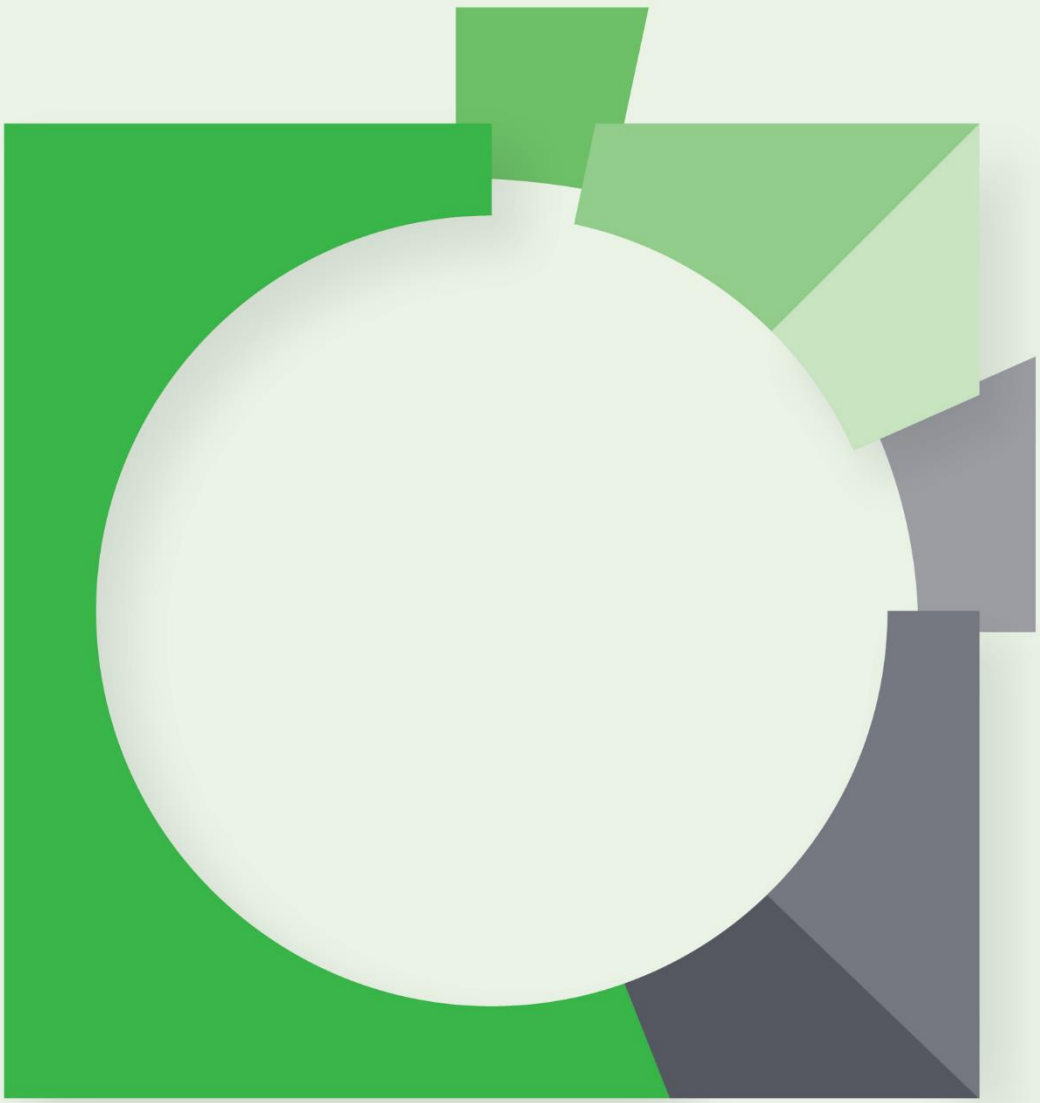
Australian Medical Council Limited

2023 Accreditation Extension Submission to the Specialist Education Accreditation Committee

Royal Australasian College of Surgeons



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Australian Medical Council Limited

Specialist Education Accreditation Committee

Accreditation Extension Submissions by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law,* it must monitor the program and provider to ensure that they continue to meet the accreditation standards. In the last twelve months of their accreditation, colleges submit an accreditation extension submission (previously called a comprehensive report). In this submission, the college is expected to provide assurance and, where possible, evidence that it continues to meet accreditation standards, an appraisal of the developments since accreditation, and information on plans leading up to the next AMC accreditation.

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study, and the education provider that provides it, meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. If, on the basis of the report, the Specialist Education Accreditation Committee decides that the college is likely to continue to satisfy the accreditation standards, it may recommend that the AMC Directors extend the period of accreditation. The extension possible is usually three to four years, taking the period to the maximum the AMC will grant between assessments, which is 10 years.

Having made a decision, the AMC provides a report to the Medical Board of Australia to enable the Board to decide on the approval of the program of study for registration purposes.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers which provide specialist medical training in Australia and New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint monitoring, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

Accreditation extension submission procedures

The AMC's Specialist Education Accreditation Committee will consider the College's submission in the following way:

- The AMC staff seeks a commentary on the submission from a member of the assessment team that last assessed the College's training programs.
- AMC staff may ask the College to clarify information in the submission at the request of the reviewer.
- The Progress Monitoring Sub Committee of the Specialist Education Accreditation Committee considers the submission and the commentary on it.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to the College. Any matters that may affect the accreditation status of the College are reported in full to the Committee for a decision.

- The Specialist Education Accreditation Committee considers the submission and the findings of the Sub Committee, and makes a recommendation to AMC Directors on:
  1 whether the College and its programs substantially meet or meets the accreditation standards
  2 the period of extension of the College's accreditation, up to a maximum of four years
- After the AMC has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:
  - Whether standards are met/substantially met or not met
  - Conditions which are satisfied and do not need to be addressed again.
  - Any questions concerning the submission or supplementary information required
  - Any issues that the provider should address in the next report.

In preparing their accreditation extension submission, colleges with branches in New Zealand should include details relating to the college's activities in New Zealand and address any additional New Zealand requirements. The Medical Council of New Zealand *Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes* can be found on the Council's website here. The accreditation extension submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee. The Medical Council of New Zealand will separately advise the College of the outcomes of the Education Committee's consideration.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015* are available on the AMC's website here

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2019* are available on the AMC's website here.

Monitoring COVID-19 developments in 2023

In 2023, the AMC will continue to monitor the changes made by education providers to their training and education programs in response to prolonged disruptions caused by the COVID-19 pandemic. The College is asked provide updates on any developments and changes made in each of the standards.

Continuing Professional Development

The *Registration standard: Continuing professional development (CPD)* will take effect on 1 January 2023.

The AMC is the accreditation authority for CPD homes and has developed criteria and procedures for accrediting and monitoring CPD homes.

Standard 9 has been removed from the *Standards for Assessment and Accreditation of Specialist Medical Programs and Continuing Development Programs* following the transition of specialist medical colleges to CPD homes. A separate monitoring submission will be provided to colleges for reporting on CPD homes criteria.

Further information on CPD homes can be found here.

Publication of an accreditation report

Following making a decision on the College's accreditation extension submission, the AMC will publish an accreditation report on the AMC website to increase transparency about the basis for AMC decisions to extend accreditation.

This report will detail the accreditation decision and the College's progress against conditions. This report also provides an opportunity for the College to add an executive summary to highlight its achievements and the work it has undertaken over the six years since its reaccreditation assessment. Please see Section A in this submission template for more information on the executive summary to be provided by the College.

Publishing a report of the decision regarding the College's accreditation extension is in line with the information the AMC places in the public domain, as outlined in the AMC accreditation procedures.

Guidance on how to provide the requested information

Section B: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. Analysis of strengths and challenges, and significant developments undertaken or planned. This includes any College activity against accreditation recommendations for improvement.
2. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards are rated as 'substantially met'
3. Statistics and annual updates

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

1. Analysis of strengths and challenges, and significant developments

In the accreditation extension submission, the College is expected to provide evidence that it continues to meet the accreditation standards, and that it has maintained its standard of education and of resources. The submission also provides an appraisal of the developments since its last accreditation assessment, and information on plans leading up to the next AMC reaccreditation.

To address this requirement the AMC asks for the following, under each accreditation standard:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- description of the college's development plans for the next five years, and significant milestones for their implementation
- For colleges with multiple training programs, please indicate which training programs are covered by the planned developments. If policy and process varies from program to program, please ensure that significant variations are explained

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the submission.

The AMC may have requested the College provide an update on a development reported in the College's 2022 submission. If so, it will be included in this section.

2. Addressing accreditation conditions

The AMC Accreditation Report on the College's programs includes a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do

not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in "a reasonable time[1]".

Please provide a brief summary update of the College's responses to the AMC accreditation conditions in the last AMC Accreditation Report. If you are unsure of the meaning of a condition, please review the relevant section of the AMC accreditation report. AMC staff can organise advice to a college on specific conditions, if necessary.

- The AMC has included each condition on the accreditation which **must** be addressed in this submission.

  Please explicitly address each of these conditions individually providing: a brief summary of the action(s) taken to address the condition, and details of the outcome(s) of that action. Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that the college considers demonstrates that the action(s) have or are likely to satisfy the accreditation standard.

- For colleges with multiple training programs, please indicate which training programs are covered by each college response. If policy and process varies from program to program, please explain significant variations. AMC conditions and recommendations that apply to multiple training programs should be addressed for each such program.

- If the College believes it will **not be able to address a condition in the timeframe detailed in the accreditation report, please outline the reasons why and indicate when it is likely be addressed or what other arrangements are in place to meet the related standard/s that are currently 'substantially met**'.

- The AMC also set conditions relating to the standards to be addressed in subsequent monitoring submissions. The College is not required to satisfy them until the date shown below but is asked to **report on progress against these, including any challenges in meeting timeframes or alternative options being considered for meeting the relevant standards**.

When assessing the education provider's response against a condition, the AMC reviewer will be looking for the following:

1. What work the education provider has undertaken in the monitoring period to address the condition.
2. Does the information provided satisfy the condition, or otherwise address the standard/s that are substantially met.
3. If the condition is not satisfied and the relevant standard/s have not otherwise been met, what else does the education provider need to do and/ or provide in order to close the condition.

3. Statistics and annual updates

Please provide annual data and/or an annual update under the relevant accreditation standard on:

Standard 1

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions
- Costs associated with the College's reconsideration, review and appeals processes
- The College's requirements for Cultural Safety training for its senior leadership team and college committee members
- Any changes to College Governance Chart or Conflict of Interest

[1] Section 48 Health Practitioner Regulation National Law

Standard 4

- Current procedure numbers required in the training program, and any impacts or disruptions to Trainees achieving the targets

Standard 5

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held
- Combined summative assessment data showing the number and percentage of Indigenous Trainees and Specialist International Medical Graduates sitting and passing each time they were held
- Examination contingency planning

Standard 6

- Evaluations undertaken, the main issues arising from Trainee evaluations and supervisor evaluations and the college's response to them
- Evidence of actions stemming from MTS results

Standard 7

- The number of Trainees entering each college training program, including basic and advanced training
- The number of Trainees who completed training in each program
- The number of Trainees withdrawing from each program
- The number of Trainees undertaking each college training program
- Any changes to the selection into training policy/procedure
- Costs and requirements of training and policies to support Trainees in fee distress

Standard 8

- A summary of accreditation activities including sites visited, sites / posts accredited, at risk of losing accreditation or not accredited.

Standard 9

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process

The data should reflect both Australian and New Zealand activity for bi-national training programs.

Section C: Report on Quality Improvement Recommendations

Quality Improvement Recommendations are included in the AMC Accreditation Report. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Updates on Quality Improvement Recommendations are requested **only at the three, six and nine-year mark of a college's accreditation cycle**. This is intended to reduce the monitoring requirement for Colleges and help focus on activity towards addressing conditions and standards that are substantially met or not met.

The College is at the six year mark of its accreditation cycle and an update on Quality Improvement Recommendations is required in this section.

Further Information

Please contact Katie Khan via email at specaccred@amc.org.au if you have any questions about the Accreditation Extension Submission.

Guidance on format and submitting to the AMC

The AMC appreciates a focused approach to the information colleges provide in their accreditation extension submissions. Lengthy reports on all the changes in the training and continuing professional development programs are not required.

The submission is a standalone document with a separate, indexed folder of the appendices sent by email to the AMC. We ask that the submission is provided to the AMC using the template provided below. **Please do not submit a separately formatted document**.

Formatting guidelines

- Number appendices according to the relevant standard. For example: Appendix 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix and the relevant page/s is referred to in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.
- Please ensure that both the submission and the collated appendices are 'searchable' by use of the 'find' function

Accreditation Extension Submission Template

This submission is due **Friday 1 September 2023**

College Details

Please correct or update these details if necessary:

College Name	Royal Australasian College of Surgeons
Address	250-290 Spring Street, East Melbourne VIC 3002
Date of last AMC accreditation decision	2021 via follow-up assessment
Periodic submissions since last AMC assessment	2022
Next accreditation decision due	31 March 2024

To be completed by the College:

Officer at College to contact concerning the report	Tamsin Garrod
Phone number	+61 03 9249 1290
Email	amc.accreditation@surgeons.org

Verify submission

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.

Verified by	Etienne Scheepers – Deputy CEO
Signature	
Date	31/08/2023

(Chief Executive Officer/executive officer responsible for the program)

Summary of 2022 Findings

Standard	2022 Findings	No. of Conditions remaining
Overall	**Substantially Met**	**20**
1. The context of education and training	Substantially Met	2
2. The outcomes of specialist training and education	Substantially Met	2
3. The specialist medical training and education framework	Substantially Met	5
4. Teaching and learning methods	Substantially Met	1
5. Assessment of learning	Met	0
6. Monitoring and evaluation	Substantially Met	5
7. Issues relating to Trainees	Substantially Met	2
8. Implementing the training program – delivery of educational resources	Substantially Met	2
9. Assessment of specialist international medical graduates	Substantially Met	1

Section A: Executive summary for publishing

If it wishes, the College can add an executive summary against the accreditation standards to highlight its achievements, and the vast amount of work the College has undertaken, in the time since the last accreditation assessment.

The executive summary will be included in the AMC's accreditation extension report which will be published on the AMC website following the AMC making a decision on the College's accreditation.

Standard 1 Context of Education and Training

Standard 2 Outcomes of specialist training and education

Standard 3 The specialist medical training and education framework

Standard 4 Teaching and learning methods

Standard 5 Assessment of learning

Standard 6 Monitoring and evaluation

Standard 7 Issues relating to Trainees

Standard 8 Implementing the training program – delivery of educational resources

Standard 9 Assessment of specialist international medical graduates

Section B: Reporting against the standards and accreditation conditions

Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 1:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response
Major developments since the last accreditation assessment The Royal Australasian College of Surgeons (RACS) is experiencing a time of change and opportunity, driven by a need to refocus on the core activities of the College. A program of transformation to streamline its operations and governance has commenced. Substantial effort has been invested to consult across all layers of the College's governance structure with those who contribute to education delivery to ensure success in implementing the changes described below. ***1. Sustainability of the College*** Over several years, costs in delivering core activities have been subsidised by investment returns. At the same time, there has been insufficient investment in information technology (IT) infrastructure. The COVID-19 pandemic and the resulting share market instability highlighted the risks associated with relying on investment returns to cover business-as-usual costs. College costs have risen considerably in the current economic climate, while staff numbers have increased to meet demands on services. Over the years RACS digital systems have become antiquated, requiring expensive capital investment to retire legacy systems and embark on a digital transformation to provide the necessary upgrades to cyber security, finance systems, and educational and member services. The new RACS Council executive with the cooperation of Council moved rapidly to improve this situation. A special advisor, Dr Tony Sherbon, was recruited to lead operations and restructure the College. Dr Sherbon brings decades of experience in the public and private health sector and chief executive experience at a state-health level. As RACS special advisor Dr Sherbon has all the powers of chief executive officer. Former RACS CEO John Biviano has stepped down and the College has begun the process of recruiting for this position. RACS has set up a skills-based recovery committee to supervise the immediate task of overseeing the revitalisation response. The committee comprises the president, the vice president, the special advisor and four skills-based members: Shane Solomon is an experienced health executive, consultant, digital strategy expert and non-executive board

member; Souella Cumming is a national industry leader in New Zealand government and public sectors, and has been partner in KPMG's advisory practice for 43 years; Nic Carr has a law and economics degree, brings 20 years of experience in managing professional service businesses both as a managing director and non-executive director and lectures on behalf of the AICD; John Craven is a highly experienced director on ASX-listed boards with cyber and digital systems expertise. These skills-based members bring a wealth of experience and RACS thanks them for their generous assistance.

1.1 Organisational chart review

The restructure of the organisational chart has led to the realignment of the Education Partnerships portfolio. Education and training activity is now positioned with the Education Development and Delivery portfolio; legal, government and organisational policies have moved to the Fellowship Engagement portfolio. Christine Cook, executive general manager of the Education Partnerships portfolio, is no longer at the College. A further 18 per cent reduction in staff levels has been undertaken, with the roles identified for redundancy being those that will not impact the College's core business of surgical education, training and the Specialist International Medical Graduate program. An updated organisational chart is included as attachment 1.1.

1.2 College governance review

Work ongoing to streamline the governance structure and the College is looking to reduce the number of committees. Core committees providing governance to the education activities of the College are not impacted. An updated governance chart is included as attachment 1.2.

1.3 Professional development course review

The College is committed to refocusing on core business. A review of professional development courses has been conducted based on reach, cost-effectiveness and criticality to the College's strategic objectives. A full list of courses to be paused indefinitely is provided in the response to Standard 3. These decisions are not reflective of the value of the courses; the College recognises the importance of all our previous professional development (PD) activities. For courses delivered by external providers, RACS has ensured that information is shared on the College website so members can access these courses independently.

1.4 Re-setting College fees

Taking into account the substantial measures being undertaken to decrease costs, an increase in fees is still unfortunately necessary. This will be implemented in a way that is equitable to all impacted groups. Over the past five years, surgical education and training fees, examination fees and course fees have not been adjusted to accurately reflect CPI increases nor validated and set against actual costs. This has contributed to education and training revenue not covering education and training costs. The impending fee increases have been communicated to impacted parties (Trainees, Fellows and prevocational doctors) in an extensive consultation campaign by the College president, vice president and executive leadership team. Information is available on the College website: Training Fees | RACS (surgeons.org). This is discussed further in the response to Standard 7.

