surgical Trainees, Orthopaedic Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	1	14	1	10	3	1	9	5	44	12	0	56
2	1	13	0	9	5	3	9	5	45	11	1	57
3	0	16	0	5	3	0	10	5	39	10	1	50
4	2	14	0	8	3	0	9	4	40	4	0	44
5	0	0	0	0	0	0	1	0	1	0	0	1
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	57	1	32	14	4	38	19	169	37	2	208

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 48. All* Specialist Surgical Trainees, Orthopaedic Surgery - female

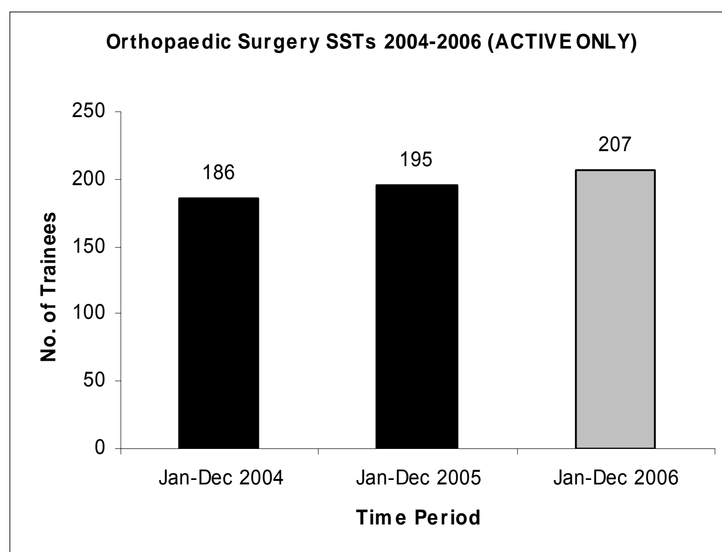
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	0	0	0	0	0	1	0	1	2	0	3
2	1	0	0	0	0	0	1	1	3	0	0	3
3	0	0	0	1	0	0	1	0	2	0	0	2
4	0	1	0	1	0	0	1	1	4	1	0	5
5	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	1	0	2	0	0	4	2	10	3	0	13

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been a 11% increase in the number of 'active' Orthopaedic Specialist Surgical Trainees between 2004 and 2006, shifting from 186 in 2004 to 207 in December 2006.

Chart 4: Active* Specialist Surgical Trainees, Orthopaedic Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

All Specialist Surgical Trainees, 2006

There were 79 Otolaryngology, Head and Neck Surgery (OHN) Specialist Surgical Trainees in December 2006. Sixty-seven OHN Surgery trainees were located in Australia and 12 SSTs were based in New Zealand. Over one quarter of OHN Surgery trainees were female (23 trainees), with a high concentration of female trainees in NSW (6 SSTs) and VIC (6 SSTs).

Table: 49. All* Specialist Surgical Trainees, Otolaryngology, Head & Neck Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	1	6	0	3	3	0	7	2	22	3	0	25
2	0	7	1	3	1	0	4	1	17	4	0	21
3	0	4	0	1	1	0	3	3	12	4	0	16
4	0	6	0	3	2	0	5	1	17	0	0	17
5	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	23	1	10	7	0	19	7	68	11	0	79

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 50. All* Specialist Surgical Trainees, Otolaryngology, Head & Neck Surgery - female

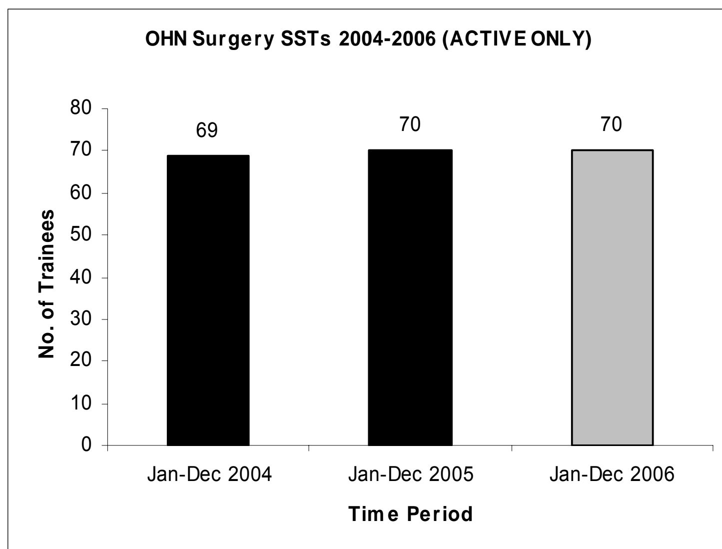
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	2	0	0	0	0	3	0	5	1	0	6
2	0	3	0	1	1	0	2	0	7	1	0	8
3	0	1	0	1	0	0	0	1	3	4	0	7
4	0	0	0	1	0	0	1	0	2	0	0	2
5	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	6	0	3	1	0	6	1	17	6	0	23

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

The number of 'active' Otolaryngology, Head & Neck Surgery SST trainees has remained relatively constant between 2004 and 2006, with an addition of 1 trainee during this period.

Chart 5: Active* Specialist Surgical Trainees, Otolaryngology, Head & Neck Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Paediatric Surgery

All Specialist Surgical Trainees, 2006

There were 18 Paediatric Surgery Specialist Surgical Trainees in December 2006. Two-thirds of Paediatric SSTs were located in Australia (11 SSTs), while the remaining Paediatric Surgery trainees were located in New Zealand. Seven trainees were in their first or second year of training, while the remaining SSTs were in their third to sixth year of training. Fifty-five percent of all paediatric surgery SSTs were female (10 SSTs).