The measures implemented to date have greatly assisted in reducing the expected deficit in 2023. The College is on track to return core operations to a positive position in 2024.

Identification and assessment of factors that could influence achievement of the College's goals

The College continues to review the factors that influence our ability to achieve our strategic goals.

1. Training delivery model

RACS understands that there are challenges with the current model of training delivery, which have been appropriately highlighted by the AMC. RACS has outsourced delivery of most of the surgical specialty training programs to external Surgical Societies and Associations. This arrangement is governed by service/collaboration agreements, which limits RACS's ability to

determine many elements of the training program. Lengthy consultation processes are necessary to develop any new initiatives, and often Specialty Training Committees and Boards (STC/Bs) develop and implement their own bespoke pieces of work. Such situations leave all parties exposed to risks associated with variability between Specialties, and result in significant and financially unjustifiable duplication of work and technology investment.

RACS has committed to reviewing this governance/support model to identify and address inefficiencies and duplication of effort in order to ensure the ongoing viability of education delivery.

2. Reconsideration, review and appeals process

The College has identified risks associated with the reconsideration, review and appeals (RRA) process and is monitoring these for their potential impact. A review of RRA requests has found these are increasing due to the input of medical defence organisations (MDOs). A change to the RRA process has been implemented to limit its scope with respect to Surgical Education and Training (SET) assessments and selection. This is designed to close the loop in which a Trainee may challenge a competency assessment and then the subsequent STC/B decision that follows that assessment. As such, a Trainee who receives an unsatisfactory formative assessment will no longer be able to make use of the RRA process as no decision has been made by the STC/B. Challenges to summative assessments can now be made only once the STC/B has made a formal decision regarding progression on the SET program. Currently, multiple challenges on formative and summative assessments are allowed, which makes decisions on trainee progression and dismissal proceedings unworkable. Under the amendments, the STC/B must first make a relevant decision regarding the summative assessment (including a decision on trainee progression or regarding dismissal) and the Trainee may then challenge that decision, including the summative assessment.

The College's development plans for the next five years

RACS's immediate development plans involve a refocus on educational purpose and a prioritisation of critical activities. The College is also reviewing the way business is conducted to improve efficiency in processes.

1. Governance and membership

Over the next five years, the College is planning two major initiatives that will impact on governance: the creation of a skills-based board (approximately nine members) and expansion of College voting membership to include Trainees and SIMGs. Both changes will require constitutional change and a vote by all members. Consultation on these measures has commenced and will continue into 2024.

2. Training delivery model

Over the next two to four years, the College plans to address issues with the current training delivery model as discussed above. The initial consultation with STC/Bs and societies will begin in late 2023. Progress will be linked to the terms of individual service agreements and timing around their renewal.

3. Reconsideration, review and appeals process

RACS undertook an external review of the RRA process in 2022. Several recommendations focused on the front-end triaging of RRA applications and alignment of the RRA process with case-management principles. RACS aims to narrow issues in dispute and deliver efficient, timely and effective solutions. Recommendations have been drafted for consultation, with a view to finalising and implementing the recommendations by the end of 2023.

Updates on developments made in response to COVID-19

In 2020, the College adopted Overarching Covid19 Principles (attachments 1.3 and 1.4) to guide decisions on the management of Trainees and SIMGs during the COVID-19 pandemic. As restrictions on travel and isolation have been removed and the pandemic now has minimal impact on in-hospital training, access to courses and examination delivery, the College has decided to cease the Covid19 Principles (as of June 2023). This decision was made following

consultation with STC/Bs and RACSTA beginning in November 2022. All parties were provided with a six-month notice period prior to removal. RACS continues to take into account specific circumstances arising from COVID-19 in the application of the RRA process on a case-by-case basis.

Requests for additional information from the AMC response to the 2022 monitoring submission:

- The College is asked to provide comment around the high proportion of reconsiderations for selection and if the College has noted any themes arising, and if selection processes may need to be reviewed.

Please provide comment below.

The College has undertaken a review of the reconsideration for selection and analysed this to identify key themes from the requests.

Year-to-year, there are slight modifications to the acceptance of presentations and publications for the Structured CV selection tool. While any changes made to the selection regulations must be advertised and explained to prospective candidates in advance, the effect of yearly variation on selection scores concerns candidates and results in RRA requests.

Many applicants conduct their own calculations of their CV scores and make RRA requests on the basis that these do not accord with the actual scoring made by the STC/B. This results from differing opinions regarding the relevance— (and therefore scoring) of particular presentations and publications within the relevant specialty. The College is currently undertaking a review of the Structured CV selection tool, with a view to ensuring consistent and transparent assessment of the tool across specialties and between candidates.

The College notes that reconsideration requests also arise due to contradictory interpretations of selection regulation clauses by candidates. RACS proposed in 2022 to standardise all selection regulations to ensure consistent application and clear, transparent processes. This was implemented by five of the thirteen STC/Bs last year, with several others advising this would be undertaken in 2023 or their existing regulations would be modified to incorporate most of the standardised clauses. The majority of the STC/Bs included some but not all of the standardised clauses.

RACS has also proposed to remove all cross-referencing clauses for ease of understanding, as this appeared to be a source of confusion among applicants. RACS is currently undertaking its yearly review of all selection regulations as part of continuous improvement. The focus will be on ensuring that selection regulations read clearly and transparently, and that issues raised by RRA requests for selection are clarified.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to training resources such as administrative/technical staff and educational expertise. Please include updates on any changes made in response to COVID-19 in this section.	☒ Yes	☐ No change

If yes, please describe below the changes and the potential impact on continuing to meet these standards.		
Changes to the organisational chart and governance structure are described in detail above. There are no changes to educational expertise that will impact delivery of the program.		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 1				To be met by: **2022**
Demonstrate within the College governance structure that accountability is shared by RACS Council, the Education Board, Board of Surgical Education and Training, and Specialty Training Boards to enable each of the 13 training programs meet AMC standards and conditions. Evidence of alignment and robust reporting mechanisms, between the College and specialty training boards in developing education and training policies consistently, is needed. (Standard 1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				

There is evidence of greater shared accountability in the Colleges education and training in momentum on several levels, notably:

1. College service agreements – most to be updated at the end of 2022

"… includes the principle that the Societies and the College will collaborate and work with each other, ensuring that the processes and decisions affecting the conduct of the Specialty Training Program will be fair, transparent and have appropriate accountability, recognising obligations to external stakeholders, including the AMC, the Medical Board Australia (MBA) and the Australian Competition and Consumer Commission. It also sets out that the Societies and College will demonstrate mutual respect and acknowledge the valuable contribution of each other in the development, improvement, and delivery of the Specialty Training Program."

2. Defining timelines for consultation, and use of a project tracker
3. Use of an AMC tracking matrix: this table was an initiative suggested by the AMC panel in 2021, to assist the College, the stakeholders and AMC to determine how each program is progressing.
4. Provision of professional services to the Specialty Training Committees/Boards to support the development, revision, and review of curricula to ensure education best practice is applied and to meet AMC standards. At present CTS and paediatric surgery are undergoing significant curriculum review, supported by the College.
5. Regular training manager meetings (fortnightly)
6. Shared development of a Professional Skills Curriculum (draft)

Further, overall progress under the curriculum and monitoring and evaluation standards show that the College and the Societies are working together effectively on these issues. The Board of Surgical Education and Training (BSET) has been renamed to Committee of Surgical Education and Training (CSET). The previous Executive General Manager (EGM) of Education role was split into two to reflect the breadth and complexity of the Education portfolio. Two new

EGMs were appointed in early 2022: EGM Education Development and Delivery; and EGM Education Partnerships.

Once all service agreements are finalised the condition can be satisfied.

2023 RACS Response

Updating of College and Specialty Society collaboration agreements is ongoing. In March/April 2023 the RACS President, CEO and members of the executive leadership team met with office bearers and senior staff from each Specialty Society/Association involved with specialist surgical training. These meetings provided an opportunity to discuss key developments and challenges and go through the details of collaboration agreements.

Since the last report new agreements have been signed with:

- Australian and New Zealand Society for Vascular Surgery
- Australian and New Zealand Society of Cardiac and Thoracic Surgeons
- New Zealand Orthopaedic Association

Agreements to be finalised in 2023 include:

- General Surgeons Australia
- New Zealand Society of Otolaryngology, Head and Neck Surgery
- Australian and New Zealand Association of Paediatric Surgeons
- Neurosurgical Society of Australasia

As previously mentioned, any revision of the training delivery model will require review of the Society agreements.

Condition 2	To be met by: **2023**

Provide evidence of effective implementation, monitoring and evaluation of the:

i. Reconciliation Action Plan
ii. Building Respect, Improving Patient Safety (BRIPS) Action Plan
iii. Diversity and Inclusion Plan
iv. Rural Health Equity Strategic Action Plan (Standard 1.6 and 1.7)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

The College is commended on its ongoing commitment to an exemplary and ambitious suite of policies aiming to enhance equity. Engagement with stakeholders continues.

A strategy that should be specifically commended is Te Rautaki Māori (Māori Health Strategy & Action Plan). Another workforce equity strategy is in draft form, the Aotearoa New Zealand Regional and Rural Health Equity Strategy.

The College is continuing with an extensive implementation strategy with some specific evaluations out to 10 years post-implementation, as well as more systemic monitoring planned as part of the new Monitoring and Evaluation strategy. The next stages of the plans are informed by evaluative feedback.

As this extensive body of work (in all four areas) is not yet fully implemented at all levels of the College, this condition cannot yet be satisfied.

2023 RACS Response

In 2023, the College continued its implementation and evaluation work across the key areas discussed below.

1. Reconciliation action plan

The tenure of the first RACS Innovate RAP (May 2020-May 2022) has finished. Positive feedback was received from Reconciliation Australia and it has been marked as complete.

The development of our second Innovate Reconciliation Action Plan is complete and the plan has been endorsed by Reconciliation Australia. The plan commenced in July 2023 and will run until its completion in July 2025. A copy of the RAP is attached (attachment 1.5).

2. Māori Health Strategy and Action Plan – Aotearoa New Zealand

The Māori Health Advisory Group (MHAG) has developed six strands or work-streams within the Rautaki Māori 2020–2023. (Māori Strategic Plan). Te Aronga Rautaki tracks progress with the objectives undertaken by the MHAG under these work-streams. The Rautaki Māori is due for review in 2023. Key developments in 2022/23 include:

- The Te Akoranga Mohimohi project to support workforce development was funded by the Foundation for Surgery and started in 2022. An application for a further three years funding has been drafted and sent to the Indigenous Health Committee. Te Akoranga Mohimohi has partnered with the Pūhoro Trust to deliver SET training information to Māori secondary school students each school term in three regions: Auckland, Hamilton and Palmerston North.
- The position of Māori Trainee Liaison Lead, currently held by Professor Jonathan Koea. Professor Koea will reapply to the Foundation for Surgery for funding to continue in this role beyond December 2023.
- The employment of Dr Ruth Herd as Māori Health Project Officer in January 2023, supporting the MHAG and Trainee Liaison Lead.
- The employment of Professor Koea and Dr Herd—both Kaupapa Māori Researchers—to ensure the College forms relationships with Kaupapa Māori research networks throughout Aotearoa New Zealand and Kaupapa Māori research methodolgies are incorporated into RACS research (e.g. by designing or reviewing research proposals).
- The Collee's engagement, via the Māori Trainee Liaison Lead and Māori Project Officer, with workforce development team members of Te Aka Whai Ora to discuss partnerships and strategies for increasing Māori surgical Trainee numbers.
- Discussions with the New Zealand Society of Otolaryngology, Head and Neck Surgery regarding its efforts to include cultural competency in its constitution.

3. Building Respect, Improving Patient Safety Action Plan

Findings of the year-five independent evaluation of the Building Respect Improving Patient Safety Initiative (including the Diversity and Inclusion Plan) were delivered to RACS Council in October 2021. This evaluation informed development of the second plan: 'Building Respect Improving Patient Safety: from Awareness to Action, 2022'. This second plan was recommended to and accepted by RACS Council in May 2022.

The areas prioritised for phase-two action reflect an evolution of those identified in the original plan, which were arranged under three pillars (Cultural Change and Leadership, Surgical Education, and Accountability and Complaints Management) with eight goals. The 2022 Action Plan features a strengthened focus on diversity and inclusion, by integrating and extending the priorities identified in the formerly separate Diversity and Inclusion Plan.

Areas of new emphasis include advancing system-wide change, increasing diversity literacy in the surgical workforce, sharpening focus on identifying and eliminating racism, and modernising RACS governance including clear behavioural expectations for all organisational leaders and members of RACS committees.

Since its launch, RACS has focused on dissemination and has worked to align RACS business units and College committees with the actions identified in the 2022 Building Respect Improving Patient Safety Action Plan. Particular emphasis has been placed on engagement with RACS Specialty Societies. Progress is monitored via a newly constituted group chaired by the RACS Vice President, with membership including the CEO, executive general managers, an independent community expert representative, two RACS Councillors and the project lead. The group reports to RACS Council and executives on a monthly basis via the CEO report and reports on an as-needed basis regarding funding approval for specific activities indicated in the plan.

RACS has led in this area for several years and has invested significantly in this initiative due to its importance. RACS is pleased to now contribute to the Culture Project led by Jillan Farmer, which, importantly, is a cross-speciality approach. This is an important next step because these issues are not limited to the surgical profession. The College has nominated a RACS member to chair the advisory board and looks forward to the outcomes of this piece of work.

4. Diversity and Inclusion Plan

The College has accomplished a number of key initiatives under the Diversity and Inclusion Plan:

- The Women in Surgery Committee completed and published its Strategic Plan 2022-2026 (attachment 1.6), with six key focus areas to create an equitable workforce: reduce the prevalence of sexism and implicit bias in surgical settings, increase the number of women applying for surgical training, increase the number of women in training admitted to SET to 50% by 2027 (to align with the College centenary), reduce barriers to women completing surgical training, ensure that flexible training is available to all Trainees, promote all aspects of women in leadership.
- The Women in Surgery Committee implemented its Women in Surgery Leadership Webinar Series (open to all to attend).
- The College has continued work on developing Breastfeeding and Pregnancy policies, Return to Work guides and support for female surgeons in Pacific areas.
- The College has implemented the use of non-gendered titles for all RACS correspondence and events (i.e. website, conferences etc.).
- RACS has a 'Managing Bias' working party due to submit its report in October 2023 on how to mitigate biases across selection, supervision, feedback, assessment and examinations, with the expectation that this will result in additional processes being implemented for mitigating biases. The objectives of this group are described in more detail in the response to Standards 2 and 7.
- RACS has engaged with the Australian Indigenous Doctors' Association (AIDA) as part of a consortium of medical colleges on a project to increase the number of non-GP specialist Indigenous Trainees.
- RACS continues to fund and administer a series of Scholarship and Grants for Indigenous and Māori identified junior doctors, Trainees and Fellows. The College has recently secured an extension of funding from Johnson and Johnson for additional scholarships for Aboriginal and Torres Strait Islander and Māori applicants.
- The Indigenous Health Committee presented cultural safety introduction sessions to STC/Bs and has provided additional support to individual committees when requested.

The inaugural Hui was held in Auckland in July 2023, bringing together Indigenous and Māori junior doctors and Trainees to learn and share experiences and provide feedback to the College to change and improve programs moving forward. Ideas generated at the meeting will be used by the Indigenous Health Committee and the Māori Health Advisory Group to help design consistent, robust structures to boost the number of Indigenous surgeons in Australia and Aotearoa NZ by minimising bias and creating an environment more attractive to Indigenous doctors.

5. Rural Health Equity Strategic Action Plan

The College has been awarded funding for two key projects as part of the Flexible Approach to Training in Expanded Settings (FATES) Initiative.

The first project aims to research barriers to rural accreditation and develop resources to support rural hospitals and facilitate the accreditation of training posts. In the second project, RACS is leading a consortium that will research and design rural training models to support quality specialist medical training in regional, rural and remote Australia; reduce barriers to practice rurally; improve maldistribution and provide culturally safe training experiences.

3 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in 2022, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- Please comment on the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

Requests for Reconsideration in 2022 (per program)			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Varied**
Selection	35	24	11
Progression	3 – grounds not established		
Dismissal	3	2	1
Training review	1 – grounds not established		
Summative assessment	1	1	
Formative assessment	1	1	

Requests for Review in 2022 (per program)			
Subject of Review	**Number of reviews**	**Outcome**	
		Upheld	**Varied**
Selection	4 (2 reviews nullified as positions were offered)	2	
Dismissal	1		1
Summative assessment	1 – in RRA process, no outcome yet		

Requests for Appeal in 2022 (per program)

Subject of Appeal	Number of appeals	Outcome	
		Upheld	Varied
Dismissal	1		1

- Please confirm the costs associated with the College's reconsideration, review and appeals processes **for 2023**, and describe how the College ensures that these costs are transparent and communicated to Trainees. Please also include in the comment how the College ensures costs are not prohibitive for Trainees and if the College has any processes to ensure duty of care for Trainees health and wellbeing at this time.

  Please include a link to where this information is provided on the College's website.

College response	
The costs associated with the College's RRA processes remain unchanged in 2023. To ensure that an internal appeals mechanism is open to any applicant, there are no fees associated with the reconsideration and review stages. This is communicated to all applicants within the RRA regulations published on the RACS website. The College has become aware that the Aotearoa New Zealand Orthopaedic Association (NZOA) has implemented its own RRA Regulation, which charges for the review stage. At the appeal stage, a fee of $9,600 is charged to initiate an application. This covers some of the expenditure of an appeal, which costs the College upwards of $30,000 per appeal. If the appellant is successful, half of the fee is refunded. The appeal fee is to be published each year within the fee schedule available on the RACS website. RACS highlights in the Trainee Agreement where a Trainee may go for support, including, but not limited to, their supervisor, the relevant STC/B or the College's Enquiries, Concerns and Complaints team. Concerns regarding personal safety, health or wellbeing, including in an RRA request, are taken seriously by the College and the relevant STC/Bs. Any such concerns outside the scope of the RRA, will be discussed between the College and the Trainee to ensure the issues are addressed.	
Changes to cost associated with reconsideration, reviews and appeals for 2023	**Rationale for changes**
Changes to fees made ☐ No changes made ☒	

- Please describe if there are any changes to College's requirements for Cultural Safety training for its senior leadership team, staff, and college committee members **in 2023** (i.e. training is mandated, training not required, how long is the course, how often must it be undertaken), and describe if the College is considering any changes to its requirements around Cultural Safety training in the next 12 months.

College response
The Reconciliation Action Plan Working Group agreed in July 2020 that the RACS Aboriginal and Torres Strait Islander Cultural Safety course (module one) was suitable for roll-out to staff. The course, assigned to all new employees when they join RACS, was launched to existing staff

during NAIDOC week, 2020. Completion of the course is optional, with no plans to make it mandatory at this stage.

Cultural Competency Training has been provided to the chairperson of all STC/Bs via the Committee of Surgical Education and Training (CSET). Individual assistance has been provided where requested.

- If the College has made any changes to the following documents **for 2023** please describe the changes in the table below and attach or provide a website link to the updated documentation to this submission.

Policy / Procedure	Description of changes
College Governance Chart Revised document attached ☒ No changes made ☐	RACS's updated governance chart has been provided as attachment 1.2. Changes from the previous version include the addition of: • ANZ Journal of Surgery • Health Policy and Advocacy Committee • Rural Health Equity Committee • State and Territory Surgical Audit Steering Committees and the removal of: • Property Committee (functions now managed directly by FARM). In March 2023, the RACS Council considered the College's ongoing sustainability, including the breadth and depth of its committee structure. The College Governance Committee is overseeing a reduction/realignment of functions for committees to improve governance and efficiency and reduce administration costs. This transition, which requires significant consultation and is currently in progress.
Conflict of Interest Revised document attached ☐ No changes made ☒	

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 2:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response

Identification and assessment of factors that could influence the achievement of the college's goals

1. Overview

Changes to the organisational and governance structures described in the response to Standard 1 will result in a refocus of our educational purpose. RACS can provide assurance that there will be no adverse impacts from the financial sustainability initiatives to the work conducted under this Standard.

The College's educational purpose and priorities, including "serving all communities equitably" are embedded in its strategic plans and business plans. These documents are provided as attachments 2.1 and 2.2. They are reviewed regularly to ensure their continued relevance to the contemporary purpose of the College.

Program and graduate outcomes are defined for each of the Specialty Training Programs; RACS works in collaboration with the 13 STC/Bs in the development and maintenance of these documents. The College regularly reviews its standards to ensure they reflect the evolving needs of the community.

2. Challenges and opportunities of collaboration

Extensive collaboration requires careful planning of project timelines, with extended timelines needed to ensure adequate consultation periods and to consider the varied feedback across the different society organisations. Receiving comments from a range of stakeholders then requires subsequent rounds of consultation to ensure that any revisions are agreed across all groups. The practicalities of this collaborative model are that new resources or initiatives will not be implemented without agreement. Further discussion on the training delivery model is provided under the response to Standard 1.

3. Adoption of innovative technology

The College's strategic goals emphasise the need to embrace innovation. RACS recognises that new technologies disrupting the surgical profession are reviewed with a view to incorporating those shaping the future of surgical training. A key initiative has been the Robot-Assisted Surgery Working Party, tasked to review the use of robot-assisted surgery in Australia and Aotearoa New Zealand. This working party made recommendations to define best practice education and training for robot-assisted surgery as well as credentialling pathways. An overview of the work of the Robotic-Assisted Surgery Working Party is described in the response to Standard 4 (attachment 2.3). Concurrently, RACS partnered with the International Medical Robotics

Academy (IMRA) to endorse robotic surgery training, which will ensure robotic technology is adopted in a safe, sustainable way by well-trained operators. There is an ongoing need for the College to be proactive in monitoring new technologies and how these will impact surgical training to ensure that training programs are adapted as necessary to reflect the changing role of technology.

4. Equity of access

RACS recognises the continuing requirement for a workforce that reflects the diverse needs of the community. This will shape the College's work in ensuring that the workforce reflects the community it serves and training positions are allocated across a diverse range of settings, including support for rural training opportunities. Ongoing work on these initiatives is described in the response to Condition 2, and includes work implementing the Reconciliation Action Plan; the Māori Health Strategy and Action Plan; the Building Respect, Improving Patient Outcomes Action Plan; the Diversity and Inclusion Plan; and the Rural Health Equity Strategic Action Plan.

Major developments since the last accreditation assessment

As previously mentioned, outcomes from the Robot-Assisted Surgery Working Party are a major development. The working party recommended an approach to robotic surgery training in its final report (attachment 2.3 and described in the response to Standard 4). RACS Council has approved these recommendations and sent the report to the STC/Bs for consideration. RACS is also drafting credentialling pathways as a guide for surgeons and jurisdictions and will liaise with societies and associations in this work.

RACS has also signed a Services and Collaboration Agreement with IMRA to deliver robotic surgery training. RACS has endorsed IMRA's "Foundations of Robotic Surgery" course, an online course providing the foundation theory and principles to safely perform robotic surgical procedures.

College's development plans for the next five years

1. Ongoing review and continuous improvement

The College is committed to ongoing review and quality improvement processes, including regular reviews of e-learning resources, professional development resources, curricula, exams and partnerships. All these elements will continue to be regularly evaluated and updated as necessary ensuring standards are maintained.

2. Future courses in new technology

In addition to the Foundations of Robotic Surgery course, RACS is finalising endorsement of a second IMRA course. The RoboSET – Basic Robotic Simulation Skills Course is a face-to-face simulation course suitable for SET Trainees, prevocational doctors and Fellows. RACS is in the process of reviewing the entire IMRA course curricula, with the expectation of endorsing all relevant courses in the next five years.

3. Diversity in training

RACS is committed to increasing the diversity of the intake into surgical training through the implementation of its Diversity and Inclusion Plan outlined in Condition 2. The College is also committed to increasing rural training opportunities to help ameliorate the maldistribution of the surgical workforce. As described in Condition 2, the FATES projects are designed to facilitate this.

The College has convened the Managing Bias Working Party, to consider the overarching impact of bias on selection into surgical training (Working Party terms of reference provided as attachment 2.4). The objectives of this group are described in more detail in the response to Standard 7.

Updates on any developments made in response to COVID-19

RACS will continue its increased use of online technology (e.g. online selection interviews, eLearning modules, online training and virtual meetings).

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to statement of graduate outcomes for training programs. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* The College has a greater reliance on online communication compared to our previous face-to-face approach. This influences meetings, workshops, training delivery and selection practices (i.e. virtual selection interviews).	☒ Yes	☐ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 3				To be met by: **2023**
Broaden consultation with consumer, community, surgical and non-surgical medical, nursing and allied health stakeholders about the goals and objectives of surgical training, including a broad approach to external representation across the College. (Standard 2.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
The College outlines a way in which it has engaged with a broader range of stakeholders on specific projects. There does not seem to have been as much broad consultation on the higher-level goals and objectives of surgical training. The recent Professional Skills Curriculum draft is an example of a critically important, high-level, guiding document. It signals to all stakeholders the expected Professional Skills of all surgeons as well as serving as a framework to which all specialty curricula and assessments will eventually map. The College reports that "broad engagement was sought and acknowledged throughout its development, including from: Education Committee members, CSET Members, RACS Community Representatives, Surgical Specialty Associations and Societies, Indigenous Health Committee members, Māori Health Advisory Group members, College Sections and Special Interest Groups, Executive Directors for Surgical Affairs, ANZ specialty medical colleges and the RACS Trainees' Association." This range does not sufficiently match the intent of the condition and misses an opportunity for consultation with non-surgical groups such as consumer, community, non-surgical medical, nursing and allied health stakeholders. The College is encouraged to consider how it consults with individuals and groups who will be cared for by surgeons and/ or who will work alongside surgeons to deliver health care when it develops key documents relating to the outcomes of training.				

In order to close condition, the College needs to demonstrate that there is involvement from a broader range of stakeholders (particularly those external stakeholders listed in the condition) around the goals and objectives of surgical training.

2023 RACS Response

The College recognises the importance of broad consultation. RACS has initiated an extensive consultation process for the Monitoring and Evaluation (M and E) Framework. The draft stakeholder matrix (attachment 2.5) will be sent to CSET for endorsement in October, then to the Education Committee for approval. This matrix outlines consultation on the M and E processes with specialty medical colleges, research institutes, Indigenous medical professional groups, rural medical professional groups, consumer groups, government stakeholders, allied health groups and nursing organisations. Once the stakeholder matrix is approved, RACS will draft a policy to guide stakeholder engagement across future projects.

One example of a recent successful stakeholder engagement process is the Hospital Training Post (HTP) project. In November 2022, RACS undertook an extensive consultation process on the updated draft accreditation standards. The draft standards were sent to all specialist medical colleges; peak medical organisations such as the Australian Medical Association (AMA), New Zealand Medical Association (NZMA) and the Australian Commission on Safety and Quality in Health Care; regulatory bodies such as Australian Health Practitioner Regulation Agency (AHPRA), Medical Council of New Zealand (MCNZ) and the AMC; and peak cultural organisations such as the Leaders in Indigenous Medical Education (LIME) Network, AIDA, Te Ora, New Zealand Māori Council and National Aboriginal Community Controlled Health Organisation (NACCHO). The draft standards were also shared with state health jurisdictions, all training hospitals/health services, regional training hubs, RACSTA and all RACS members.

Condition 4 — To be met by: **2022**

Clearly and uniformly articulate program and graduate outcomes (for all specialties) which are publicly available, reflecting community needs and mapped to the ten RACS competencies. (Standard 2.2 and 2.3)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

The draft Professional Skills Curriculum (PSC) which is due to be finalised in October 2022, covers eight generic competencies: Collaboration and Teamwork; Communication; Cultural Competence and Cultural Safety; Health Advocacy; Judgment and Clinical Decision Making; Leadership and Management; Professionalism; and Scholarship and Teaching.

The other two are specialty program specific: Medical Expertise and Technical Expertise.

The work to outline program and graduate outcomes along with mapping is progressing, with satisfactory plans in place, but this will take another 12-24 months. See also commentary under the related Conditions 5 and 10.

In the 2023 monitoring submission, the College is asked to provide more evidence as to how the program and graduate outcomes are made publicly available and reflect community needs.

The College is commended for the work done so far, especially the embedding of cultural safety in the draft professional skills curriculum.

2023 RACS Response

Graduate outcomes are specified for eight of the ten competencies in the RACS Professional Skills Curriculum (PSC) published on the RACS website at RACS Professional Skills Curriculum | RACS (surgeons.org). A copy is provided as attachment 2.6. Cultural Competency

is now a formal competency in the updated RACS Professional Skills Framework (tenth competency). Work continues on the appropriate method for mapping the specialty curricula against the PSC.

The attached matrix of STC/B responses provides an update on the availability of the respective graduate outcomes.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 3:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response

Identification and assessment of factors that could influence the achievement of the college's goals

Changes to the organisational and governance structures described in the response to Standard 1 reflect the re-prioritisation to critical College activities.

1. Review of PD courses

The range of PD courses was reviewed to ensure that those offered are contemporary and focus on core education needs. The review resulted in a reduction in the number of courses (as mentioned in the response to Standard 1). RACS does not anticipate that this reduction in activities will impact on the College achieving its PD goals. The following courses will be paused indefinitely:

- Academy Forum
- Bioethics Forum
- Conflict and You
- Clinical Decision Making
- Difficult Conversations (face-to-face delivery)
- Foundation Skills for Surgical Educators (face-to-face delivery)
- Leading out of Drama
- Non-Technical Skills for Surgeons
- Process Communication Model 1
- Process Communication Model 2
- Process Communication Model key 2 me
- Promoting Advanced Surgical Education
- Safer Surgical Teamwork
- Surgeons as Leaders in Everyday Practice
- Writing Medico Legal Reports

2. *Curriculum development*

The College is committed to ensuring curricula are developed and reviewed by appropriately qualified and skilled experts in education. RACS maintains the skills and resources to support each STC/B, as required, in curricula development, review and continuous improvement. Societies have a range of relevant capabilities and may work with the College or engage external consultants to develop specialty curricula.

Due to the continually evolving nature of curricula development, the College anticipates that its work in this area will be ongoing to reflect contemporary best practice. This will be picked up as part of the M and E Framework.

3. *Training management system*

The College recognises the changing technological landscape in education, with increasing IT requirements for managing training. RACS has developed the Training Management Platform (TMP) as a tool to support the tracking and data-reporting requirements of contemporary education. The TMP acts as a secure database, ensuring complex curricula, training and assessment requirements are easily and transparently captured consistently. The TMP will also allow for automated reporting and analysis of data required to evaluate the training program (as described in response to Standard 6).

Some specialties have already invested to develop a separate training management platform and will continue to invest in the maintenance required for each platform in parallel. As not all specialties will migrate to the TMP, there will be additional complexities in data reporting and analysis due to the need to accommodate different platforms. The College will develop a data dictionary and invest in linking systems so all data are available in a consistent format.

Major developments since the last accreditation assessment

1. *Professional skills curriculum*

The College's focus has been on development, approval and implementation of the PSC (attachment 2.6). This is now approved and publicly available on the RACS website RACS Professional Skills Curriculum | RACS (surgeons.org). The New Zealand Board of Orthopaedic Surgery, the Board of Cardiothoracic Surgery, the Board of Vascular Surgery and the Committee of Paediatric Surgery have confirmed they will implement the PSC. Other STC/Bs are mapping their curricula to the RACS PSC.

2. *Professional skills assessment*

Alongside the PSC, RACS has developed a Guide to Assessing Professional Skills (GAPS). The draft GAPS is complete and was submitted to CSET in June 2023 for discussion by STC/Bs. STC/Bs have until 1 September 2023 to provide further comment. The updated document will be sent to CSET for approval in October. The Guide is intended to support specialties to deliver and assess the RACS PSC. A copy of the Guide is provided as attachment 3.1.

3. *Curriculum maps*

STC/Bs are mapping their curricula to the 10 competencies to show the alignment of learning activities and compulsory requirements (assessment) with the outcomes at each stage of training and with the graduate outcomes. The Australian Orthopaedic Association (AOA) Federal Training Committee, the Board of Urology, the Australian Board of Plastic & Reconstructive Surgery, the Australian Board in General Surgery and the Board Of Otolaryngology Head And Neck Surgery have completed their mapping (attachments 3.2-3.10). Mapping is underway for the remaining STC/Bs.

4. *Training management platform*

As described above, the College has been developing the TMP to support Trainee management. The RACS TMP has been launched for use in the management of Plastic and Reconstructive Surgery Trainees, Cardiothoracic Surgery and Paediatric Surgery Trainees.

College's development plans for the next five years

RACS education staff continue to consult with the Board of Cardiothoracic Surgery and the Committee of Paediatric Surgery to develop new SET curricula. Curriculum review was undertaken in the second half of 2022, with curriculum development likely to take 12–18 months for each specialty. RACS plans to develop curricula with these two surgical specialties concurrently. Regular online meetings supplement face-to face workshops. The Board of Cardiothoracic Surgery intends to present key aspects of the new curriculum at the ANZSCTS Annual Scientific Meeting (ASM) in November 2023; Paediatric Surgery developers meet monthly online.

The STC/Bs are moving towards, or have already implemented, competency-based curricula and programmatic assessment. This has seen an increase in the use of workplace-based assessments to make competency decisions. RACS will continue to review both the curricula and assessments to ensure graduate outcomes are being met.

Work is ongoing to develop a definition of competency-based training (described in the response to Condition 9).

Updates on any developments made in response to COVID-19

Nil

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to the curriculum framework. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* The RACS PSC was approved by CSET and the Education Committee (EC) in October 2022.	☒ Yes	☐ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 5			To be met by: **2023**	
Enhance and demonstrate how non-technical competencies are or will be aligned across all surgical specialties including a consideration of the broader patient context. (Standard 3.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
Commentary under Conditions 4 and 10 also relate to Condition 5.				

The College reports that 'once the Professional Skills Curriculum (PSC) is finalised, CSET will define a process and provide an agreed standard for Training Committees/Boards to assist with mapping their curricula to the professional skills competencies. Training Committees/Boards are not required to implement the Professional Skills Curriculum into their SET programs but will be required to demonstrate equivalence of their curricula with the graduate outcomes identified in the PSC.' This seems an acceptable approach which respects the curricular developments of all the specialty providers.

The PSC has competencies organised by Stage 1 and 2 of training as well as Graduate Outcomes.

Assessment of the eight competencies included in the PSC will be addressed in phase 2 of the Professional Skills project. The College reports they are considering consulting with Professor Lambert Schuwirth on this aspect which seems a sound idea, given his background in surgery and global eminence in health professions education and assessment.

There is ample evidence of consideration of the broader patient context in the PSC, for example:

Communication

- Communicates in a respectful manner with patients, family, carers
- Takes care during the communication process not to diminish or invalidate a patient's personal circumstances or cultural beliefs and practices.

Cultural competence and cultural safety

- Promotes cultural competence and cultural safety across the whole health system in order to achieve equitable healthcare for Aboriginal and Torres Strait Islander peoples and Māori
- Fosters a safe and respectful healthcare environment for all patients, families and carers

Health advocacy

- Cares with compassion and respect for patient rights
- Responds to the social determinants of health

Judgement and clinical decision making

- Recognises conditions and circumstances where surgery may be needed
- Demonstrates an understanding of indications and contraindications based on contemporary best practice, and the individual patient's circumstances, expectations, risks and comorbidities.

2023 RACS Response

The RACS PSC is published on the RACS website and is publicly available (attachment 2.6).

As described in the response to Standard 3, RACS and the STC/Bs are working on implementing the PSC or mapping existing curricula to the PSC.

A framework of Guidelines for Assessing Professional Skills (GAPS) is in development to support incorporation of the RACS PSC within specialty training programs (attachment 3.1). The Guidelines will be submitted to CSET for approval at its meeting in October 2023. The Guidelines will enhance the alignment of assessment practices across specialties.

Condition 6	To be met by: **2023**
As it applies to the specialty training program, expand the curricula to ensure Trainees contribute to the effectiveness and efficiency of the healthcare system, through knowledge and	

understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of settings within the Australian and/or New Zealand health systems. (Standard 3.2.6)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

Good progress is being made. This is being picked up in the PSC; see above under Condition 5.

References to working effectively and efficiently within the healthcare system to improve the delivery of safe high-quality care are included in a number of competencies, including Health advocacy: demonstrates a commitment to the sustainability of the healthcare system, professionalism: demonstrates ethical billing practices, and scholarship and teaching: engages in research to improve surgical practice.