Table: 51. All* Specialist Surgical Trainees, Paediatric Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	1	0	0	0	0	0	0	1	3	0	4
2	0	2	0	0	0	0	0	0	2	1	0	3
3	0	1	0	2	0	0	1	0	4	1	0	5
4	0	1	0	0	0	0	1	0	2	0	0	2
5	0	0	0	0	0	0	1	0	1	1	1	3
6	0	0	0	0	0	0	1	0	1	0	0	1
Total	0	5	0	2	0	0	4	0	11	6	1	18

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 52. All* Specialist Surgical Trainees, Paediatric Surgery - female

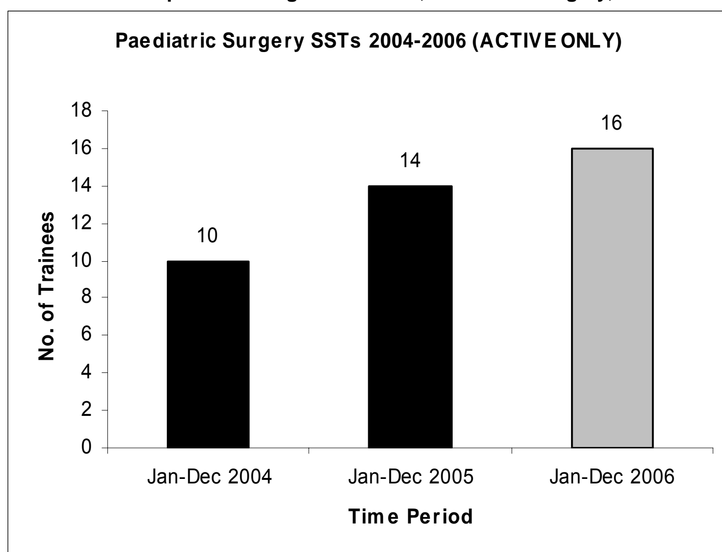
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	1	0	0	0	0	0	0	1	1	0	2
2	0	1	0	0	0	0	0	0	1	1	0	2
3	0	1	0	2	0	0	0	0	3	0	0	3
4	0	1	0	0	0	0	0	0	1	0	0	1
5	0	0	0	0	0	0	0	0	0	1	1	2
6	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	0	2	0	0	0	0	6	3	1	10

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been an overall rise in 'active' Paediatric surgery SST trainees between December 2004 and December 2006 period, increasing from 10 to 16 trainees. This represents a 60% increase over the period.

Chart 6: Active* Specialist Surgical Trainees, Paediatric Surgery, 2004 to 2006



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Plastic & Reconstructive Surgery

All Specialist Surgical Trainees, 2006

There were 70 Plastic and Reconstructive Surgery Specialist Surgical Trainees as at 30 December 2006. There were 20 female Plastic and Reconstructive SSTs in this period, representing 29% of all trainees. Fifty-five percent of female trainees were in their first and second years of training.

Table: 53. All* Specialist Surgical Trainees, Plastic & Reconstructive Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	5	0	2	2	1	2	1	13	4	0	17
2	0	2	0	2	1	0	1	3	9	3	0	12
3	0	5	0	4	2	0	7	1	19	4	0	23
4	0	5	0	1	1	0	4	3	14	4	0	18
5	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	17	0	9	6	1	14	8	55	15	0	70

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 54. All* Specialist Surgical Trainees, Plastic & Reconstructive Surgery - female

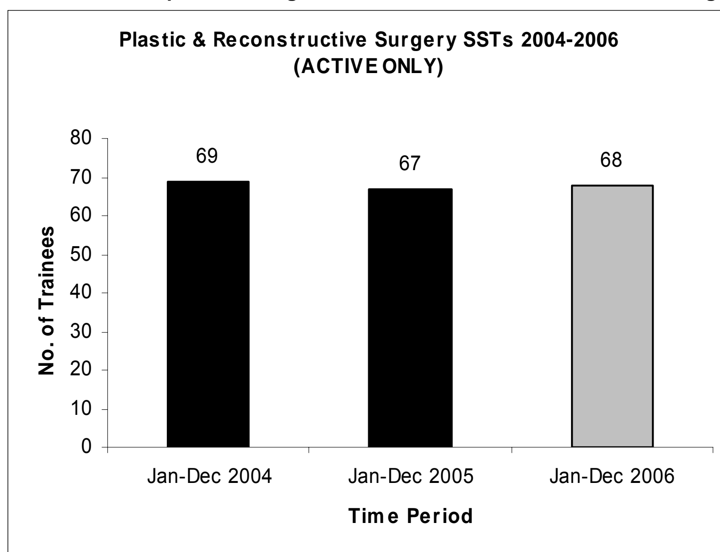
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	1	0	2	0	1	0	1	5	2	0	7
2	0	2	0	1	0	0	0	1	4	1	0	5
3	0	1	0	1	0	0	0	1	3	2	0	5
4	0	0	0	0	1	0	1	0	2	1	0	3
5	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	0	4	1	1	1	3	14	6	0	20

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been no change significant change in the number of 'active' Plastic and Reconstructive Surgery SST trainees between 2004 and 2006.

Chart 7: Active* Specialist Surgical Trainees, Plastic & Reconstructive Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Urology

All Specialist Surgical Trainees, 2006

As at 30 December 2006, there were 73 SSTs training in Urology. Eighty-six percent of Urology SSTs were based in Australia and 56% were in their first or second year of training. One in five Urology SST trainees were female in 2006.

Table: 55. All* Specialist Surgical Trainees, Urology

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	1	7	0	4	2	2	1	2	19	2	0	21
2	0	5	0	8	0	0	4	1	18	2	0	20
3	0	4	0	1	1	0	8	1	15	3	0	18
4	0	6	0	2	0	0	0	1	9	0	3	12
5	0	1	0	0	0	0	1	0	2	0	0	2
Total	1	23	0	15	3	2	14	5	63	7	3	73

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 56. All* Specialist Surgical Trainees, Urology - female

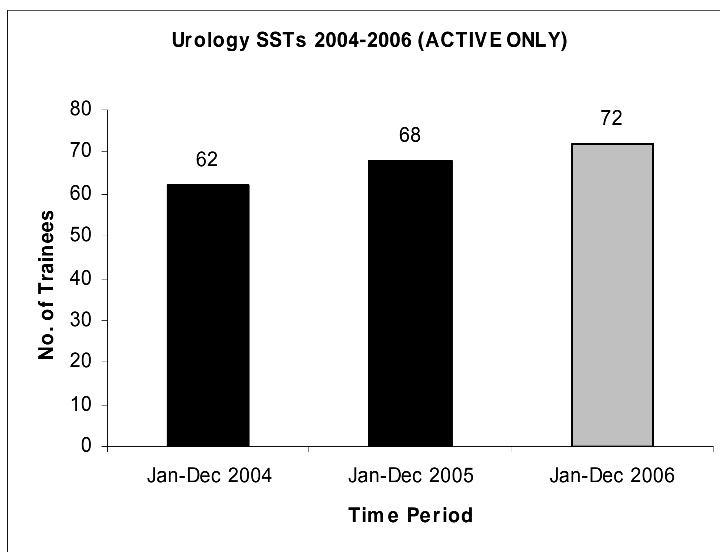
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	1	3	0	0	0	0	0	0	4	0	0	4
2	0	0	0	1	0	0	1	0	2	1	0	3
3	0	1	0	0	0	0	2	1	4	1	0	5
4	0	1	0	0	0	0	0	0	1	0	1	2
5	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	5	0	1	0	0	3	1	11	2	1	14

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

There has been a significant increase in the number of 'active' Urology SST trainees between 2004 and 2006, shifting from 62 to 72 SST trainees. This represents a 16% increase within the period.

Chart 8: Active* Specialist Surgical Trainees, Urology, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Vascular Surgery

All Specialist Surgical Trainees, 2006

There were 33 Vascular Surgery Specialist Surgical Trainees as at 30 December 2006. Thirty-six percent of Vascular Surgery SSTs were located in NSW (12 SSTs) and 24% were based in Victoria (8 SSTs). Five Vascular SST trainees were located in New Zealand. Two-thirds of Vascular Surgery trainees were in their third to fifth year of training. Eighteen percent of all Vascular trainees were female.

Table: 57. All* Specialist Surgical Trainees, Vascular Surgery

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	3	0	0	0	0	1	0	4	0	0	4
2	0	3	0	1	0	0	1	0	5	1	0	6
3	0	3	0	2	1	0	0	1	7	1	0	8
4	0	1	0	0	1	0	2	0	4	2	0	6
5	0	2	0	2	0	0	4	0	8	1	0	9
Total	0	12	0	5	2	0	8	1	28	5	0	33

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

Table: 58. All* Specialist Surgical Trainees, Vascular Surgery - female

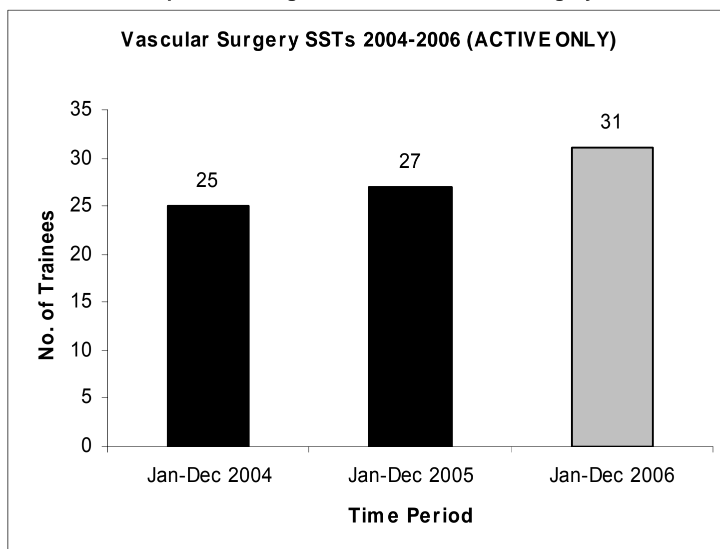
Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
1	0	2	0	0	0	0	0	0	2	0	0	2
2	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	1	0	0	0	0	1	0	0	1
4	0	0	0	0	0	0	0	0	0	1	0	1
5	0	1	0	1	0	0	0	0	2	0	0	2
Total	0	3	0	2	0	0	0	0	5	1	0	6

*All active and inactive Specialist Surgical Trainees, excluding trainees who have deferred the start date of their training.
Source: RACS (2006) Management Report, As at December 30th 2006

'Active' Specialist Surgical Trainees, 2004 to 2006

The number of 'active' Vascular Surgery SST trainees has increased by 6 during the 2004 to 2006 period. This represents a 24% increase over the period.

Chart 9: Active* Specialist Surgical Trainees, Vascular Surgery, 2004 to 2006**



Source: RACS (2006) Management Report, As at December 31st 2006
*Note: Excludes all trainees who are inactive, including trainees on unaccredited research, approved interruption to training, suspended and deferred trainees

Specialist Surgical Training Assessment

Statistics in these tables are a summary of the Fellowship Examination held in May/June & October 2006 and look at the “annual” pass rate of the Fellowship Examination (i.e., a candidate who sits twice in the one year, failing the first sitting and passing the second will only be represented once as a pass statistic).

In 2006, 238 candidates applied to sit the Fellowship Examination with 225 candidates actually sitting the Fellowship Examination. There was no change in the number of candidates sitting the examination from 2005. By specialty, the highest numbers of candidates were from General Surgery (70) and Orthopaedic Surgery (55). The number of candidates who passed the exam was 186, resulting in the annual pass rate of 83%, slightly down from the 2005 annual pass rate of 85%. The highest annual pass rates by specialty were Paediatric Surgery (100%) and Otolaryngology Head and Neck Surgery (95%). By region, the ACT (100%), Northern Territory (100%) and New Zealand (90%) all had high annual pass rates.

Table: 59. Applicants for the Fellowship Examination by specialty by region (Approved and Not approved to sit Fellowship exam)

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	4	0	0	1	0	1	1	7	2	1	10
GEN	1	15	1	10	5	0	20	6	58	9	11	78
NEU	0	8	0	3	0	1	1	1	14	1	0	15
ORT	1	15	0	12	4	2	9	3	46	10	0	56
OHN	1	5	0	4	3	0	5	1	19	2	0	21
PAE	0	1	0	0	0	0	1	0	2	0	0	2
PLA	1	6	0	1	4	2	6	3	23	3	0	26
URO	0	5	0	3	1	0	6	1	16	3	0	19
VAS	0	2	0	2	0	0	4	1	9	2	0	11
Total	4	61	1	35	18	5	53	17	194	32	12	238

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training. This table reflects the number of applicants who applied to sit the Fellowship examination, including those who later withdrew.

Table: 60. Candidates Approved and who sat the Fellowship Examination by specialty by region,

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	4	0	0	1	0	1	1	7	2	1	10
GEN	1	14	1	10	5	0	19	6	56	7	7	70
NEU	0	7	0	3	0	1	1	1	13	1	0	14
ORT	1	15	0	11	4	2	9	3	45	10	0	55
OHN	0	6	0	3	3	0	5	1	18	2	0	20
PAE	0	1	0	0	0	0	1	0	2	0	0	2
PLA	0	6	0	1	4	2	6	3	22	3	0	25
URO	0	5	0	3	1	0	6	1	16	3	0	19
VAS	0	2	0	2	0	0	4	1	9	1	0	10
Total	2	60	1	33	18	5	52	17	188	29	8	225

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training. This table reflects the number of applicants who applied and sat the Fellowship examination.