2023 RACS Response

The RACS PSC includes several references to working effectively and efficiently within the healthcare system. The RACS PSC was approved by CSET and the Education Committee in 2022.

STC/Bs will identify any gaps in their curricula as they map graduate outcomes to the RACS PSC.

Condition 7 To be met by: **2023**

Document the management of peri-operative medical conditions and complications in the curricula of all specialty training programs. (Standard 3.2.3, 3.2.4 and 3.2.6)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

The 2021 assessment teams reasoning behind this condition should be noted:

“It was a perception of the team that the management of peri-operative comorbidities and complications are often delegated unnecessarily to medical or other consulting services. Management of common and straightforward comorbidities and complications in surgical patients should be specifically included in the curricula for all specialties” (p48 of the AMC 2021 RACS report).

As curricula are reviewed and new curricula are developed, the College and the Societies are encouraged to keep this in mind. It begs the question of who surgeons believe should be responsible for this aspect of their patients’ care. If it is the junior staff on the surgical team, who is supervising them?

For example, while the new Vascular Surgery curriculum includes a Topic Theme on Pre-operative and Post-Operative Care with early, mid, and late SET outcomes, it does not make significant mention of the responsibility and skills for basic peri-operative medical management of patients with diabetes, renal disease or hypertension, nor basic medical management of anticipated complications such as sepsis or cardiac issues.

2023 RACS Response

This work is ongoing. A description of the progress of each STC/B is provided in the attached summary matrix.

Condition 8	To be met by: **2023**

Include the specific health needs of Aboriginal and Torres Strait Islanders and/or Māori, along with cultural competence training, in the curricula of all specialty training programs. (Standard 3.2.10)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

Good progress is being made to address this condition with commendable work being completed. The desired learning outcomes by stage feature in the draft PSC, but curricula have not yet been mapped to these.

In parallel, the College is gradually developing modules and delivering courses to be taken by Trainees and Fellows. Modules 1 and 2 have launched, with Module 3 having a November 2022 start date.

In the 2023 monitoring submission, the College is asked to provide statistics on completion of the modules by Trainees.

For this condition to be satisfied, there needs to be evidence provided that each specialty curriculum maps adequately to the PSC Cultural Competency and Cultural Safety competencies at each stage of training.

2023 RACS Response

RACS currently offers two eLearning cultural competency courses. Aboriginal and Torres Strait Islander Cultural Safety (Course 1) is intended to provide an introduction to Aboriginal and Torres Strait Islander health and the importance of learning about cultural safety.

Course 2 builds on the content of Course 1. It provides more depth on the historical impacts on Aboriginal and Torres Strait Islander people and connects these impacts with research on respectful practices as well as examples of community-led initiatives that are improving health and wellbeing outcomes.

The College also offers "Intercultural Competency for Medical Specialists", designed to provide information on recognising cultural expectations. It provides information on intercultural communication and the links between values, beliefs and behaviours, and strategies for cultural adaptation.

RACS provides the following statistics on the completion of the four Cultural Competency modules:

- Cultural Competency Course 1 – 382 completions (70 Trainee completions)
- Cultural Competency Course 2 – 142 completions (39 Trainee completions)
- Intercultural Competency for Medical Professionals – 530 completions

The attached matrix of STC/B responses provides an update on the inclusion of Cultural Competency and Cultural Safety Competency in the curricula.

Condition 9	To be met by: **2023**

In conjunction with the Specialty Training Boards, develop a standard definition across all training programs of 'competency-based training' and how 'time in training' and number of procedures required complement specific observations of satisfactory performance in determining 'competency'. (Standard 3.4.2)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied

			X	

2022 AMC commentary

Work is underway to develop a college-wide position on competency-based training and how it will be operationalised through policies and processes. This document is likely to be of considerable interest to others involved in specialty education and training.

The College could consider the use of varying lenses on this issue, such as enhancing diversity, and what has been learned during the COVID-19 pandemic regarding minimum progression requirements.

2023 RACS Response

A discussion document with three recommendations, supported by a literature review, was circulated to STC/Cs for comment in May 2023 (attachments 3.11 and 3.12). The recommendations provide a draft RACS definition of competency-based medical education (CBME), and statements describing the College's position regarding time in training and numbers of procedures. Specialty responses have been requested by 31 August 2023. These responses will be considered by senior education staff and a report, with revised recommendations, will be submitted to CSET for consideration at its meeting in October 2023. CSET will decide how the CBME definition and position statements will be operationalised (e.g. as a RACS policy or as statements in specialty training regulations).

The definition and position statements are pitched at a level that encompasses principles pertinent to most surgical training activities. They do not include specific mention of diversity or of COVID-19, but could be used as a framework for activities resulting from RACS or specialty endeavours in these areas.

RACS key educational initiatives during 2023, including the PSC Guide to Assessing Professional Skills, and Cardiothoracic Surgery and Paediatric Surgery curricula development, are consistent with the proposed RACS definition of CBME. RACS acknowledges that CBME is an environment that is continually developing as new training programs are commenced, reviewed and evaluated. RACS will use the M&E framework to evaluate new, competency-based programs.

Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 4:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response
Identification and assessment of factors that could influence the achievement of the college's goals The College has identified that potential changes to the way courses and teaching are delivered may impact work relating to this standard. As technology evolves, teaching methods must also change to incorporate and exploit new developments. The College proactively undertakes regular horizon-scanning of upcoming and recently introduced technologies and prides itself on embracing innovation. Educational experts at RACS are exploring how virtual reality (VR) and artificial intelligence (AI) may impact teaching and learning. They will assess how these should be incorporated into College methods following an evidence-based review to ensure that the technologies are enhancing the learning experience. RACS is also looking to broaden its technological capacity for education delivery via partnerships. As an example, RACS is partnering with IMRA on the RoboSET Basic Skills Simulation course, which uses VR technology. As RACS progresses this partnership, further expansion of technology use to include VR, stereoscopic video and simulation techniques is expected. RACS is currently investigating the use of asynchronous video coaching as a technique to provide remote feedback on non-technical skills. The project involves video-recording interactions between surgeons, patients and other health professionals in the operating theatre, during ward rounds and during clinics. These recordings are then reviewed by expert coaches who provide feedback to the participating surgeons over two coaching sessions. A final set of interactions is then recorded and reviewed to determine the level of improvement. As best practice changes, RACS understands the need to adapt. The College has demonstrated its ability to do this, with the move to competency-based education and recent recommendations on robotic surgery. RACS is aware of the potential impact that artificial intelligence may have in education and training and will monitor developments in this space. **Major developments since the last accreditation assessment** ***1. Support for Supervisors*** Since the College's last accreditation assessment, RACS has focused on support for supervisors. It has developed an online "Supervisor Support Hub", as a central repository to assist surgical supervisors. The Hub contains announcements, resources, links to PD courses, information about the CPD Program for Supervisors, details on the Supervisor Framework and a link to the Academy of Surgical Educators. Access to the Supervisor Hub is via the RACS website Supervisor Support Hub | RACS (surgeons.org). To ensure supervisors are informed on key topics relevant to their role, education specialists at RACS are developing a podcast series where topics of relevance to supervisors are discussed.

Each podcast will include information to support supervisors in their assessment of each of the RACS Competencies. The first podcast will be available in August 2023 on the topic of "What makes a great surgical supervisor".

2. Trainee feedback

The College is also developing resources to support both Trainees and supervisors in their interactions. RACS has launched a Trainee Feedback course designed to help Trainees better understand the value of feedback conversations with their supervisor. The course highlights the importance of feedback literacy and how reflecting on performance becomes a central component to understanding one's own performance and development.

3. Competency-based medical education definition

As described in Condition 9, RACS has initiated a discussion of CBME principles with STC/Bs and has drafted recommendations on the definition of CBME. This work is out for consultation until 31 August 2023. The work will be revised based on feedback received and submitted to the October CSET for consideration.

4. PD courses

As previously reported, some PD courses have been indefinitely paused as part of the College's financial sustainability measures.

The Colleges development plans for the next five years

Looking forward, the College is planning its work program to focus on the changing landscape of education delivery and embedding the 10 RACS Competencies across all resources.

The College recognises that online learning is now an integral part of education delivery. RACS has commenced the development of an "Online teaching skills course" to support the ability of RACS faculty to plan and teach in an online environment.

Further, the College is committed to continuing its horizon-scanning practices to identify new technological developments that may impact surgical training. As technologies are identified, they will be reviewed and incorporated into RACS programs using an evidenced-based approach, mirroring that taken for robotic surgery.

The College is currently undertaking a mapping exercise for all PD activities, skills courses and JDoc resources against the 10 RACS Competencies to identify gaps. Any gaps will drive the development of new resources over the next 2–3 years.

Updates on any developments made in response to COVID-19

"Foundation Skills for Surgical Educators" and "Difficult Conversations with Underperforming Trainees" continue to be delivered in an online-only environment.

Requests for additional information from the AMC response to the 2022 monitoring submission:

- Please comment on the issues with robot-assisted surgery (RAS) including more details on estimated numbers and specialties of surgeons performing RAS, and how it is intended to manage the maintenance of their professional standards.

Please provide comment below.

Since the introduction of the first surgical robotic system to clinical practice in Australia and Aotearoa New Zealand in 2003, there has been an exponential uptake of robotic platforms by a broad range of surgical specialities.

Data from the leading robotic platform provider in Australia and Aotearoa New Zealand—Intuitive, manufacturer of da Vinci robotic platforms—reveals procedure growth from a

mere handful in 2004, to <4,000 in 2012, to nearly 20,000 in 2022, totalling over 120,000 procedures since 2003. The use of robotic platforms varies across different surgical disciplines and remains at different stages of maturity (i.e. nascent in General Surgery and established in Urology, and navigation systems used in Orthopaedic Surgery). The rapid growth necessitates similar growth in training standards and programs to ensure there are sufficient practitioners qualified to utilise this approach and to do so safely. Growth trends are further impacted by a "lag-effect"—it takes an average of five years to progress from selection for surgical training to graduation. RACS needs to project what future adoption will look like and to plan for this.

Intuitive da Vinci robotic surgery procedures by year, 2017–2022

Year	Number of robotic surgery procedures
2017	9,500
2018	11,497
2019	14,169
2020	15,335
2021	17,856
2022	19,989

Data provided to RACS from Device Technologies, the Australian vendor of Intuitive da Vinci robotic platforms, show a 12% increase in the number of procedures performed on da Vinci platforms from 2021 (17,856) to 2022 (19,989) in Australia and Aotearoa New Zealand. Urology is the specialty with the greatest usage (63%), followed by General Surgery (17%), Gynaecology (15%) and Head & Neck, Cardiac and Thoracic Surgery (combined 5%).

Intuitive da Vinci robotic surgery procedures by specialty, 2022

Specialty	Number of robotic surgeons
Urology	12,687
General Surgery	3,319
Gynaecology	3,080
Thoracic	523
Head and Neck	272
Cardiac	108
Total	**19,989**

Intuitive da Vinci robotic surgeons by specialty, 2022

Specialty	Number of robotic surgeons (% of total surgeons)
Urology	248 (43%)
General Surgery	130 (5%)
Gynaecology	89 (4%)
Head and Neck	26 (4%)
Cardiothoracic	18 (7%)
Total	**511**

Source for % of all surgeons: RACS activity data for 2022 (unpublished) and RANZCOG Annual report for 2021/22 available at Annual Report 2021-2022 (ranzcog.edu.au). The total for Cardiac and Thoracic have been combined to calculate the percentage of surgeons.

Robot-assisted surgery (RAS) is not currently covered in a specialty curriculum for the Surgical Education and Training (SET) program. The RAS Working Party presented two recommendations to Council in June 2023 (report attached in response to Standard 2, attachment 2.3):

Recommendation 1: RACS specialty training boards to consider introducing RAS training into respective SET curriculum. At this point in time, this may primarily be limited to simulation experience. Equal opportunities must be provided for metropolitan and regional, rural and remote Trainees.

Recommendation 2: RACS specialty training boards to set the standards of RAS education and training, and graduate outcomes for their respective specialty curricula. RACS, via the CSET and the Education Committee, can provide guidance for general and overarching RAS curricula and required educational content; however, specialty-specific guidance should be provided by the respective STC/Bs and sub-specialty organisations.

RACS Council has sent the recommendations to the STC/Bs for consideration, as RACS STC/Bs are responsible for standard-setting activities for their respective specialty curricula. This extends beyond the curriculum and the SET training program and includes the key indicators for procedure- and specialty-specific RAS surgical practice.

Professional standards for surgeons are maintained through the RACS CPD Home Program, which is based on a continuous cycle of learning, with a focus on planning, participation, outcomes measurement, reflection and change, and includes standard annual activities with minimum requirements. There are no anticipated specific or additional CPD requirements as part of the RACS CPD Home offering to cover the RAS modality; it can be incorporated into activities for the technical expertise and medical expertise competencies. The two courses offered by IMRA (described in the response to Standard 2) have been CPD approved.

In the absence of professional organisation-led recommendations, most institutes in Australia and Aotearoa New Zealand have implemented a combination of industry recommendations and those adopted from other institutions that have developed their own requirements for appropriate credentialing in RAS.

Generally, the process for accredited surgeons to train in and attain accreditation for robotic surgery consists of:

- approval as a proctor-supervised robotic surgeon
- provisional accreditation
- full accreditation.

A RAS governance committee should be established at each institution to oversee the credentialing process, for which terms of reference will be determined according to local requirements. A proposed credentialing pathway is outlined below:

Proctor-supervised Robotic Surgeon

Step 1: Introduction to console

- Completion of the online training modules and associated assessments
- Participation in console familiarisation activities with an appropriate representative
- Completion at a minimum of >90% accuracy on allocated virtual reality simulator modules
- Observation of a minimum of five robotic cases on the console, all of which must be in the surgeon's specialty area
- Observation of procedural videos
- Performance of a minimum of four hours basic exercise-based simulation (dry lab) on the console

Step 2: Wet lab

- Attendance at high-fidelity laboratory (wet lab) training at a certified course for the console.

Step 3: Proctor supervision

- An appointment letter will be issued confirming the scope of practice and an appropriately qualified accredited proctor will be assigned. The first proctored case should be performed following successful completion of high-fidelity laboratory (wet lab) training, and within 6–12 months of completing the high-fidelity laboratory (wet lab) training program.

• Completion of proctor supervision requires a certification letter of completion by the proctor, which confirms a minimum of five proctored cases have been completed in which the accredited surgeon demonstrated both competency and safety when using the robot. The first proctored case should be performed within 6-12 months of completing the high-fidelity laboratory (wet lab) training. **Provisionally Accredited Robotic Surgeon** Provisional accreditation allows an accredited surgeon to complete 10 cases as a solo practitioner. Step 1: Audit of first 10 solo cases • The performance of the Provisionally Accredited Robotic Surgeon will be continuously monitored and provided there are no emergent issues, a full audit of the first 10 solo cases will be conducted by local RAS governance and suitably qualified senior member(s) of clinical staff. It is the responsibility of the Provisionally Accredited Robotic Surgeon to compile documentation for the audit of the first 10 solo cases, which should include at a minimum: operative times, complications and length of stay. Step 2: Governance decision Following completion of this audit, one of the following recommendations will be made: • approve at the full accreditation level • continue provisional accreditation and review after a further 10 cases • further proctoring as set out under proctor supervision process • cease performing robotic surgery at the institution. **Fully Accredited Robotic Surgeon** A fully accredited robotic surgeon has completed the above requirements and the advanced scope of practice has been approved. To maintain Fully Accredited status, an accredited surgeon must comply with the following requirements: • Demonstrate an ongoing case load (Note: This will be determined by the local credentialing committees based upon specialty and type of surgery. Case load may be achieved across multiple hospitals). If the ongoing case load requirement has not been met, the surgeon must produce an audit of all cases including details of operative times, complications and length of stay. • Contribute to and comply with the morbidity and mortality (M&M) participation requirements of the institution.	

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.* As described previously, the COVID Principles have ceased.	☒ Yes	☐ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 10				To be met by: **2023**
For all specialty training programs develop curriculum maps to show the alignment of learning activities and compulsory requirements with the outcomes at each stage of training and with the graduate outcomes. This could be undertaken in conjunction with the curricular reviews that are currently planned or underway. (Standard 4.1.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
During the 2021 follow-up assessment, it was confirmed that the AMC acknowledges the varying curricular designs and stages of development. It was emphasised that relatively high-level mapping to the competencies is what is being sought, to show links and identify gaps. An example of mapping was provided in the submission, and this looks very promising. To satisfy this condition, and the standard, it will require mapping by stage to show how each curriculum builds to meet each of the ten competencies. Eight of these are in Professional Skills Curriculum (PSC), and the layout of outcomes in the PSC is by Stage 1 (early SET), Stage 2 (mid SET) and graduate (late SET). This would seem a useful set of stages in each specialty's curriculum map.				
2023 RACS Response				
Progress on curriculum mapping and PSC mapping is described in the response to Standard 3. The AOA Federal Training Committee, the Board of Urology, the Australian Board of Plastic & Reconstructive Surgery, the Australian Board in General Surgery and the Board Of Otolaryngology Head And Neck Surgery have completed the mapping. Mapping is underway for the remaining STC/Bs. Completed curriculum maps are attached in the response to Standard 3 (attachments 3.2-3.10). The New Zealand Board of Orthopaedic Surgery, the Board of Cardiothoracic Surgery, the Board of Vascular Surgery and the Committee of Paediatric Surgery have confirmed they will implement the PSC. Other STC/Bs are mapping their curricula to the RACS PSC.				

3 Statistics and annual updates

Can the College please provide comment in the table below showing:

- Procedure numbers required in the College's training program/s **for 2023**.
- Any impacts or disruptions to Trainees achieving the targets. If there have been impacts, please comment on what the College is doing to ensure Trainees are meeting training requirements.

2023 Procedure Numbers			
Training program	**Procedure type**	**Procedure numbers required**	**Impacts or disruptions achieving targets and how the College is ensuring trainees are meeting training requirements**
Cardiothoracic Surgery	Operative Experience by end SET 3	645 total. - Aorto-coronary Anastomosis (10) - Cannulation for Bypass (50) - Internal Mammary Artery Harvest (50) - Median Sternotomy (80) - Radial Artery Harvest (10) - Saphenous Vein Harvest (125) - Sternal Closure (80) - Coronary Artery Bypass (1st assistant) (150) - Aortic Valve Surgery (1st assistant) (20) - Mitral Valve Surgery (1st assistant) (12) - Other Valve Surgery (1st assistant) (4) - **Total Major Cardiac Procedures (1st assistant) (200)** - Thoracotomy (1st assistant) (10) - Pulmonary Resection (15) - **Total Major Thoracic Procedures (1st assistant) (30)** - VATS Procedures (1st assistant) (10)	
	By completion of training (inclusive of above)	1,910 total - Aorto-coronary Anastomosis (75) - Cannulation for Bypass (50) - Distal Coronary Anastomosis (75) - Insertion of Coronary Sinus Cannula (50) - Internal Mammary Artery Harvest (125) - Median Sternotomy (200)	

		- Radial Artery Harvest (50) - Redo Sternotomy (10) - Saphenous Vein Harvest (125) - Sternal Closure (200) - Coronary Artery Bypass (385) - Aortic Valve Surgery (60) - Aortic Surgery (20) - Mitral Valve Surgery (35) - Other Valve Surgery (1st assistant) (10) - **Total Major Cardiac Procedures (710)** - Thoracotomy (25) - Pulmonary Resection (45) - **Total Major Thoracic Procedures (90)** - VATS Procedures (1st assistant) (70) - Bronchoscopy (80)	
General Surgery Au	Major	SET Trainees – 800 over 4 years GSET Trainees – based on logbook points, 400 points per rotation, 2400 logbook points required by the end of GSET 3, 2400 logbook points required to sit the Fellowship exam, 4000 logbook points required for Fellowship. More detail is provided in the attached matrix of STC/.B responses.	
General Surgery NZ	Major	200/year	Can be impacted by COVID, lack of operating lists, national shortage of anaesthetists and anaesthetic techs, lack of beds due to shortage of nurses to staff them. Trainers ensure trainees are given every opportunity to operate when lists are available.
Neurosurgery	Clinical Term (all procedures)	Participation in a minimum of 80 major neurosurgical procedures for each six months while in active Clinical Terms	

	Basic Case Requirement (all procedures)	Participation in a minimum of 200 major neurosurgical procedures from commencement of the SET Program while in active Clinical Terms	
	Intermediate Case Requirement (all procedures)	Participation in a minimum of 1,000 major neurosurgical procedures from commencement of the SET Program while in active Clinical Terms	The regulations were changed in 2023 from minimum case numbers broken down by training level to totals overall during training with milestones at each training level. The overall total required during training is unchanged. This provides increased flexibility for trainees so that excess cases from one training level can be carried over and applied in the next training level milestone (rather than only being applicable to that level).
	Advanced Case Requirement (all procedures)	Participation in a minimum of 1,200 major neurosurgical procedures from commencement of the SET Program while in active Clinical Terms	The regulations were changed in 2023 from minimum case numbers broken down by training level to totals overall during training with milestones at each training level. The overall total required during training is unchanged. This provides increased flexibility for trainees so that excess cases from one training level can be carried over and applied in the next training level milestone (rather than only being applicable to that level).
	Primary Case Requirement (all procedures)	Participation in a minimum 500 major neurosurgical procedures as primary surgeon from commencement of the SET Program while in active Clinical Terms (the cases are included in the overall minimum of 1,200	The primary operator case requirement has also been changed from 2023 from what is expected during Advanced Training only, to what is expected in training overall. The average cases trainees complete during their Training Program as primary operator is 759, so the requirement of 500 should be very achievable. This is more flexible for trainees as it is not focused on just one year.
	Paediatric Case Requirement (all paediatric procedures)	Participation in a minimum of 50 major paediatric neurosurgical procedures from commencement of the SET Program while in active Clinical Terms (the cases are included in the overall minimum of 1,200)	
	Type A	500	No severe disruption which impacted achievement of targets

Otolaryngology, Head & Neck Surgery			across the duration of training. Logbooks are reviewed every 6 months to ensure each trainee is on track.
	Type B	500	No severe disruption which impacted achievement of targets across the duration of training. Logbooks are reviewed every 6 months to ensure each trainee is on track.
Orthopaedic Surgery	Trauma - Internal fixation of a carpal, metacarpal or phalangeal fracture - Peri-articular fracture of knee, shoulder or ankle - Internal fixation of a midfoot fracture - Repair of an acute tendon injury - Percutaneous fixation of a paediatric supracondylar elbow fracture - Closed reduction and plastering of a paediatric forearm fracture	N/A - no minimum numbers specified. By the end of Core Orthopaedics trainees must have a minimum of one assessment in their portfolio that indicates 4 or 5 on the global scale for each of the listed procedures. eLog also need to demonstrate competence in all level 1 procedures as outlined in the Curriculum.	Whilst eLog records indicate a reduction in the number of cases, module completion has continued without significant impact noted in most cases
	Shoulder - Rotator cuff repair - Shoulder arthroscopy - Shoulder arthrotomy		
	Elbow - Elbow arthrotomy - Ulnar nerve release		
	Hand & Wrist - A1 pulley release - Carpal tunnel release - Excision of a ganglion - Wrist arthrotomy		
	Hip - Total hip replacement - Bone graft harvest from the pelvis		
	Knee - ACL reconstruction - Total knee replacement - Therapeutic arthroscopy		
	Foot & Ankle - Correction of hallux valgus		

	- Arthrodesis of any joint		
	Paediatrics - Stabilisation of SCFE - Therapeutic arthrotomy of the paediatric hip		
Plastic & Reconstructive Surgery Australia	EPA 1 - Prioritise and manage an after-hours trauma list	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Multi Source Feedback (MSF). Appropriate clinical scenarios may include: • CFF e.g. acute hand injury, soft tissue infection and minor burns. • OFF e.g. acute hand trauma, soft tissue debridement, incision & drainage of infection, debride minor burns.	Mandated to complete before the end of Early SET (2 years max)
	EPA 2 – Manage patients with common skin cancer	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. assessment of patients presenting with a suspicious lesion. • OFF e.g. skin cancer excision, skin grafts, local flaps, wedge excision. • CBD e.g. when the original treatment plan no longer applies, when the defect is larger than expected, if the flap is cut incorrectly.	
	EPA 3 - Manage patients with chronic wounds	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. assessment of a patient presenting with a chronic wound, counselling a patient to manage expectations.	

		• OFF e.g. debridement of a soft tissue wound. • CBD e.g. radionecrotic ulcer, flap closure of pressure sore	
	EPA 4 - Postoperative care of patients on the ward	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF), one Case Based Discussion (CBD) and one Multi Source Feedback (MSF). Appropriate clinical scenarios may include: • CFF e.g. failing flap or replant, post-operative haematoma or bleeding, deteriorating patient (e.g. sepsis), discharge planning for a complex patient. • OFF e.g. return to theatre due to haematoma, drainage of infection, debridement of wound or flap.	
	EPA 5 - Negotiate challenging interactions with patients and colleagues	At least one Clinical Feedback Form (CFF), one Case Based Discussion (CBD) and one Multisource Feedback (MSF). Appropriate clinical scenarios may include: • CFF e.g. explaining a complication to a patient, assessment of a patient presenting for revision surgery. • CBD e.g. a case requiring surgical revision (e.g. inadequate surgical margins for neoplasia, flap or graft failure, secondary rhinoplasty), poor aesthetic outcome (perceived or real), referral for a second opinion.	Any 6 of EPA 5 through EPA 14 are required by the end of Mid SET (4 years max), the remaining 4 required in order to graduate (3 years max)
	EPA 6 - Manage patients with a head and neck malignancies	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF), one Case Based Discussion (CBD) and one Presentation Evaluation Form (PEF). Appropriate	

		clinical scenarios may include: • CFF e.g. a head and neck primary malignancy, osteoradionecrosis, recurrent or metastatic disease. • OFF e.g. flap harvest and/or inset, neck dissection, parotidectomy. • CBD e.g. advanced head and neck cancer cases. • PEF e.g. lead an MDT, conduct an education session.	
	EPA 7 - Manage patients requesting aesthetic surgery	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. assessment of a patient presenting for aesthetic surgery of the nose, eyes, ears, breast or body. • OFF e.g. aesthetic surgery of the nose, eyes, ears, breast or body. • CBD e.g. rhinoplasty, breast reduction, body contouring.	
	EPA 8 - Manage patients requiring breast reconstruction	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. assessment of a patient presenting for breast reconstruction, • OFF e.g. raise a flap for breast reconstruction, perform an alloplastic breast reconstruction, perform nipple reconstruction and revision procedures. • CBD e.g. managing a complication.	

	EPA 9 - Manage patients with craniomaxillofacial trauma	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. initial assessment of patient with a facial fracture, assessment of secondary deformity following facial trauma • OFF e.g. management of a facial fracture (e.g. orbit, zygoma or mandible). • CBD e.g. management of multi-trauma and complicated cases	
	EPA 10 - Educate self, patient and others	At least one Presentation Evaluation Form (PEF), one Clinical Feedback Form (CFF) and one Multisource Feedback (MSF). Appropriate clinical and related scenarios may include: • PEF e.g. present at journal club, present at registrar conference, research presentation, present at an MDT meeting, conduct an education session for patients, teach junior colleagues. • CFF e.g. educating a patient.	
	EPA 11 - Manage patients with a non-acute hand conditions	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. rheumatoid hand, upper limb compression neuropathy. • OFF e.g. Dupuytren's, fasciectomy, soft tissue procedure, joint procedure • CBD e.g. Dupuytren's contracture,	

		management of established PIPJ deformity, approach to established high nerve injury	
	EPA 12 - Manage patients with complex skin or soft tissue tumours	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF), one Case Based Discussion (CBD) and one Presentation Evaluation Form (PEF). Appropriate clinical and related scenarios may include: • CFF e.g. assessment of patients presenting with a complex lesion, explaining management plan and obtaining informed consent for SNB. • OFF e.g. SNB or nodal basin clearance, resection and functional reconstruction (e.g. lip >50%), reconstruction in cosmetically sensitive areas. • CBD e.g. unknown primary lesion, patient requiring adjuvant therapy, composite or functional reconstruction, a failed reconstruction / transition to palliation. • PEF e.g. lead an MDT, conduct an education session.	
	EPA 13 - Manage patients with acute lower limb trauma	At least one Clinical Feedback Form (CFF), one Operative Feedback Form (OFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. assessment of a patient presenting with a lower limb injury. • OFF e.g. elect, dissect and prepare recipient vessels, perform free flap, perform pedicled flap, perform an amputation at any level, perform a compartment release	

	EPA 14 - Manage paediatric patients with a cleft lip and palate	At least one Clinical Feedback Form (CFF) and one Case Based Discussion (CBD). Appropriate clinical scenarios may include: • CFF e.g. a cleft lip and palate deformity, speech concerns related to cleft palate • CBD e.g. managing a patient with cleft lip and palate, managing of speech disorders in cleft palate, managing occlusion in a cleft patient	
Plastic & Reconstructive Surgery New Zealand	Not relevant we do not have requirement for number and type of procedures	Not relevant we do not have requirement for number and type of procedures	There is a disruption in terms of limited case exposure resulting in low logbook numbers for trainees. The NZBPRS suggested increasing trainees exposure to private clinics from 1 day to 2 days and will review in next accreditation cycle.
Vascular Surgery	Open Surgery and Central (aortic/ visceral/ carotid) Endovascular Cases.	The expected standard is that a trainee will participate in at least 100 Major Vascular Procedures per year of SET 1-5 and at least 600 Major Vascular Procedures overall in this same period.	NA
	Endovascular Cases	No change. The expected standard is that a trainee will have performed at least 100 Peripheral Endovascular Therapeutic (PET) procedures as Primary Surgeon and has participated in at least 150 cases by the completion of SET5.	

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 5:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response

Identification and assessment of factors that could influence the achievement of the college's goals

1. Assessing professional skills

The introduction of the RACS Professional Skills Curriculum (attachment 2.6) and the RACS Guide to Assessing Professional Skills (attachment 3.1) will place greater focus on competency-based approaches to training and assessment. This will require implementation of work-based assessments (WBAs) delivered in hospitals. These assessments are predicated on direct observation of Trainees as they undertake normal duties and emphasise provision of timely feedback to Trainees to consolidate skills and guide future learning activities. Reliance on WBAs may require specialties to introduce new assessments into their curricula and is likely to require supervisors and trainers to undertake professional development to gain knowledge and skills in delivery of these assessments. Trainee performance in WBAs is likely to improve supervisors' abilities to assess Trainee readiness to undertake the Fellowship Exam.

2. Technology supporting implementation

The College is looking to embrace technology to streamline and improve efficiency in assessment delivery and record keeping. Technological, financial and content considerations will influence the implementation of tablet marking for the Fellowship Exam. The College has designed the TMP tool to collate all assessment data for individual Trainees, allowing supervisors and Trainees to easily review how a particular Trainee is performing, while also allowing for evaluation of how an entire cohort of Trainees is progressing in assessment results and against the competencies.

RACS is committed to the continued use of data and evidence to support innovation in assessment. The College is also committed to ensuring that development and review are supported by appropriate expertise. If this is unavailable within the College, RACS will seek external partners to ensure the best available information for decision-making.

Major developments since the last accreditation assessment

1. Blueprinting and marking rubrics

The College has focused on continued review and quality improvement across assessments of learning. RACS partnered with assessment expert, Professor Lambert Schuwirth, to achieve two key assessment developments in the Fellowship exam in late 2022 and early 2023. Professor Schuwirth presented to the Court of Examiners executive workshop in November 2022, the focus

of which was improving marking rubrics and the blueprinting processes. Professor Schuwirth also presented at a workshop in February 2023 focused on developing the RACS Guide to Assessing Professional Skills. The Working Party has completed the draft GAPS and this was submitted to CSET for approval in October 2023.

2. Observer training

RACS has developed an observer training eLearning resource, scheduled for delivery before the Fellowship Exam in September 2023 to ensure an appropriate independent observer process is maintained. Observations in the Fellowship exam serve a number of purposes including consolidation of new examiner training, quality improvement, procedural fairness and sharing expertise cross-specialty. In order to ensure all observers (new examiners, experienced examiners and independent observers) are aware of their appropriate role and behaviours, an eLearning module has been developed which is mandated for all observers annually.

3. Uncoupling the Fellowship exam

The College has completed an analysis of Fellowship examination data. A key finding was that only 1.9% of Trainees/SIMGs who failed both written components of the exam passed the Fellowship exam overall. This evidence inspired the need to uncouple the written components from the viva components of the exam. The analysis also showed that Trainees/SIMGs were most likely to pass the Fellowship exam on the first attempt. There is likely to be an associated cost saving for Trainees/SIMGs. This finding consolidated the move to uncouple the written and viva components of the exam. The decision has also been driven by recommendations from RACSTA and work is underway to implement a reformatted Fellowship examination in 2025.

4. Question bank

The General Surgery Court was assisted with question analysis to develop an exam question bank for reusing quality questions and using data to improve examiner training.

Improvement of the quality of exam questions, blueprinting and marking matrices has been a focus of the last accreditation period. The College has assisted the General Surgery Court with question analysis in order to develop an exam question bank for reusing quality questions and using the data to improve examiner training.

The College has also focused on examiner feedback reports to Trainees who were not approved to pass the Fellowship exam. More detailed and targeted information is now provided to assist Trainees in being more successful in passing the exam.

College's development plans for the next five years

1. Assessing professional skills

Over the next accreditation period, the College will be focused on implementation of the RACS Guide to Assessing Professional Skills and confirming the RACS definition of CBME in 2024. Increased reliance on WBAs within competency based medical education frameworks across all specialty training programs will impact both assessments *for* learning and assessments *of* learning. RACS and the STC/Bs will monitor training programs to review effectiveness of assessment programs, as part of monitoring and evaluation processes. Specialty training regulations, which specify assessment programs, are reviewed by the RACS Education Committee.

2. Uncoupling the Fellowship exam

Planned changes to the Fellowship exam will take effect from May 2025. The College is working to identify the key considerations for making these changes. Any changes will be communicated at least 6 months in advance of them taking effect.

3. Tablet-marking

The College is planning to develop a tablet-based marking system to replace the current paper-based system for the Fellowship Exam. The first stage of this system will involve piloting the

technology. The timing of this initiative is unconfirmed but will depend on the availability of resources.

Regular senior examiner meetings with senior RACS staff to discuss continuous improvement of the exam is current practice and will continue.

4. Trainee / SIMG support for the Fellowship exam

RACS has identified that additional support may be required for some Trainees/SIMGs sitting the Fellowship exam. A proposal was approved at CSET (June 2023, attachment 5.1) to develop the use of video-coaching to provide support for Trainees/SIMGs sitting the exam. The program aims to promote wellbeing and provide a mechanism for feedback and support. It will be based on an existing College pilot program of asynchronous video coaching used in rural settings, as described in the response to Standard 4. The timing of this initiative will depend on the availability of resources.

Updates on any developments made in response to COVID-19

During the COVID-19 pandemic, delivery of the clinical exam was devolved to the states and territories rather than being delivered in a centralised model, which had been standard practice. Since travel between Australian states and Aotearoa New Zealand is no longer an obstacle, the clinical exam has been centralised again.

Has the College postponed or changed the format of any examinations since the last monitoring submission? *If yes, please describe below:* • *plans and policies for organising the logistics and resources for these examinations* • *any impacts to Trainees progression through training program* The Orthopaedic Fellowship exam has returned to using live patients. A summary of minor changes to the Fellowship exam per Specialty are attached (attachments 5.2-5.10) and this information is available to candidates on the RACS website (Notes to candidates - Specialty specific | RACS (surgeons.org)) The Clinical Exam, Generic Surgical Sciences Exam and Specialty-Specific Exam have not changed in format in the past year. General Surgery and Orthopaedic Surgery in Aotearoa NZ now have the Clinical Exam as a pre-vocational requirement from 2023.	☒ Yes	☐ No

Has there been any other prolonged impacts of the COVID-19 pandemic on examinations and Trainee progression *If yes, please describe below.*	☐ Yes	☒ No

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet the standards.* The Board of Urology reports that it is introducing Entrustable Professional Activities in 2023 to SET 1 Trainees, while other Trainee cohorts are completing workplace-based assessments.	☒ Yes	☐ No change

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

- Please provide data **for 2022** in the table showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of Trainees who passed at their first, second, third and subsequent attempts.