Table: 61. Candidates successfully passing Fellowship Examination by specialty by region

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	Change 2005 to 2006
CAR	0	2	0	0	1	0	0	0	3	2	1	6	12	-6
GEN	1	13	1	10	2	0	17	5	49	7	4	60	66	-6
NEU	0	6	0	3	0	0	1	1	11	0	0	11	12	-1
ORT	1	13	0	8	4	0	7	2	35	10	0	45	48	-3
OHN	0	6	0	3	3	0	5	0	17	2	0	19	16	+3
PAE	0	1	0	0	0	0	1	0	2	0	0	2	1	+1
PLA	0	6	0	0	4	1	5	3	19	2	0	21	11	+10
URO	0	3	0	2	0	0	6	1	12	2	0	14	14	-
VAS	0	2	0	2	0	0	3	0	7	1	0	8	11	-3
Total	2	52	1	28	14	1	45	12	155	26	5	186	191	-5

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training.

Table: 62. Fellowship Examination Pass Rate by specialty by region

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	-	50	-	-	100	-	0	0	43	100	100	60	75	-15
GEN	100	93	100	100	40	-	89	83	88	100	57	86	75	11
NEU	-	86	-	100	-	0	100	100	85	0	-	79	92	-13
ORT	100	87	-	73	100	0	78	67	78	100	-	82	100	-18
OHN	-	100	-	100	100	-	100	0	94	100	-	95	94	1
PAE	-	100	-	-	-	-	100	-	100	-	-	100	50	50
PLA	-	100	-	0	100	50	83	100	86	67	-	84	73	11
URO	-	60	-	67	0	-	100	100	75	67	-	74	100	-26
VAS	-	100	-	100	-	-	75	0	78	100	-	80	92	-12
Total	100	87	100	85	78	20	87	71	82	90	63	83	85	-2

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training.

For 83% of the candidates who passed the Fellowship Examination in 2006, it was their first attempt while 12% passed on their second attempt. The remaining 5% were sitting the Fellowship Examination for the 3rd or more time.

Table: 63. Candidates successfully passing Fellowship Examination by Number of Attempts by specialty by region

Specialty	Attempt No.	ACT No.	NSW No.	NT No.	QLD No.	SA No.	TAS No.	VIC No.	WA No.	AUST No.	NZ No.	O/S No.	Grand Total No.	Grand Total %
Cardiothoracic	1	0	1	0	0	1	0	0	0	2	2	1	5	83
	2	0	1	0	0	0	0	0	0	1	0	0	1	17
Cardiothoracic Total		-	2	0	0	1	0	0	0	3	2	1	6	100
General	1	0	7	0	9	0	0	15	3	34	4	3	41	68
	2	0	4	0	0	2	0	2	0	8	3	1	12	20
	3	0	2	0	0	0	0	0	2	4	0	0	4	7
	5	0	0	1	1	0	0	0	0	2	0	0	2	3
	6	1	0	0	0	0	0	0	0	1	0	0	1	2
General Total		1	13	1	10	2	0	17	5	49	7	4	60	100
Neurosurgery	1	0	6	0	3	0	0	1	1	11	0	0	11	100
Neurosurgery Total		-	6	0	3	0	0	1	1	11	0	0	11	100
Orthopaedic	1	1	13	0	8	4	0	7	2	35	10	0	45	100
Orthopaedic Total		1	13	0	8	4	0	7	2	35	10	0	45	100
Otolaryngology	1	0	5	0	2	1	0	3	0	11	2	0	13	68
	2	0	1	0	1	1	0	2	0	5	0	0	5	26
	3	0	0	0	0	1	0	0	0	1	0	0	1	5
Otolaryngology Total		-	6	0	3	3	0	5	0	17	2	0	19	100
Paediatric	1	0	1	0	0	0	0	1	0	2	0	0	2	100
Paediatric Total		0	1	0	0	0	0	1	0	2	0	0	2	100
Plastic	1	0	5	0	0	3	0	5	3	16	1	0	17	81
	2	0	0	0	0	1	1	0	0	2	1	0	3	14
	3	0	1	0	0	0	0	0	0	1	0	0	1	5
Plastic Total		0	6	0	0	4	1	5	3	19	2	0	21	100
Urology	1	0	3	0	2	0	0	6	1	12	1	0	13	93
	2	0	0	0	0	0	0	0	0	0	1	0	1	7
Urology Total		0	3	0	2	0	0	6	1	12	2	0	14	100
Vascular	1	0	2	0	2	0	0	2	0	6	1	0	7	88
	2	0	0	0	0	0	0	1	0	1	0	0	1	13
Vascular Total		0	2	0	2	0	0	3	0	7	1	0	8	100
Total	1	1	43	0	26	9	0	40	10	129	21	4	154	83
	2	0	6	0	1	4	1	5	0	17	5	1	23	12
	3	0	3	0	0	1	0	0	2	6	0	0	6	3
	5	0	0	1	1	0	0	0	0	2	0	0	2	1
	6	1	0	0	0	0	0	0	0	1	0	0	1	1
Grand Total		2	52	1	28	14	1	45	12	155	26	5	186	100

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training.

There were 185 candidates who presented for the May Examination and 67 candidates who presented for the October Examination. In May 80% of the candidates who presented passed and in October 57% of the candidates passed. With the exception of General Surgery and Otolaryngology Head and Neck Surgery, the pass rates for the October Examination were all lower than the May Examination. Most notably, none of the Orthopaedic candidates who presented in October passed the Fellowship Examination.

Table: 64. Trainee Candidates undertaking Fellowship Examination by event by specialty by region

Specialty	May/June Examinations			October Examination			Annual Pass Rate		
	Presented	Passed	%	Presented	Passed	%	Presented	Passed	%
CAR	5	3	60.0	6	3	50.0	10	6	60.0
GEN	61	42	68.9	22	18	81.8	70	60	85.7
NEU	10	9	90.0	4	2	50.0	14	11	78.6
ORT	50	45	90.0	8	0	0.0	55	45	81.8
OHN	17	12	70.6	8	7	87.5	20	19	95.0
PAE	2	2	100.0	0	0	-	2	2	100.0
PLA	20	17	85.0	8	4	50.0	25	21	84.0
URO	13	12	92.3	7	2	28.6	19	14	73.7
VAS	7	6	85.7	4	2	50.0	10	8	80.0
Total	185	148	80.0	67	38	56.7	225	186	82.7

Source: RACS (2006) Management Report, As at December 30th 2006
Region data is gathered from reports run in December 2006 and refers to the candidates mailing address. This will not necessarily be the state where candidates undertook all their training.