	1st attempt			2nd attempt			3rd attempt		
Assessment Activity	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Fellowship exam	281	209	74.40%	83	50	60.20%	37	16	43.20%
Specialty Specific Surgical Science Examination	147	141	95.90%	7	6	85.70%	0	0	0
Clinical Examination	289	226	78.20%	42	29	69.00%	11	8	72.70%
Generic Surgical Science Examination (GSSE)	566	404	71.40%	150	73	48.70%	70	29	41.10%

- In the table below, please provide combined summative assessment data **for 2022** showing the number and percentage of the cohort who passed at their first, second, third and subsequent attempts.

	1st attempt			2nd attempt			3rd attempt		
	No. sitting	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Aboriginal and/or Torres	2	1	50%	0	0	0	0	0	0

Strait Islander trainees[1]									
Māori trainees[1]	9	7	78%	2	1	50%	0	0	0
Pasifika trainees[1]	3	2	67%	2	1	50%	0	0	0
Specialist International Medical Graduates[2]	23	12	52%	19	8	42%	19	7	37%

Note 1: Summative assessment data includes results from the Clinical Examinations (CE), Specialty Specific Surgical Science Examinations (SSE) and Fellowship Exam (FEX)
Note 2: Assessment data includes results from the Fellowship Exam (FEX)

- Please provide details on the College's examination contingency plans for **2023** and how these are communicated to Trainees.

College response
The College has no specific contingency plans in place for 2023; however, should these be required, the College will base these on how disruptions were successfully managed previously and following consultation with all stakeholders on the best way forward (depending on the specific circumstances). The College will communicate this to candidates on the RACS website and by direct communication with anyone registered for the impacted exam.

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 6:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response
Identification and assessment of factors that could influence the achievement of the Colleges goals ***1. Development of the Monitoring and Evaluation framework*** The College has invested significant time in ensuring the proposed Monitoring and Evaluation (M and E) Framework has broad agreement with RACS, the STC/Bs and societies. This involved workshops in October 2022, February 2023 and June 2023. In between, elements of the Framework were circulated for further consultation. This approach has ensured the framework was developed with true College-wide consensus. By consulting with a wide range of internal partners and seeking broad perspectives, RACS has enriched the framework, which will result in high-quality evaluation data reporting. ***2. Implementation of the Monitoring and Evaluation framework*** RACS is anticipating logistical issues with combining data across the 13 STC/Bs into a cohesive monitoring and evaluation process. Implementation will require definition of minimum requirements to be measured for each Training Program and standardised data collection and/or reporting to occur. This will be facilitated by the use of IT programs to automate reporting. The TMP will be instrumental in allowing standardised data collection. For specialties not using the TMP, collaboration will be required to map existing specialty data collection and reporting methods to the requirements of the M and E process. This will require further development of the TMP. Due to RACS's financial sustainability measures, development of the TMP is on pause until 2024. ***3. Bespoke research projects*** Some elements of the evaluation may require additional research—desktop reviews and qualitative research to provide deeper insight into experiences and perspectives from Trainees, supervisors, non-surgeon health professionals and patients. Projects will need to be prioritised based on the timing of the M and E cycle of reporting and in the context of the financial sustainability measures being undertaken by the College. **Major developments since the last accreditation assessment** The M and E Framework has been developed and refined through an extensive external consultation process, with three workshops in late 2022/early 2023 linked to CSET meetings (attachments 2.5, 6.1 and 6.2).

The College is planning to send the framework, monitoring indicators, evaluation questions, reporting process and stakeholder matrix to CSET in October 2023 for endorsement, then to the Education Committee for approval.

College development plans for the next five years

Following Education Committee approval, the Monitoring and Evaluation Framework will be circulated to external Stakeholders for feedback before implementation. The College will begin the implementation phase in 2024, with annual monitoring reports and a 3-yearly evaluation reporting cycle with interim reports prepared as necessary. These reports will be developed and circulated internally according to the reporting process, which ensures a wide internal review of the findings and any recommendations, as well as a process for approval of the reports. Findings from each monitoring and evaluation report will be circulated to stakeholders identified in the stakeholder matrix and will be publicly available on the RACS website.

Updates on any developments made in response to COVID-19

Nil

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for monitoring and evaluation of curriculum content, teaching and learning activities, assessment, and program outcomes. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 11			To be met by: **2023**	
Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
The College has developed a draft overarching framework for monitoring and evaluation (M&E). A further workshop targeted at CSET members will be held in October 2022. In parallel, further stakeholder consultations are being held.				

The M&E framework is comprehensive and includes the main SET training and educational processes as well as program and graduate outcomes. Cross cutting themes relate to diversity, equity and inclusion for all the groups represented in the wider community.

The framework includes the governance, pragmatic measures and processes with which to assess and monitor program elements, and details on how the data will be analysed and disseminated. Some will build on existing processes. While acknowledging the large amount of work to be done to reach final approval and to implement the processes, this framework is a sound basis on which to proceed.

If there is college-wide approval of this framework (or similar) in 2023, this condition could be satisfied.

2023 RACS Response

RACS has continued to progress the development of the Monitoring and Evaluation Framework in 2023. Workshops were held with CSET members in October 2022, February 2023 and June 2023 to finalise the framework structure, monitoring indicators, evaluation questions, reporting process and stakeholder engagement (attachments 2.5, 6.1 and 6.2). This extended development allowed the framework to be further refined, ensuring the relevant information required by the College will be collected as part of the monitoring and evaluation processes. These will be sent to CSET in October for endorsement, then to the Education Committee for approval.

Condition 12 — To be met by: **2022**

Establish methods to seek confidential feedback from individual supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

This element is included in the draft M&E plan mentioned in Condition 11.

The College reports that there is agreement to align the existing annual supervisor feedback surveys by including a set of agreed survey questions. The method for collecting feedback confidentially is through online surveys. The data from these surveys are de-identified and general themes reported annually to the CSET.

The first of these updated online surveys will be implemented in 2023.

The College is asked to include a copy of the survey and reports on implementation in the 2023 submission, to determine if this condition is satisfied.

2023 RACS Response

RACS is developing survey questions to meet the monitoring and evaluation requirements outlined in the M and E Framework. These will be finalised following approval of the framework and following consultation with the STC/Bs. Currently, supervisor feedback on training programs is collected and analysed by individual STC/Bs.

Condition 13 — To be met by: **2022**

Develop and implement completely confidential and safe processes for obtaining and acting on regular, systematic feedback from Trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

The College reports “agreement to include a new set of survey questions for Trainees. These inclusions will align existing Trainee feedback survey data collection points and will include new questions pertaining to Trainee experience with quality of supervision, training and assessments and clinical exposure at their training site. Specialties will distribute surveys through the training management platform (TMP). The TMP is an electronic platform which effectively facilitates the sending and collating of confidential survey data for all Trainees. Annually, all Trainee responses will be collated electronically and reported to CSET. The use of the TMP will ensure that the process is completely confidential and safe for Trainees to provide honest and open feedback. Identifiable data will be removed, results analysed, and only general themes reported to CSET. This will allow for cross specialty analysis.” It is hoped to implement this survey in 2023.

Still to be determined is how the findings will be acted upon. To satisfy this condition there will need to be evidence relating to:

- how data from Trainees in specialties with very small numbers in a training program/at a site will be analysed, and the methods for feedback to the program/site.
- whether Trainees regard the processes as confidential and safe.

The College is also asked to comment on how Trainees were involved in the development of these processes.

2023 RACS Response

1. Surveying Trainees on the overall training program

The RACS Trainees’ Association (RACSTA) partnered with the Medical Training Survey (MTS) survey in late 2021. This was a shift from a biannual survey at the end of each rotation/term. The move was to streamline surveys issued to Trainees and combat survey fatigue heightened during the COVID 19 pandemic when Trainees were regularly surveyed. RACSTA continues to survey Aotearoa New Zealand Trainees directly from the College. The surveys are tabled at Education Committee and CSET meetings.

Since the partnership with MTS and the move to an annual survey, Trainee response has doubled. The MTS and RACSTA AoNZ survey is a useful high-level report. Most recent survey results show that improvements have been made in bullying, although there is still progress to be made. Summaries of the findings from the MTS and the RACSTA AoNZ survey are provided (attachments 6.3 and 6.4).

2. Feedback process

From the Trainee perspective, the general view is that the College offers a safe feedback and complaints process; however, there remains conflict between RACS’s desire for frank and honest feedback from Trainees, and the Trainee desire to remain anonymous and avoid any repercussions from sharing negative feedback. RACSTA is trying to assist in trust-building between Trainees and the College via the RACSTA Induction Conference, with RACS guest speakers informing incoming Trainees of the support available to them and channels to provide feedback. The College works with RACSTA for input on how to close this gap, with programs such as OWR (operating with respect) and other feedback programs and surveys.

3. Surveying Trainees on their supervision

RACS has developed and piloted a Trainee survey to gather data from individual Trainees regarding their supervision, teaching and assessment. Free text questions are included to ensure Trainees are able to comment specifically on any areas in which their supervisor is performing well, those where improvement is required or any other barriers to effective

supervision. In May 2023 the survey was piloted with thirteen Trainees from three specialties. Responses from the pilot program will be used to refine the survey and finalise implementation. The survey will be conducted annually via the TMP.

The pilot survey has collected data on Trainee willingness to provide honest feedback in this process. A CSET workshop held in June 2023 identified a minimum of six Trainee responses before data is deidentified, collated and provided to the supervisor. The Trainee survey and pilot reports are provided as attachment 6.5 and 6.6.

The College believes that this condition can now be closed.

Condition 14	To be met by: **2022**

Develop formal consultation methods and regularly collect feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

This process is outlined in the draft Monitoring and Evaluation framework and appendices. Plans appear satisfactory but are not yet realised.

2023 RACS Response

Work towards completing this condition will be finalised once the M and E Framework is approved. RACS is drafting survey questions to elicit feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives to meet the monitoring and evaluation requirements outlined in the M and E Framework. These will be finalised once the framework is approved and following consultation with the STC/Bs.

Condition 15	To be met by: **2023**

Report the results of monitoring and evaluation through governance and administrative structures, and to external stakeholders. It will be important to ensure that results are made available to all those who provided feedback. (Standard 6.3)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

This process is outlined in the draft Monitoring and Evaluation framework and appendices. Plans appear satisfactory but are not yet realised.

The stakeholder matrix will identify key external stakeholders and highlight which will be informed of findings and associated actions.

2023 RACS Response

The Stakeholder Matrix and Reporting Process for the M and E Framework has been refined via the three workshops with key internal stakeholders linked to CSET. This has been circulated for final consultation before submission to CSET in October for endorsement.

It has been agreed in principle that monitoring and evaluation reports will be made publicly available on the RACS website, with additional targeted reporting to stakeholders as outlined in the Stakeholder Matrix.

The College believes that once these documents are approved by the Education Committee, this condition can be closed. Approval is anticipated in late 2023.

3 Statistics and annual updates

Please provide data **for 2022** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college's response to them, including how the College reports back to stakeholders.

Evaluation activity	Issues arising	College response to issues
General Surgery	The first report from the GSET Evaluation Strategy was provided to the Australian Board in General Surgery in June 2023. The report is publicly available. The data, both qualitative and quantitative, is extremely detailed and cannot be easily transferred to a table format for the AMC. Suggest that when the report is available you include a link to our website.	
Six monthly confidential evaluations of training posts are completed by trainees (Neurosurgery)	A summary de-identified report to examine trends overall is provided the Board	Training post regulations are modified to address trends and hospital specific data is used in the training post accreditation processes
Trainee Survey - T1 & T2 (Orthopaedic Surgery)	Issues raised remain relatively consistent and include: - issues with the Trainee Information Management System (TIMS) - The impact of Fellows on training - Concerns regarding bone school being increasingly trainee lead	Response: - TIMS issues are known and should be addressed by the system upgrade which is in progress - Fellows Impact: Monitored via Accreditation. FTC liaising more closely with the Fellowships Committee to address - Bone School: reviewed as part of AOA 21 Review. Likely to increase structure around Surgeon oversight
Surveys associated with the AOA 21 Review (Orthopaedic Surgery)	Wrapped up in recommendations of the Review due in July 2023	
Teaching sessions (In hours) (Plastic &	Nil	N/A

Reconstructive Surgery)		
Conference feedback (Plastic & Reconstructive Surgery)	Nil	N/A
Selection process (Plastic & Reconstructive Surgery)	Perception of a loss of control over the reference reporting through a recent move to telephone based reporting.	Roadshow to states to meet with supervisors (open discussion) and modification of the referee reporting tool to include questions about referee's willingness to have the applicant back in their unit as a SET trainee and their readiness to commence SET.
Hospital Training Post Accreditation Reporting (Plastic & Reconstructive Surgery)	Cultural issues. Access to theatres/curriculum exposure.	Out of cycle inspections, providing the hospital ample opportunity to provide feedback and make meaningful changes to the training environment.
Trainee Meeting (Vascular Surgery)	None.	
Trainee Tutorial Survey (Vascular Surgery)	None.	
Trainee Interviews held at Trainee Skills Course (Vascular Surgery)	None.	

- The Medical Training Survey (MTS) was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (AHPRA).

  The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

  Can the College please provide evidence on actions taken based on MTS results, including:

  - Developments and changes made by the College as a result of the MTS
  - How the College is reflecting on its performance in the MTS, including in relation to feedback from Aboriginal and Torres Strait Islander Trainees and Specialist International Medical Graduates
  - Future directions and planning based on the results

	College response
Developments and changes made by the College as a result of the MTS?	RACSTA partnered with MTS in late 2021. RACS now uses this annual data solely to gauge how it's Australian Trainees view their training and the College. Aotearoa New Zealand Trainees continue to be

	surveyed by RACSTA, with both sets of data being presented to the Education Committee and CSET (attachments 6.3 and 6.4). The 2022 data from the MTS was shared with the Education Committee and CSET as tabled papers in the June 2023 meetings. The data were discussed within the College in the first half of 2023, with the focus on discrimination, bullying and sexual harassment (DBSH) and culture, which aligns with RACS initiatives (e.g. the Building Respect work) to guide the College in developing resources to address these issues. Trainees will receive the combined MTS and AoNZ survey data via the RACSTA newsletters.
How is the College reflecting on its performance in the MTS?	In 2023, MTS results were tabled as an agenda item as part of RACSTA reports to CSET and Council. This was widely distributed throughout the College. A summary report for the Education Committee looking at key themes and providing a longitudinal analysis of how responses change over time has been prepared (see attachment). The streamlined presentation of results enables the College to review the key challenges highlighted by the MTS. This has been circulated to CSET, the Court of Examiners and other Examination Committees.
What are the future directions and planning of the College based on MTS results?	The College continues to focus on flexible training and culture change in surgery to manage bullying; two key issues that arose from the 2022 results. The College is implementing the Trainee Survey which will help elicit in-depth, individualised information on supervision to probe aspects of the aggregate data provided in the MTS survey (as recommended in the MTS report on 2022 results). The College will continue to develop action plans and resources to support Trainees and Fellows in response to issues raised (via the MTS or otherwise). For example, in 2023, RACS published a resource on “Recognising and responding to racism in the workplace”.

Standard 7: Issues relating to Trainees

Areas covered by this standard: admission policy and selection; Trainee participation in education provider governance; communication with Trainees; Trainee wellbeing; resolution of training problems and disputes.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 7:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response
Identification and assessment of factors that could influence the achievement of the college's goals ***1. Training fees*** The unfortunate but necessary increase in Trainee fees (described under Standard 1) is expected to be a significant factor that may impact the achievement of College goals. RACS is mindful of the impact this will have on current and future Trainees, and that this may influence the decision of prevocational doctors choosing to apply for SET. Any changes to fees have been communicated with the required six-month notice period. The College leadership has undertaken extensive communication with affected Trainees, SIMGs and potentially affected prevocational doctors to explain the rationale and to ensure people are provided with accurate and timely information. ***2. Future training fees*** RACS is committed to proactively and regularly reviewing fees going forward to ensure they continue to accurately reflect the costs associated with training. In doing so, the College is aiming to avoid a recurrence of the current situation, where a large fee increase is required in a single increment to correct for multiple years of sub-CPI fee increases. The challenges of our operating model, including significant duplication of work by RACS and the STC/Bs (as described in the response to Standard 1), impact training fees. The separate and individual development of core educational resources by societies requires substantial post hoc analysis to confirm compliance with RACS and AMC standards. RACS is committed to addressing the demonstrable inefficiencies throughout the current training delivery model that will positively impact on future fee requirements. ***3. Governance structure*** RACS is seeking to reduce the number of committees to streamline reporting and decision-making. The College will ensure that appropriate representation is reflected in the new committee structure. The RACS Trainees' Association (RACSTA) is committed to ensuring that Trainees are represented on all relevant committees and working groups. ***4. Trainee engagement*** The College has measured a 20% increase in engagement with Trainees, largely attributed to changes in the way RACS uses social media as a communication tool. It is anticipated that this increased engagement will continue. To further facilitate Trainee engagement, the RACS

Trainees' Association Induction Conference will return to a face-to-face format in 2023. This decision was based on Trainee feedback that an in-person format allows for additional opportunities for support and networking. However, RACS recognises that requirements for travel may be prohibitive for some Trainees, therefore the conference will use a hybrid model, allowing for online attendance.

Major developments since the last accreditation assessment

1. Selection regulations

As described in Standard 1, RACS has developed standardised selection regulations to ensure consistency with clear and transparent processes for prospective Trainees. These have been implemented by five of the thirteen STC/Bs in 2022, with several others advising that the standardised regulations would be implemented in 2023 or existing regulations would be modified to incorporate most of the standardised clauses. The majority of the STC/Bs have included some but not all of the standardised clauses. RACS is liaising with STC/Bs, RACSTA and PSEC in developing regulations relating to limiting selection attempts, with 10 of the 13 training programs introducing or planning to introduce limited selection attempts. The review summarising information on selection limits is described below and the report is provided as attachment 7.1.

2. RACS membership

The College recognises the central role of Trainees in understanding the performance of our surgical training programs and values their input as the next generation of consultant surgeons. RACS has acknowledged this by creating a member category specifically for Trainees. The importance of a ubiquitous Trainee voice at RACS has also been recognised by the approval of a stipend for the RACSTA chair, who provides insights, feedback and recommendations to key governance groups of the College.

3. Trainee engagement

The shift to online platforms in the College's interactions with Trainees has increased engagement by 20%. New initiatives include the introduction of a RACS Instagram account, online surgical news articles, podcasts and the development of webinars covering topics of importance to Trainees. A private Trainee Facebook page has been set up to facilitate communication and support between Trainees across all jurisdictions.

Trainees have returned to attending in-person events such as the RACS Annual Scientific Congress (ASC) and the upcoming RACSTA Induction Conference. The return to in-person engagement post-pandemic is expected to increase awareness and engagement between the College and its Trainees.

4. Trainee wellbeing

RACSTA has strengthened its focus on wellbeing with prominent articles as part of its newsletter providing Trainees with information about the RACS wellbeing page, the College-endorsed wellbeing program provider (Converge) and the AMSA/AMA mental health support services.

The RACSTA Trainee Wellbeing pamphlet contains links to services and is distributed annually to all Trainees. Trainee Wellbeing is a focused session during the annual RACSTA Induction Conference. RACSTA maintains a physical presence at the RACS Annual Scientific Congress to assist Trainees in person.

The RACSTA survey question set issued to Aotearoa New Zealand Trainees has undergone revision to ensure further focus on wellbeing to mirror the MTS survey issued to Australian Trainees.

The RACS Wellbeing Action Plan was developed by the RACS Wellbeing Working Group, active between 2019 and 2022. The Group reviewed existing RACS support for surgeon wellbeing and looked at opportunities for collaboration in support of doctor wellbeing, including engagement with RACSTA and STC/Bs. A final report with recommendations was approved by Council in

October 2022 (attachments 7.2 and 7.3). A Surgeon Wellbeing eLearning Module (available to all Trainees, Fellows and SIMGs with member log-in) was launched in February 2023.

5. Selection

In partnership with Monash University, RACS designed a Situational Judgement Test (SJT) for use as a selection tool. In 2023, RACS administered the SJT on behalf of the AOA Federal Training Committee and the Board of Otolaryngology Head & Neck Surgery (Australia). The Australian Board in General Surgery has indicated plans to introduce the SJT as a selection tool in 2024. The SJT tests specific domains of the RACS competencies (i.e. Professionalism and Ethics, Management and Leadership, Collaboration and Teamwork, Communications, and Health Advocacy. RACS will continue to evaluate the effectiveness of SJTs in selection and amend processes accordingly.

RACS has received further feedback on concerns relating to the inconsistency of selection processes across different specialties. The College recognises the importance of selection and will review the selection tools, the processes and the overall calculations that determine the outcomes of selection.

College development plans for the next five years

RACS is committed to continue to improving the experiences of Trainees and prospective Trainees. As outlined in the response to Standard 1, the College is looking to introduce voting rights for Trainees. As described in the response to Standard 3, the College has developed the TMP to improve Trainee experience and ensure information for Trainees is easily available in a single location. Further to these initiatives, the College is also focusing on supporting diversity and improving wellbeing.

1. Supporting diversity

In selection, the College is looking at ways to achieve broader recognition of prior experience in research, increased recognition of experience obtained in rural locations, and to move towards increased transparency and standardisation in the application of selection tools. The Managing Bias Working Party is tasked with reviewing College processes, including selection, to ensure bias is minimised and diversity is promoted. The Working Party will provide recommendations to Council in late 2023.

2. Trainee wellbeing

RACSTA is advocating for support for Trainees post-exams and is working with the College to introduce a remote video-coaching program to promote wellbeing and provide support and feedback to Fellowship exam candidates, as described in the response to Standard 5.

The College is simultaneously working on the implementation of the Wellbeing Action Plan, including updating webpages, and reviewing and refreshing recommended resources and ensuring they are promote (e.g. in Surgical News). The College continues to partner with Converge International for its RACS Support Program.

Updates on any developments made in response to COVID-19

1. Trainee engagement

The COVID 19 pandemic precipitated a shift to online committee meetings, making the accessibility of meetings easier for Trainee representatives to attend various governance groups.

The RACSTA committee continues to have two virtual (video-conferencing) meetings per year, with a single annual in-person meeting resuming in 2022. As previously discussed, the RACSTA Induction Conference will be a hybrid in-person/virtual format after three years of online-only conferences.

2. Trainee wellbeing

The increased focus on Trainee wellbeing (necessary to support Trainees during the COVID-19 pandemic), will be continued, even as the effects of the pandemic decline. RACSTA includes a wellbeing section in its newsletter and provides all Trainees attending the annual conference

with access to a digital booklet (e-satchel) containing wellbeing resources from both the College and conference sponsors.

Requests for additional information from the AMC response to the 2022 monitoring submission:

- Please comment on how the work the College is doing on unconscious bias in selection will impact the policy that restricts the number of selection attempts.

Please provide comment below.

The RACS Education Committee is currently reviewing the various limits to selection attempts that have been implemented by the STC/Bs. The aim of the selection limits is to identify and support candidates who may encounter challenges in being admitted to surgical training. This work (attachment 7.1) includes a review of the existing limits of other specialty medical colleges, a literature review and an analysis of examination data between 2007 to 2015 measuring first-attempt pass rates for four exams: the Generic Surgical Sciences Exams (GSSE), the Clinical Exam (CE), the Specialty Specific Exams (SSE) and the Fellowship Exam (FEX). The analysis compared results for male and female candidates separately and found no statistically significant differences between genders across the exams, suggesting that limiting the number of attempts for selection is unlikely to introduce gender bias into Trainee performance.

RACS has convened a Managing Bias Working Party (terms of reference attached in the response to Standard 2, attachment 2.4). One of the roles of this group is to consider whether selection limits will introduce bias into the selection process. The group has considered potential bias based on gender, rurality, ethnicity, family situation and financial pressure, and concluded that selection limits attempts are unlikely to unfairly introduce bias against any group.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to Trainee selection procedures or the college's role in selection. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☒ Yes	☐ No change
A new SET Application platform is to be introduced next year (2024 SET Selection for 2025 intake). The platform will integrate into the TMP and provide a better user experience for prevocational doctors registering and/or applying for SET selection. The completion of a Hand Hygiene module will be removed as a prerequisite for SET selection as of next year (2024 SET selection for 2025 intake). This is believed to be the responsibility of the employer. The Australian Board in General Surgery will not be utilising referee interviews for selection as of next year (2024 SET		

selection for 2025 intake). Referee reports will be used as a tool but these will only be reports from non-consultants (overview attached 7.4). The Australian Orthopaedic Association (AOA) Federal Training Committee and the Board of Otolaryngology Head & Neck Surgery (Australia) used a Situational Judgement Test as one of their selection tools in 2023 for the 2024 intake. The AOA Federal Training Committee applied a 30% weighting to the SJT and required a minimum score of one standard deviation below the mean to progress in the selection process. The Board of Otolaryngology Head & Neck Surgery (Australia) applied a 15% weighting to the SJT and required a minimum score of one standard deviation below the mean to progress in the selection process. The Australian Board in General Surgery is planning to introduce the SJT as a selection tool in 2024 if a suitable provider can be found. STC/Bs have provided selection regulations these are attached (7.5-7.8).		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 16			To be met by: **2022**	
Promote, monitor and evaluate the Diversity and Inclusion Plan through the College and Specialty Training Boards to ensure there are no structural impediments to a diversity of applicants applying for, and selected into all specialty training programs. (Standard 7.1 and 6.1 and 6.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
The full implementation of the Diversity and Inclusion Plan with the resultant desired impact will take time. The intent of this condition is focussed on reducing barriers in application and selection to all programs. The College reports more workshops have been held, including on unconscious bias in selection. There have not been complaints to suggest structural barriers; however, survey data might be required to assess perceptions of applicants and assessors. The statistics show progress in some outcomes such as female Trainees (now overall 31.8%, range in programs from 18% to 53%); but not in others. There are still very low numbers of Aboriginal and Torres Islands Trainees, with only 1 entering in 2021. The College is asked to provide evidence of it's monitoring of the plan's implementation in the next monitoring submission.				
2023 RACS Response				
The "Building Respect Improving Patient Safety Action Plan, From Awareness to Action, 2022" recommended a strengthened and extended focus on the priorities identified in the Diversity and Inclusion Plan (2017–2019). The College is focusing its efforts to increase gender equity, including the establishment of new targets and the review of progress toward targets on a specialty-by-specialty basis. The College will expand its diversity focus to include gender				

identity, ethnicity and religious beliefs; it will work to increase literacy in the surgical community regarding the impact and value of diversity on the profession; and work to embed cultural competency and cultural safety for First Nations people in surgical training and practice. The Managing Bias Working Party is reviewing the minimum dataset that the College should collect to monitor the Diversity and Inclusion Plan and will consider if the fields should either remain unmandated or instead include a "prefer not to say" option.

Actions in the 2022 Plan continue to be integrated into the work plans of several RACS committees and staff including the Managing Bias Working Party, the Women in Surgery Committee, the Indigenous Health Committee, the Māori Health Advisory Group, the Mina Advisory Group and the Women in Surgery Section.

Monitoring progress of each Trainee intake is via annual data provided by each STC/B to CSET. These data are collated and analysed, with findings considered by the College Executive Leadership Team. Findings are disseminated to each specialty society and included for discussion as part of the Specialty Roadshow meetings.

The Professional Standards and Fellowship Services Committee (PSFSC) collects data from each specialty society on the gender and geographical representation of its membership, including representation on committees/boards and on participation in CPD activities such as annual scientific meetings.

RACS monitors the gender diversity of committees by an annual report to Council in October. The report contains graphical information as well as recommendations for the coming year. Key insights from the 2022 report demonstrate that 15% of active Fellows are female. In 2023, RACS Council approved a target of 40% women, 40% men and 20% any gender by 2027 for admission to SET, membership of RACS Council and major committees, and in leadership roles across RACS. The proportion of women on Council and on most RACS major committees is progressing in line with the target of 40%. This steady increase in female representation on Council and major committees is consistent with principles of good governance. However, outside of the major committees, the overall picture of female representation on RACS committees is mixed. Analysis of the 26 committees highlights that in the five years that RACS has been collecting data, 8 of the committees have never met this target (30%). In 2022, 11 of the 26 committees (42%) fell short of the target.

It was a recommendation of the 2022 Expert Advisory Group Report to incorporate guidelines to promote transparency and equity in appointments to RACS committees and expressions of interest for committees and working groups, in order to improve culture and gender diversity at all levels. Guidelines to promote transparency and equity in appointments to RACS committees will be addressed in work currently underway to review RACS governance arrangements.

Condition 17				To be met by: **2022**
Increase transparency in setting and reviewing fees for training, assessments and training courses by the College and all specialty training boards, while also seeking to contain the costs of training for Trainees and specialist international medical graduates. (Standard 7.3.2 and 10.4.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
Considerable work is being undertaken, including a college-wide review of all financial education activities to directly address the National Law requirements of fees being reasonable, with efficient and effective operations. The College reports that "costs and requirements associated with the various specialist medical programs are publicly available in applicable policies on the RACS website. Individual societies				

publish speciality training fees on their individual websites. The STC/Bs determine the specialty training fee amounts and ensure that fees are set no higher than the costs incurred." The College is asked to please provide the results of the evaluation, comment on the transparency of the review and the consultation process in the next submission and how it has increased transparency in setting and reviewing fees.
2023 RACS Response
The College has completed an initial detailed review of fees using an activity based costing approach. RACS has committed to communicate the outcomes of this review to all Trainees and prospective Trainees as a matter of transparency, with initial information available on our website at Training Fees | RACS (surgeons.org) (provided as attachment 7.9). For each activity, a summary of the breakdown contributing to the costs is provided. The summary will be updated as more information is confirmed. The extensive consultation process on our fees and changes has been described above.

3 Statistics and annual updates

Please provide data in the tables below showing:

- The number of Trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika Trainees entering the training program, including basic and advanced training **in 2023**, and the number of applicants from these cohorts who applied and were unsuccessful
- The number of Trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika Trainees who completed training (attained Fellowship) in each program **in 2022**
- The number of Trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika Trainees who exited the training program **in 2022** (does not include those Trainees who withdrew to take an extended leave of absence)
- The number and gender of Trainees undertaking each college training program **in 2023**

Number of trainees entering training program in 2023											
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**	**No. of applicants who applied to training program and were unsuccessful**
Cardiothoracic Surgery	0	1	3	0	0	0	2	1	0	7	40
General Surgery		19	40	0	5	0	29	12	17	122	204
Neurosurgery	0	3	2	0	1	0	3	0	1	10	55
Otolaryngology, Head & Neck Surgery	0	3	7	0	0	0	7	3	5	25	59
Orthopaedic Surgery	0	10	20	0	5	0	14	5	11	65	210

Paediatric Surgery	0	1	1	0	0	0	2	0	0	4	9
Plastic & Reconstructive Surgery	0	1	6	0	3	0	8	1	7	26	72
Urology	0	4	7	0	1	0	4	1	1	18	28
Vascular Surgery	0	2	4	0	0	0	0	1	2	10	37
Aboriginal and/or Torres Strait Islander trainees											
Māori trainees									9	9	
Pasifika trainees									6	6	

Number of Trainees completing training program in 2022 (attained Fellowship)										
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Cardiothoracic Surgery	0	2	1	0	0	0	5	0	2	10
General Surgery	2	14	26	1	7	2	23	6	10	91
Neurosurgery	0	1	5	0	0	0	4	2	1	13
Otolaryngology, Head & Neck Surgery	0	10	10	0	0	0	0	3	2	25
Orthopaedic Surgery	1	13	9	1	6	0	16	4	9	59
Paediatric Surgery	0	3	2	0	0	0	3	0	3	11
Plastic & Reconstructive Surgery	0	2	4	0	3	1	6	4	6	26
Urology	1	1	4	0	2	0	6	0	2	16
Vascular Surgery	1	0	1	0	1	1	4	1	1	10
Aboriginal and/or Torres Strait Islander trainees			1							1
Māori trainees									1	1
Pasifika trainees										0

Trainees exiting from program in 2022 (prior to attaining Fellowship)		
Training Program	**Number**	**Reason for exiting**
General Surgery AU	5	Resigned or withdrew (voluntary): 4 Dismissed: 1
General Surgery NZ	1	Withdrawal or resigned (voluntary)
Orthopaedic Surgery	2*	Dismissed * One reinstated following RRA
Paediatric Surgery	2	Resigned or withdrew (voluntary): 1 Dismissed: 1
Plastic & Reconstructive Surgery	1	Resigned or withdrew (voluntary)
Urology	1	Resigned or withdrew (voluntary)
Vascular Surgery	1	Resigned or withdrew (voluntary)
Aboriginal and/or Torres Strait Islander trainees	0	
Māori trainees	0	
Pasifika trainees	0	

Number and gender of Trainees undertaking each training program in 2023					
Training program	**Male**	**Female**	**Non-binary**	**Not stated**	**Total**
Cardiothoracic Surgery	26	12	0	0	38
General Surgery AU	255	185	2	0	442
General Surgery NZ	40	33			73
Neurosurgery	47	14	0	0	61
Otolaryngology, Head & Neck Surgery	69	36	0	0	105
Orthopaedic Surgery	254	58	0	0	312
Paediatric Surgery*	11	15	0	0	26
Plastic & Reconstructive Surgery	72	46	0	1	119
Urology	77	27	0	0	104
Vascular Surgery	40	12	0	0	52
Total	891	438	2	1	1332

- Can the College please comment in the table below:
    - how it ensures that costs and requirements associated with its specialist medical program/s (e.g. examinations, pre-examination workshops, college membership) are transparent and communicated to Trainees. Please also include in the comment how

the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme[2], and are not prohibitive for potential Trainees.

- if the College has made any changes to its policies to support Trainees in fee distress. Please include links to where this information is available on the College's website.
- If there has been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to Trainees.

College response
The College recognises the importance of transparency in fee-setting and all training costs are publicly available on the RACS website (Training Fees | RACS (surgeons.org) and attachment 7.9). Changes to training fees for 2023 were below CPI and were communicated publicly on the RACS website. The upcoming fee changes for 2024 are discussed in the response to Standard 1. These have been widely consulted on and communicated to Trainees, SIMGs and prospective Trainees via emails and webinars and made available on the RACS website. While the College has no specific financial hardship policy, our Delegations and Authorities Policy does provide for financial hardship considerations in the application of fee relief or loan arrangements for any RACS fee. If Trainees wish to be considered for special consideration, they are required to write to the RACS Censor-in-Chief (CollegeCIC@surgeons.org) for review and assessment of support. Should support be provided, the request is then forwarded to the RACS Treasurer for approval. This information is available to all Trainees on the RACS website (Training Fees | RACS (surgeons.org)). In 2023, two requests for assistance with fee payments have been received and approved.

Has there been any changes to the policies to support Trainees in fee distress for 2023?	**Comments**
Yes ☐ No ☒	
Changes to College fees made for 2023	**Rationale for changes**
Changes to fees made ☒ No changes made ☐	As described in Standard 1; RACS will be increasing fees associated with SET training, exams and courses for 2024.

- If the College has made any changes to the following documents for 2023, can the changes be described in the table below and the updated documentation attached to this submission.

Policy / Procedure	Description of changes
Selection in to training	There have been no changes to the Guide to SET for 2023. STC/Bs have reported changes summarised in the accompanying matrix.

[2] A guiding principle of the National Law requires that fees that are to be paid under the scheme be reasonable, having regard to the efficient and effective operation of the scheme. Section 4 Health Practitioner Regulation National Law.

Please note: do not fill in the above table and provide documentation if the College has previously supplied the current documentation to the AMC and **did not** make any changes to the above documentation for 2023.