Accrediting hospital posts for Specialist Surgical Training

Specialist surgical training is conducted in accredited surgical training posts in which the trainees are supervised and mentored by appropriately qualified surgeons. The accreditation process for each Specialist Surgical training post is currently managed by the relevant Specialty Board.

In December 2006, there were 951 Specialist Surgical training posts, up 4% from 915 SST posts in December 2005. The largest increase in training posts was for Orthopaedic Surgery, increasing from 67 SST posts in December 2005 to 72 in December 2006, representing a 7% increase over the period.

Eighty-six percent of SST Hospital Training posts were located in Metropolitan and Outer Metropolitan (640 posts). One hundred and one hospital posts were located in rural and remote locations

Table: 65. Specialist Surgical Training Posts

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	0	11	0	4	2	1	8	2	28	5	1	34	33	3%
GEN	6	105	4	49	15	8	87	28	302	56	61	419	407	3%
NEU	1	14	0	5	2	1	9	3	35	4	3	42	44	-5%
ORT	4	58	1	35	14	4	36	18	170	43	2	215	202	6%
OHN	1	20	1	10	5	0	17	6	60	12	0	72	67	7%
PAE	0	6	0	2	1	0	5	1	15	2	0	17	17	0%
PLA	0	19	0	8	6	1	15	8	57	14	0	71	66	8%
URO	1	16	0	12	3	2	10	3	47	8	0	55	52	6%
VAS	0	7	0	4	4	0	6	1	22	4	0	26	23	13%
Total	13	256	6	129	52	17	193	70	736	148	67	951	915	4%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 66. Australian Specialist Surgical Training Posts by Specialty and RRMA Location

Region	M1	M2	R1	R2	R3	Rem1	Rem2	Total
ACT	13	0	0	0	0	0	0	13
NSW	173	33	30	15	1	0	0	252
NT	0	5	0	0	0	1	0	6
QLD	93	16	18	1	0	0	0	128
SA	53	0	0	0	1	0	0	54
TAS	10	0	6	1	0	0	0	17
VIC	161	10	13	8	4	0	0	196
WA	68	0	0	2	0	0	0	70
Grand Total	571	64	67	27	6	1	-	736

Source: RACS (2006) Management Report, As at December 30th 2006
*Note: Regionality is based on postcode of hospital

The number of SST hospital inspections carried out in the year 2006 was 250. Forty-four percent of hospital inspections were carried out in VIC. By specialty, the largest number of inspections were carried out within General Surgery (153 inspections), followed by Orthopaedic Surgery (37 inspections).

Table: 67. Number of SST posts inspected between 1/01/2006 and 31/12/2006

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	2	0	1	0	0	7	1	11	1	0	12
GEN	0	8	0	0	18	8	91	28	153	0	0	153
NEU	1	9	0	2	0	0	1	0	13	1	0	14
ORT	0	31	0	1	2	0	2	1	37	0	0	37
OHN	0	0	1	3	3	0	0	4	11	0	0	11
PAE	0	0	0	0	0	0	5	0	5	1	1	7
PLA	0	6	0	0	0	0	0	0	6	2	0	8
URO	0	2	0	0	0	0	0	0	2	0	0	2
VAS	0	0	0	0	0	0	3	2	5	0	1	6
Total	1	58	1	7	23	8	109	36	243	5	3	250

Source: RACS (2006) Management Report, as at December 31st 2006

Twenty-three new Specialist Surgical Training posts were accredited for 2007. The largest number of posts were accredited in General Surgery (9 posts) and Orthopaedic Surgery (8 posts).

Two hundred and twenty-four Specialist Surgical Training Posts were reaccredited in 2006, up from 210 in 2005. Two posts were not granted re-accreditation and one new Cardiothoracic Surgery training post was not accredited.

Table: 68. New Specialist Surgical Training Posts accredited in 2006 (for training commencing in 2007)

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	0	0	0	0	0	0	0	0	0	0	0
GEN	0	6	0	0	2	0	0	1	9	0	0	9
NEU	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	4	0	0	2	0	1	1	8	0	0	8
OHN	0	0	0	1	2	0	0	0	3	0	0	3
PAE	0	0	0	0	0	0	0	0	0	1	0	1
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	1	0	1	0	1	2
Total	0	10	0	1	6	0	2	2	21	1	1	23

Source: RACS (2006) Management Report, as at December 31st 2006

Table: 69. Re-accreditation of existing Specialist Surgical Training Posts

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	2	0	0	0	0	6	1	9	1	0	10
GEN	0	1	0	0	16	8	91	27	143	0	0	143
NEU	1	9	0	2	0	0	1	0	13	1	0	14
ORT	0	27	0	1	0	0	1	0	29	0	0	29
OHN	0	0	1	2	1	0	0	4	8	0	0	8
PAE	0	0	0	0	0	0	5	0	5	0	1	6
PLA	0	6	0	0	0	0	0	0	6	2	0	8
URO	0	2	0	0	0	0	0	0	2	0	0	2
VAS	0	0	0	0	0	0	2	2	4	0	0	4
Total	1	47	1	5	17	8	106	34	219	4	2	224

Source: RACS (2006) Management Report, as at December 31st 2006

Table: 70. Accreditation not granted for new Specialist Surgical Training Posts

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	0	0	1	0	0	0	0	1	0	0	1
GEN	0	0	0	0	0	0	0	0	0	0	0	0
NEU	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	0	0	0	0	0	0	0	0	0	0	0
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	0	0	0	0	1	0	0	1

Source: RACS (2006) Management Report, as at December 31st 2006

Table: 71. Re-accreditation not granted for existing Specialist Surgical Training Posts

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	AUST	NZ	O/S	Total
CAR	0	0	0	0	0	0	1	0	1	0	0	1
GEN	0	1	0	0	0	0	0	0	1	0	0	1
NEU	0	0	0	0	0	0	0	0	0	0	0	0
ORT	0	0	0	0	0	0	0	0	0	0	0	0
OHN	0	0	0	0	0	0	0	0	0	0	0	0
PAE	0	0	0	0	0	0	0	0	0	0	0	0
PLA	0	0	0	0	0	0	0	0	0	0	0	0
URO	0	0	0	0	0	0	0	0	0	0	0	0
VAS	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	1	0	2	0	0	2

Source: RACS (2006) Management Report, as at December 31st 2006

Fellowship and Workforce – Policies and Procedures

A central aim of the College is to support the Fellowship in the development of a sustainable surgical workforce. The College seeks do this in four main ways:

1. *Understanding through measurement:* Using qualitative and quantitative information to develop a deep understanding of the composition of the surgical workforce and the issues that impact on it.