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

Areas covered by this standard: supervisory and educational roles and training sites and posts.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 8:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section

College response
Identification and assessment of factors that could influence the achievement of the college's goals The College is engaging with the Australian Federal Government and is anticipating that recommendations from the National Medical Workforce Strategy and the Department of Health report on 'How Accreditation Practices Impact Building a Non-General Practice Specialist Medical Workforce' may impact the Colleges goals relevant to this Standard. As the Department of Health is reviewing the feasibility of a generic accreditation of hospitals across all medical specialties, this may impact the accreditation processes of the College and may impact the future role of RACS in the HTP project. The College will collaborate with the Government to implement any recommendations that arise out of these two projects. The contractual arrangements between RACS and the specialty societies are a particularly influential factor to work relating to the HTP project. As this project relies on RACS and the 13 STC/Bs agreeing to generic accreditation standards relevant to all specialties to be administered by RACS, full consensus must be reached before the project can proceed. This necessitates extensive collaboration and extended timelines to allow for this. The STC/Bs are represented on the HTP Working Group and outcomes from this project will guide future work under this Standard. Other themes identified by the STC/Bs as having potential impact include a hospital failing the accreditation process or being unable to be used as a training post in the future. Workforce concerns were also reported by the STC/Bs, including resource availability to ensure supervisor and trainer roles are supported and that the costs of having a Trainee are adequately recompensated (particularly in rural and regional areas). **Major developments since the last accreditation assessment** ***1. Supervisor feedback*** The College has developed the Supervisor Consensus Statement (attachment 8.1) to clearly articulate the requirements needed to support RACS supervisors. The statement makes recommendations across six key areas: clarity of role, education and training, local support, RACS support, recognition and valuing of the supervisor role, and risk management. The Supervisor self-assessment survey has been developed to gather data from individual supervisors. This is described in more detail in Condition 19 (a copy of the survey and results from the pilot survey are provided as attachments 8.2, 8.3 and 6.8). ***2. HTP project***

RACS recommenced the Hospital Training Post Accreditation Project in June 2022. Since the last accreditation assessment, RACS has completed a wide stakeholder consultation on the updated draft RACS HTP Accreditation Standards. Key changes to the standards include:

- strengthened standards around respect and safety
- addition of a Principle and Standards on Cultural Safety
- strengthened support for surgical supervisors and surgical Trainees
- facilitation of information-sharing with hospitals under the RACS new accreditation process

The HTP Accreditation Standards review included a revised process to undertake future accreditation. This process separates generic 'facility level standards' (Part A) from standards related specifically to training departments (Part B). The goal of this separation is to reduce the burden on both hospital administration and training departments in relation to accreditation activities and requirements. The updated standards were approved by the RACS Education Committee in June 2023 (attachment 8.4).

The February 2023 CSET endorsed a high-level model of how RACS accreditation would be overseen by an Accreditation Advisory Panel. The role of the Accreditation Advisory Panel will be to support accreditation, oversee process and identify risk. Guidelines that define the process for specific accreditation circumstances/outcomes and for conditions calibrated across standards have been recognised as necessary. The requirements for data-sharing of all accreditation outcomes to allow for trend analysis and critical feedback across training programs has been acknowledged as vital to RACS.

RACS is currently undertaking:

- business process mapping to guide the process of RACS in undertaking the duties and activities of Part A Generic Accreditation services
- documentation of the principles regarding the scope, roles, responsibilities and 'rules' that will oversee governance of future accreditation by the Accreditation Advisory Panel
- development of reflective questions and recommendations for demonstration of evidence for each generic standard for use as a support tool for both hospital administration and RACS Part A Assessors
- drafting of new RACS Accreditation Handbook and policy.

College development plans for the next five years

The proposed plan for the HTP project outlines the key milestones for the project (attachment 8.5). However, these are still to be confirmed following the re-prioritisation of RACS activity due to the financial sustainability measures. Introduction of the new HTP format will require developments in the TMP to support implementation with a preceding pilot phase.

RACS is planning to implement the supervisor self-assessment survey in 2024.

Updates on any developments made in response to COVID-19

Nil

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program?	☐ Yes	☒ No change

Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*		

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 18				To be met by: **2022**
Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1.3, 8.1.5 and 8.2.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
The College has updated the Surgeons Competence and Performance Standards to include Cultural Competency and Cultural Safety, commonly referred to as the 'tenth Competency'. It is stated in the submission that 'by introducing the tenth Competency to Surgical Professional Standards, it is mandatory for a Surgeon through their career to be assessed against the tenth Surgical Competence and Performance standard.' More detail on this competency is in the Professional Skills Curriculum which is to be approved in October 2022. The College has provided a detailed update regarding Cultural Safety training for the senior leadership team and college committee members. Following the completion of training committees/boards training and education, a proposal will be put forward for all supervisors and trainers to undertake this, or equivalent training and for a policy to be implemented making this training mandatory moving forward. It is expected that this will occur in the second half of 2023. Over the next 12 months the CPD Framework will reflect Fellowship requirements pursuant to the Cultural Competency and Cultural Safety Professional Standards. The recently released Supervisor Framework includes Domain 3, Trainee and Patient Safety which is integrated into the learning outcomes of Cultural and Safety Competencies. In summary, cultural safety training for all supervisors, clinical trainers and assessors training is not yet mandated, but there is steady progress towards this. A decision to make it mandatory is expected in the latter part of 2023. This will allow the condition to be satisfied.				
2023 RACS Response				
RACS has reviewed existing resources and determined that there is no appropriate course that could be mandated. The College has been investigating external resources to use in the training of cultural competence and cultural safety. The RACS Head of Education Services has been leading a subgroup of the Network of College Medical Educators (NCME) to identify cultural competence and cultural safety training resources. A survey was conducted with responses received from each college. A symposium is planned for late August to showcase resources and to receive advice from external agencies involved in cultural competence and cultural safety training. The agenda for this symposium is provided as attachment 8.6. Information from the survey and symposium will be used by RACS to identify resources appropriate to mandate				

for supervisors, clinical trainers and assessors. The Education Committee has endorsed a proposal for RACS to:

a. curate a list of suitable resources sourcing internally and from reputable external organisations and

b. mandate that Supervisors and Trainers complete annually a minimum of 3 hours of Continuing Professional Development (CPD) to address the RACS competency, Cultural competence and cultural safety.

The full proposal is provided as attachment 8.7.

Condition 19	To be met by: **2023**

In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training programs. (Standard 8.1)

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	

2022 AMC commentary

The Supervisor Framework which outlines standards/competencies for supervisors has been finalised and was appended to the submission as well as being posted on the College website.

There is a self-assessment tool, and the College reportedly reviews supervisor performance at accreditation visits. To satisfy this condition, a process for reviewing individual supervisor performance across all specialty training programs is required.

2023 RACS Response

RACS has developed and piloted a supervisor self-assessment survey to gather data from individual supervisors. Free-text questions have been included to ensure supervisors are able to articulate specialty-specific issues and any barriers to implementation of appropriate supervision. In May 2023 the survey was piloted with 20 supervisors from 4 specialties. Responses to the pilot will be used to refine the survey and finalise implementation. The survey will be conducted annually via the TMP.

The survey and results from the pilot are included as attachments 8.2, 8.3, 6.8.

STC/Bs are also investigating data that can be shared with supervisors to provide them with feedback on the outcomes of their training programs (e.g. numbers that pass the FEX, assessment outcomes). STC/Bs are being surveyed to determine the type of data to be shared annually with supervisors as part of the supervisor evaluation process.

3 Statistics and annual updates

- Please provide data in the tables below showing a summary of accreditation activities in **2022** including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

Site Accreditation Activities										
	ACT	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Total number of sites	5	50	107	1	22	5	49	23	92	354

Total number of posts*	10	72	148	8	24	10	105	32		409
Number of Sites / Posts visited	2	21	60	3	10	7	50	22	21	196
Number accredited – new sites	1	5	5	1	2	0	5	1	1	21
Number accredited – reaccredited sites	1	20	48	2	10	7	39	18	20	165
Number not accredited – new sites	0	0	3	0	0	0	0	0	0	3
Number not accredited – reaccredited sites	1	4	1	0	0	0	0	1	2	9
Number at risk of losing accreditation	0	1	8	0	0	1	0	0	0	10
Number of out-of-cycle accreditation review	1	11	7	0	0	0	2	1	2	25

*The Australian Board in General Surgery reported number of Posts not Sites

- Please provide a brief outline in the table below on how the College ensures that training sites are Culturally Safe in its accreditation activities.

  Please also comment on what roles Aboriginal and Torres Strait Islander, Māori, and Pasifika doctors' fulfil in accreditation of training sites. The AMC is also interested to know if the College is considering including or revising roles for Indigenous doctors in the future?

College response
The RACS Accreditation Standards have been reviewed and updated to include a Principle and associated Standards on cultural safety. These were developed with the assistance of the RACS Indigenous Health Committee. This principle ensures that hospitals can demonstrate a commitment to promoting Aboriginal and Torres Strait Islander and/or Māori cultural competence and can provide a culturally safe training environment for Trainees and patients. The revised standards were approved by the Education Committee in June 2023. The HTP Accreditation Standards review included a revised process to undertake future accreditation. The new process will be governed by the Accreditation Advisory Panel (AAP), which will oversee the quality of RACS accreditation systems including policies, guidelines, standard criteria, processes and reporting. As such, the AAP provides leadership and expertise to RACS on accreditation of its training programs and will work collaboratively with STC/Bs, internal education

and evaluation units to provide continuous improvement strategies for RACS training. The AAP will include representation from the RACS Indigenous Health Committee.

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

1 Analysis of strengths and challenges, and significant developments

This section gives the AMC information on the continuing evolution of the college's programs and an analysis of the college's strengths and challenges. Please provide for Standard 9:

- identification and assessment of factors that could influence the achievement of the college's goals over the next five years
- a short summary of major developments since the last accreditation assessment
- a description of the college's development plans for the next five years, and significant milestones for their implementation
- include updates on any developments made in response to COVID-19 in this section.

College response
Identification and assessment of factors that could influence the achievement of the college's goals The College is awaiting the outcome of recommendations from the Independent Review of Overseas Health Practitioner Regulatory Settings and is looking forward to working with the government once these recommendations are known. **Major developments since the last accreditation assessment** RACS has had a backlog of applications since COVID, which this has taken some time to reduce (from 12 months to 5 months currently). RACS has undertaken an extensive process-mapping exercise to identify areas for improvement and the College continues to prioritise reducing the backlog further. In addition, the current SIMG section of the RACS website was reviewed and updated to ensure greater transparency of assessment process and fees for SIMGs (Surgical Education and Training (SET) as an SIMG | RACS (surgeons.org)). The College has consulted with an external assessment expert (Lambert Schuwirth) to assist with process for ensuring validity and reliability of the EVOPP process. As a result the 2023 pilot process has seen a requirement for assessors to individually rate the competency at each element of the EVOPP process to provide additional data points for analysis. Four EVOPP pilot visits are planned for 2023, adding to the three visits completed in late 2022. A Total of 11 visits will have been undertaken by the end of 2023. **College development plans for the next five years** The College is focused on further refinement of internal processes to ensure timely processing of applications. This is likely to include the introduction of a new application portal to provide applicants with visibility of the progress of applications. The College is also working towards the implementation of EVOPP as an alternative to the Fellowship Exam for eligible SIMGs. **Updates on any developments made in response to COVID-19** Nil

Requests for additional information from the AMC response to the 2022 monitoring submission:

- Please provide the outcomes of the research study comparing performance of SIMGs with locally trained Fellows at completion of the SET.
- The College is asked to comment on the large number of SIMGs not graduating and the reasons for this.

Please provide comment below.

RACS has been unable to progress the research study for several reasons, namely lack of interest from recently Fellowed SET Trainees and a reduction in FTE in the SIMG team. Focus for the team has been reducing the backlog of applications and the rollout of the EVOPP pilots.

RACS records indicate that thirteen SIMGs in 2022 did not complete the pathway/graduate. Only one SIMG withdrew between initial assessment and final assessment; twelve did not complete the pathway before the expiry date.

RACS has undertaken an analysis of Fellowship exam data and SIMG candidate progress. The reason that SIMGs are not graduating from surgical training is linked to candidates failing the FEX before the expiry date. Examination data from 2022 shows that, of a total of 61 candidates sitting the Fellowship exam, 27 passed while 34 failed. This equates to an overall pass rate of 44%, significantly lower than the 71.8% pass rate for non-SIMG candidates sitting in 2022 ($p < 0.001$). RACS continues to review the EVOPP program and the role of the Fellowship exam in assessing SIMGs.

Specialty	**Pass**	**FAIL**
CAR	1	3
GEN	5	5
NEU	4	6
ORT	3	3
OTO	3	4
PAE	2	2
PLA	4	6
URO	0	1
VAS	5	4
Total	**27**	**34**

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant, please report on such matters in this section of the report.

Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for assessing overseas-trained specialists. Please include updates on any changes made in response to COVID-19 in this section. *If yes, please describe below the changes and the potential impact on continuing to meet these standards.*	☐ Yes	☒ No change

2 Activity against conditions

The numbering of conditions matches that used in the AMC Accreditation Report.

Please address each of these conditions individually.

Condition 20				To be met by: **2023**
Develop and implement alternative external assessment processes such as workplace-based assessments to replace the Fellowship Examination for selected specialist international medical graduates. (Standard 10.2.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2022 AMC commentary				
The College is thanked for providing the following additional information on the External Validation of Professional Performance (EVOPP) pilot for the Specialist Education Accreditation Committee review: • The project timeline for completion of the pilot phase and proposed implementation • A summary of the pilots undertaken and planned • Learning/evaluation of the pilots already conducted and implications for changes to the process Progress has been slow, but there are plans in place to progress. The timeline for completion of activities was noted, as well as what activities have been undertaken since 2018. The appointment of a dedicated Project Manager in 2022 is a welcome development. The College highlights in its response that will be important to ensure uniformity between the nine surgical specialties and this collaboration may take time. The College is encouraged to work with the societies to ensure implementation can occur in a timely manner to ensure workforce need is met.				
2023 RACS Response				
RACS continues with the rollout of the EVOPP Assessor workshops, with the aim of having at least two assessors for each surgical specialty. RACS is also continuing with the planned EVOPP visits, with the focus until the end of 2023 being to complete an EVOPP visit for each surgical specialty. Following evaluation of the EVOPP visits, recommendations will be submitted to CSET and EC for discussion at the February 2024 meetings. A number of outstanding process issues will need to be agreed to prior to implementation, for example, which SIMGs will be eligible for the EVOPP process, and what are the consequences of failing an EVOPP.				

3 Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2022**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate NZ and Australian figures. Please provide separate area of need and Specialist IMG figures.

If required please adjust the tables to suit the College's training and education programs.

New Applicants undertaking Specialist International Medical Graduate Assessment

Number of new applicants in 2022:	Australian Numbers	New Zealand Numbers
	60 Applications Assessed	

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	60	
Interim Assessment Decision: • Not Comparable • Partially Comparable • Substantially Comparable	17 Not comparable	
	25 Partially Comparable	
	8 Substantially comparable	
	10 Withdrawn	
Ongoing Assessment	36 under Clinical Assessment	
Final Assessment	24 Final Assessment	

Section C: Report on Quality Improvement Recommendations

The College's accreditation report contains Quality Improvement Recommendations. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Please provide a brief summary update of the College's response to the Quality Improvement Recommendations. The AMC is asking the College to report on activities in years three, six and nine of the accreditation cycle.

The College is in **YEAR SIX** of its accreditation cycle, please provide an update on work related to your Quality Improvement Recommendations. If the College will not be considering the Recommendation, please briefly comment on the reasons for this.

Quality Improvement Recommendation	**Has the College undertaken any activities against this recommendation?** *If yes, please describe below*	**If no activities have occurred, will the College be considering this recommendation in the future?**
Standard 1: The context of training and education		
Nil remain.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 2: The outcomes of specialist training and education		
AA Benchmark the graduate outcomes of each of the surgical training programs internationally. (Standard 2.2 and 2.3)	☒ Yes ☐ No	☐ Yes ☐ No
	As they have revised their own curricula, STC/Bs have reviewed international surgical training programs and curricula. This has been a proxy 'benchmarking' process, as STC/Bs have considered which aspects of international curricula are relevant to the Australian and Aotearoa New Zealand conditions.	

BB Improve the uniformity of presentation of training program requirements and graduate outcomes for each of the surgical specialties (particularly on the website), taking into account feedback from Trainees, supervisors and key stakeholder groups. (Standard 2.2 and 2.3)	☒ Yes ☐ No	☐ Yes ☐ No
	RACS is working with the STC/Bs to ensure documents contain key standard elements that are consistent. RACS supports this by providing templates; implementation depends on individual STC/Bs using the templates.	
Standard 3: The specialist medical training and education framework		
CC Develop explicit criteria to consider whether training periods of less than the standard six months can be approved, and ensure that prior learning, time and competencies acquired in non-accredited training are fairly evaluated as to whether they may count towards training. (Standard 3.3 and 3.4.2)	☒ Yes ☐ No	☐ Yes ☐ No
	Implementation of competency-based medical education has reduced time-based imperatives on training, so the duration of rotations is less restrictive on progression through training; however, there is tension between service/employment requirements and training requirements, which impacts activity against this recommendation.	s.
Standard 4: Teaching and learning approach and methods		
DD Consider mechanisms to support better access to training identified as lacking in parts of Australia and New Zealand (Standard 4.2.1)	☒ Yes ☐ No	☐ Yes ☐ No

	The College has secured funding from the Flexible Approaches to Training in Expanded Settings initiative to support research and development against this recommendation. This is described under Standard 1.	
Standard 5: Assessment of learning		
EE For all surgical specialties, adopt behaviour-related reporting (i.e., descriptive of the key features) rather than simple scoring for all work-based assessments. (Standard 5.2.3)	☒ Yes ☐ No	☐ Yes ☐ No
	Workplace-based assessments in the draft RACS Guide to Assessing Professional Skills emphasise feedback and assessment for learning; examples all propose behaviour-related reporting.	
Standard 6: Monitoring and evaluation		
Nil remain.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 7: Issues relating to Trainees		
Nil remain.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 8: Implementing the program – delivery of education and accreditation of training sites		
Nil remain.	☐ Yes ☐ No	☐ Yes ☐ No
Standard 9: Assessment of specialist international medical graduates		

FF	The College and specialty training boards are strongly encouraged to consider: i. Ways to improve timelines and transparency in communicating assessment decisions to SIMGs. ii. If expectations of SIMG candidates in the assessment of comparability in both Australia and New Zealand were reasonable. (Standard 10.3 and 10.4)	☒ Yes ☐ No RACS has had a backlog of applications since COVID, and this has taken some time to reduce. RACS has undertaken an extensive process mapping exercise to identify areas for improvement. This is currently being implemented. RACS will be considering this recommendation Q3 & Q4 of 2023. Due to a high staff turnover, reduction in staff FTE within the SIMG team and the focus on reducing the backlog of applications, this recommendation has not been acted on. RACS has commenced discussions with other bi-national colleges to understand their process in the assessment and comparability in Australia and New Zealand.	☐ Yes ☐ No