2. *Evaluation:* Based on evidence, evaluate the current and future requirements of the surgical workforce, to ensure its sustainable development.

3. *Planning for the future:* Contribute to the planning of College's activities so that they fit with the current and future needs of the surgical workforce, in metropolitan, regional and remote communities throughout Australia and New Zealand.

4. *Advocacy and involvement:* Promote the issues and involve our fellows in supporting the development of a sustainable surgical workforce, particularly through the Specialist Societies, Associations and Regional Committees/Boards.

Activities of the College that have addressed workforce issues over the last 12 months are described below.

1. *The RACS Census of the surgical workforce:* The census report has been an important tool, helping to advocate for surgeons, for their patients and communities. The purpose of the census is to detail the scope of work of Fellows of the College, track changes in working hours and work patterns (including reduced hours / retirement intentions), and gain a more accurate picture of the present and future requirements in regional, rural and remote locations.

2. *Information and resources:* The College has been building data files and literature and media collections related to the surgical workforce (e.g. source data from the Australian Bureau of Statistics – demographic data; Australian Institute of Health and Welfare – hospital data; Medicare – operation and procedure data). This information from outside the College is important in interpreting internal data and in making suggestions about surgical workforce trends.

3. *Surgical job advertisements, tracking research pilot:* The College has piloted a tracking project into advertisements for surgical positions within Australia. The aim of this research is to develop an understanding of the location-specific requirement for surgeons within Australia and to assess the current availability of surgeons to fill these requirements. By monitoring the recruitment of surgeons, the degree to which the immediate supply of surgeons is meeting the current demand can be observed. A process for the identification of advertisements has been developed by sampling fifteen online job websites.

4. *Mapping access to surgical services in Australia:* To ensure that the needs of regional and remote communities are adequately assessed, surgical distribution mapping research has been undertaken of the College Fellowship. The aim of this is to identify the location of surgical clusters by specialty throughout Australia, establish the population capacity of each cluster and determine how large a cluster needs to be in order to provide easy access to the community and sustainability for the surgeons.

5. *Rural surgical issues*: A range of reports and presentations have been created that examine the rural surgical workforce. Examples of material produced on the topic include the Non-metropolitan Workforce Report and the Regional, Rural and Remote Surgery - Census 2005 Report as well as presentations made by John Graham at the RACS 2006 Annual Scientific Congress.

6. *NZ SNAP project:* The NZ Surgical Needs Analysis Project has being undertaken by the NZ National Board and has estimated the number of surgeons which New Zealand is likely to require in the future, at the level of DHB area and surgical subspecialty, by considering the current workload and the community's need for surgical service. The final report of the project is now available.

Fellowship and Workforce - Activities

Fellowship

The College had 5,809 Active and Retired Fellows in December 2006. This represents a 5.8% increase in the number of College Fellows from December 2005. Eighty-four percent (4,861 Fellows) of the Fellowship were Active within the College and 79% of Active Fellows were based in Australia.

Table: 72. Active and Retired Fellowship by region by all specialty groups

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006 / 2005
CAR	6	58	0	28	14	3	49	11	169	27	39	235	216	8.8%
GEN	21	577	11	275	146	30	420	127	1607	263	186	2056	1928	6.6%
NEU	3	56	0	28	16	3	42	15	163	20	33	216	199	8.5%
ORT	15	346	4	185	96	22	225	98	991	206	74	1271	1197	6.2%
OHN	9	124	1	70	36	7	100	31	378	77	31	486	467	4.1%
PAE	4	37	0	16	8	3	32	10	110	17	34	161	157	2.5%
PLA	5	93	1	50	36	11	101	34	331	51	33	415	395	5.1%
URO	4	109	1	59	26	10	82	32	323	57	24	404	387	4.4%
VAS	1	38	1	27	12	3	37	13	132	12	0	144	132	9.1%
Sub-Total	68	1438	19	738	390	92	1088	371	4204	730	454	5388	5078	6.1%
OBS & GYN	0	13	0	1	0	1	18	0	33	6	1	40	37	8.1%
OPH	5	123	1	59	19	5	98	21	331	30	20	381	376	1.3%
Total	73	1574	20	798	409	98	1204	392	4568	766	475	5809	5491	5.8%

Source: RACS (2006) Management Report, As at December 30th 2006
*Region is based on current practice or mailing address or if unavailable, last known address

Table: 73. Active Fellowship by region by all specialty groups

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006 / 2005
CAR	4	48	0	25	9	3	41	9	139	19	32	190	175	8.6%
GEN	15	440	10	209	103	21	327	92	1217	208	161	1586	1503	5.5%
NEU	3	52	0	26	12	3	41	15	152	18	29	199	184	8.2%
ORT	14	328	4	173	85	18	215	89	926	187	65	1178	1117	5.5%
OHN	7	104	1	57	35	6	84	27	321	67	28	416	399	4.3%
PAE	4	28	0	11	8	1	20	6	78	16	27	121	121	0.0%
PLA	5	83	1	44	31	8	94	28	294	43	31	368	356	3.4%
URO	4	90	1	50	21	7	71	29	273	46	20	339	332	2.1%
VAS	1	36	1	26	12	3	33	10	122	11	0	133	124	7.3%
Sub-Total	57	1209	18	621	316	70	926	305	3522	615	393	4530	4311	5.1%
OBS & GYN	0	5	0	0	0	0	6	0	11	0	1	12	11	9.1%
OPH	5	109	1	49	14	4	86	18	286	16	17	319	323	-1.2%
Total	62	1323	19	670	330	74	1018	323	3819	631	411	4861	4645	4.7%

Source: RACS (2006) Management Report, As at December 30th 2006
*Region is based on current practice or mailing address or if unavailable, last known address

Approximately 6% of the Fellowship (from the nine main surgical specialties) are female (280). This represents a 14% growth in the number of active female Fellows from December 2005 (246). By specialty, the highest proportion of female Fellows were within Paediatric Surgery (18.2%) and Plastic and Reconstructive Surgery (8.4%). The lowest concentration of female Fellows was in Vascular Surgery (3.0%).

Table: 74. Female Active Fellowship by region by specialty (Excluding Obstetrics & Gynecology and Ophthalmology)

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	0	4	0	1	0	0	3	0	8	2	0	10	9	11%
GEN	1	37	0	14	9	3	25	7	96	18	16	130	105	24%
NEU	0	2	0	5	1	1	4	0	13	1	0	14	12	17%
ORT	0	8	0	2	3	0	6	2	21	9	1	31	29	7%
OHN	0	7	0	4	1	0	7	0	19	4	0	23	21	10%
PAE	1	4	0	2	1	0	4	2	14	3	5	22	22	0%
PLA	0	6	0	5	2	2	10	1	26	2	3	31	31	0%
URO	0	2	0	2	1	0	6	2	13	2	0	15	14	7%
VAS	0	0	0	0	1	0	2	1	4	0	0	4	3	33%
Total	2	70	0	35	19	6	67	15	214	41	25	280	246	14%

Source: RACS (2006) Management Report, As at December 30th 2006
*Region is based current practice or mailing address or if unavailable, last known address

Forty percent of active surgeons are aged 55 years and over within the College (1,947 Fellows). VIC and NSW had the highest proportion of Fellows aged 55 years and over, with 45% and 43% of the Fellowship within this age group respectively. Overall there has been a slight increase in the proportion of surgeons aged over 55 years (1.4%) from 1,711 Fellows in December 2005 to 1,947 Fellows in 2006. Paediatric surgery (46% or 56 Fellows) and General surgery (45% or 721 Fellows) have the largest proportion of Fellows aged 55 years and over. Urology has the lowest proportion of surgeons in this age group (34% or 115 Fellows).

Table: 75. Active Fellowship by Region by Age

Age Group	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total
≤39	10	206	2	124	46	13	144	62	607	81	71	759
40-44	9	215	5	106	48	6	154	44	587	110	42	739
45-49	11	179	2	115	53	15	147	56	578	124	54	756
50-54	11	160	2	103	46	13	114	53	502	104	54	660
55-59	9	156	1	78	48	11	131	28	462	82	67	611
60-64	8	185	5	70	45	9	142	39	503	67	58	628
65-69	2	108	1	50	30	5	94	25	315	43	40	398
70+	2	114	1	24	14	2	92	16	265	20	25	310
Total	62	1323	19	670	330	74	1018	323	3819	631	411	4861

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 76. Active Fellowship by Age and Specialty (Excluding Obstetrics & Gynecology and Ophthalmology)

Age Group	CAR	GEN	NEU	ORT	OHN	PAE	PLA	URO	VAS	Total
≤39	22	272	29	211	76	3	63	62	18	756
40-44	33	214	43	180	61	23	66	63	24	707
45-49	27	194	28	211	66	21	68	54	19	688
50-54	37	185	21	162	60	18	44	45	12	584
55-59	29	218	24	142	42	17	39	34	19	564
60-64	25	245	21	107	58	14	46	41	26	583
65-69	9	149	17	91	33	11	25	26	10	371
70+	8	109	16	74	20	14	17	14	5	277
Total	190	1586	199	1178	416	121	368	339	133	4530

Source: RACS (2006) Management Report, As at December 30th 2006

Regional Distribution of the Australian Fellowship

The number of Australian active Fellows practicing in metropolitan regions was 2,925, representing 83% of the total Australian Fellowship based on the RACS regional classification. By specialty, the highest proportion of surgeons in non-metropolitan areas was within General surgery (24%), Urology (18%) and Orthopaedic surgery (17%). TAS (44%) and QLD (28%) had the highest concentration of surgeons practicing in non-metropolitan areas. Similarly, based of the RRMA regional classification the number of Australian Fellows based in Metropolitan and Outer metropolitan regions was 2,979, representing 85% of the Australian Fellowship.

Table: 77. Australian Active Fellows (Excluding Obstetrics & Gynecology and Ophthalmology) by Specialty and RACS Regional Class

Main Specialty	Metro	Non-Metro	Total
CAR	134	5	139
GEN	923	294	1217
NEU	149	3	152
ORT	765	161	926
OHN	271	50	321
PAE	74	4	78
PLA	274	20	294
URO	223	50	273
VAS	112	10	122
Grand Total	2925	597	3522

Source: RACS (2006) Management Report, As at December 30th 2006
*Note: Metropolitan includes the following regions Capital Cities; Gold Coast, Newcastle, Wollongong or Geelong. Non-Metropolitan regions are inclusive of all other regions. Regionality is based on Practice Postcode or if unavailable Mailing Postcode

Table: 78. Australian Active Fellows (Excluding Obstetrics & Gynecology and Ophthalmology) by Region and RACS Regional Class

Region	Metro	Non-Metro	Total
ACT	57	0	57
NSW	984	225	1209
NT	14	4	18
QLD	445	176	621
SA	305	11	316
TAS	39	31	70
VIC	807	119	926
WA	274	31	305
Grand Total	2925	597	3522

Source: RACS (2006) Management Report, As at December 30th 2006
*Note: Metropolitan includes the following regions Capital Cities; Gold Coast, Newcastle, Wollongong or Geelong. Non-Metropolitan regions are inclusive of all other regions. Regionality is based on Practice Postcode or if unavailable Mailing Postcode

Table: 79. Australian Active Fellows (Excluding Obstetrics & Gynecology and Ophthalmology) by Specialty and RRMA Regional Class

Specialty	M1	M2	R1	R2	R3	Rem1	Rem2	Total
CAR	126	12	0	0	1	0	0	139
GEN	842	99	112	101	55	7	1	1217
NEU	136	15	1	0	0	0	0	152
ORT	697	83	72	53	20	1	0	926
OHN	248	27	26	12	8	0	0	321
PAE	68	7	2	0	0	1	0	78
PLA	259	19	12	3	1	0	0	294
URO	201	26	32	9	5	0	0	273
VAS	101	13	5	1	2	0	0	122
Grand Total	2678	301	262	179	92	9	1	3522

Source: RACS (2006) Management Report, As at December 30th 2006
*Note: Regionality is based on Practice Postcode or if unavailable Mailing Postcode

Table: 80. Australian Active Fellows (Excluding Obstetrics & Gynecology and Ophthalmology) by Region and RRMA Regional Class

Region	M1	M2	R1	R2	R3	Rem1	Rem2	Total
ACT	57	0	0	0	0	0	0	57
NSW	871	138	90	77	33	0	0	1209
NT	1	13	0	0	0	4	0	18
QLD	367	107	92	25	27	2	1	621
SA	305	0	2	6	3	0	0	316
TAS	39	0	21	7	3	0	0	70
VIC	764	43	57	41	21	0	0	926
WA	274	0	0	23	5	3	0	305
Grand Total	2678	301	262	179	92	9	1	3522

Source: RACS (2006) Management Report, As at December 30th 2006
*Note: Regionality is based on Practice Postcode or if unavailable Mailing Postcode

New Fellowship

In the year to December 2006 there were 188 New Fellows admitted into the College. Eighty-two percent of New Fellows were Australian based, with NSW (38%) and VIC (17%) having the highest proportion of New Fellows by region. Ten percent of New Fellows were based Overseas, and 8% were New Zealand based.

Fourteen percent of all New Fellows were female (25 Fellows), representing a 3% increase in the proportion of female New Fellows from December 2005. The majority of female New Fellows were based in General Surgery (72%), with all other specialties declining in the proportion of female becoming New Fellows.

Table: 81. New Fellows by region by specialty

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	0	4	0	2	0	0	0	1	7	1	1	9	8	12.5%
GEN	1	25	1	8	5	0	10	6	56	6	9	71	76	-6.6%
NEU	0	5	0	3	0	0	0	1	9	0	4	13	6	116.7%
ORT	1	13	0	6	4	4	6	7	41	4	4	49	56	-12.5%
OHN	0	5	0	2	2	0	4	0	13	1	0	14	19	-26.3%
PAE	0	0	0	0	1	0	1	0	2	0	0	2	1	100.0%
PLA	0	3	0	0	3	1	3	1	11	1	1	13	20	-35.0%
URO	0	4	0	2	1	0	3	1	11	1	0	12	14	-14.3%
VAS	0	1	0	0	0	0	1	3	5	0	0	5	10	-50.0%
Total	2	60	1	23	16	5	28	20	155	14	19	188	210	-10.5%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 82. Female New Fellows by region by specialty

Specialty	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Aust	NZ	O/S	Total 2006	Total 2005	% 2006/ 2005
CAR	0	0	0	0	0	0	0	1	1	0	0	1	1	0.0%
GEN	0	11	0	2	0	0	1	1	15	2	1	18	9	100.0%
NEU	0	0	0	2	0	0	0	0	2	0	0	2	2	0.0%
ORT	0	0	0	0	0	0	0	0	0	1	0	1	3	-66.7%
OHN	0	1	0	0	0	0	0	0	1	0	0	1	3	-66.7%
PAE	0	0	0	0	0	0	0	0	0	0	0	0	1	-
PLA	0	0	0	0	0	1	0	0	1	0	0	1	3	-66.7%
URO	0	1	0	0	0	0	0	0	1	0	0	1	2	-50.0%
VAS	0	0	0	0	0	0	0	0	0	0	0	0	1	-
Total	0	13	0	4	0	1	1	2	21	3	1	25	25	0.0%

Source: RACS (2006) Management Report, As at December 30th 2006

Eighty-one percent of New Fellows of the College entered as Specialist Surgical Trainees (152 Applicants). Twenty-nine applicants entered as International Medical Graduates, while six entrants gained an additional Fellowship in an alternate specialty.

Table: 83. New Fellows, by applicant type and specialty

Specialty	SST Yr3	SST Yr4	SST Yr5	SST Yr6	SST Yr7+	Active Fellow	IMG*	Other**	Total
CAR	0	3	1	0	0	2	3	0	9
GEN	2	32	26	5	0	0	6	0	71
NEU	0	0	10	0	0	0	3	0	13
ORT	0	38	0	0	0	0	11	0	49
OHN	0	11	0	0	0	1	2	0	14
PAE	0	1	0	0	0	0	1	0	2
PLA	1	6	2	0	0	1	3	0	13
URO	0	7	4	0	0	0	0	1	12
VAS	0	0	3	0	0	2	0	0	5
Total	3	98	46	5	0	6	29	1	188

Source: RACS (2006) Management Report, As at December 30th 2006
*IMG excludes IMGs who have undertaken formal BST and/or SST training
**Other refers to an IMG who was recommended to undertake SST training and subsequently did two years then was admitted to Fellowship

Overall there has been a growth in the number of New Fellows entering the College between 2001 and 2006 of 52 Fellows (38% increase). The largest increases were seen in General Surgery (27 New Fellows) and Orthopaedic Surgery (19 New Fellows). By region, the largest increase in New Fellows was within NSW (21 New Fellows).

Table: 84. New Fellows, by year and specialty – 2000 to 2006

	2001	2002	2003	2004	2005	2006	% 2006/2001	% 2006/2005
Specialty	No.	No.	No.	No.	No.	No.	% Change	% Change
CAR	9	5	7	7	8	9	0.0%	12.5%
GEN	44	55	50	48	76	71	61.4%	-6.6%
NEU	4	1	3	9	6	13	225.0%	116.7%
ORT	30	42	47	52	55	49	63.3%	-10.9%
OHN	13	15	15	18	19	14	7.7%	-26.3%
PAE	3	1	1	1	1	2	-33.3%	100.0%
PLA	11	17	16	16	20	13	18.2%	-35.0%
URO	19	8	12	15	14	12	-36.8%	-14.3%
VAS	3	1	1	4	8	5	66.7%	-37.5%
Total	136	145	152	170	207	188	38.2%	-9.2%

Source: RACS (2006) Management Report, As at December 30th 2006

Table: 85. New Fellows, by year and region – 2000 to 2006

	2001	2002	2003	2004	2005	2006	% 2006/2001	% 2006/2005
Region	No.	No.	No.	No.	No.	No.	% Change	% Change
ACT	1	3	2	0	2	2	100.0%	0.0%
NSW	39	38	43	38	48	60	53.8%	25.0%
NT	0	1	1	2	1	1	-	0.0%
QLD	20	18	27	27	36	23	15.0%	-36.1%
SA	9	8	11	11	7	16	77.8%	128.6%
TAS	1	2	3	3	3	5	400.0%	66.7%
VIC	28	34	27	33	36	28	0.0%	-22.2%
WA	11	14	10	16	15	20	81.8%	33.3%
AUST	109	118	124	130	148	155	42.2%	4.7%
NZ	21	21	17	23	29	14	-33.3%	-51.7%
O/S	6	6	11	18	30	19	216.7%	-36.7%
Grand Total	136	145	152	171	207	188	38.2%	-9.2%

Source: RACS (2006) Management Report, As at December 30th 2006