

# 2024 AMC Monitoring Submission

## AMC Findings - *Royal Australasian College of Surgeons*

Date of last AMC accreditation decision	2023 via Accreditation Extension
Periodic reports since last AMC assessment	Nil
Next accreditation decision due	31 October 2027

### Explanation of findings

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that: (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or (b) the program of study, and the education provider that provides the program of study, substantially meet the accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.

*The AMC uses the terminology of the National Law (meet/substantially meet) in making decisions about accreditation programs and providers.*

**Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:**

Findings against conditions	
Unsatisfactory	The College may not meet the related accreditation standard and AMC should investigate further.
Not Progressing	No progress or overly slow progress given the timeframe on the condition.
Progressing	Indicates satisfactory progress against the condition, with further reporting necessary.
Satisfied	The College has satisfied all requirements and can cease reporting against the condition. Condition is marked as satisfied

### Please note that this response contains:

Part A	<i>Summary of the overall findings relating to the College's 2024 monitoring submission.</i>
Part B	<i>Acknowledgement, and responses to conditions that were satisfied in 2024</i>
Part C	<i>Detailed responses to information reported against the standards, including feedback to support further reporting on remaining conditions on accreditation</i>

**Part A – *Summary of the overall findings relating to the College's 2024 monitoring submission.***

## Overall Summary of Royal Australasian College of Surgeons 2024 monitoring submission

There are many commendations on the College training which are noted throughout these findings. Nine conditions have now been satisfied, and Standard 4 and 7 are now Met.

The efforts to collate and synthesise such an extraordinary amount of material in a short time into such a comprehensive report has greatly assisted the AMC. That this has been done speaks to the considerable commitment and capacity of the College to deliver quality training.

There is shared accountability shown in the new networked approach among the College and the specialty societies, accompanied by a degree of openness, self-reflection and shared problem-solving. The templated format is useful to the AMC and, hopefully, also useful internally within the College.

It is noted that the financial situation has stabilised considerably without a major impact on training operations.

Moving ahead, the College has self-identified a list of 16 quality improvement activities:

- Governance innovation opportunities
- SLAs with specialist societies
- Organisational structure
- Reconsideration, review and appeals process
- Educational/technical expertise
- Interaction with the health sector
- Ensuring policies and processes are accessible, available and responsive to ongoing feedback
- Perioperative terms of reference
- Sharing of data
- Monitoring and evaluation framework
- Selection
- Fees
- Supervisor feedback
- Supervisor assessment and HTP reporting and actioning
- SIMG assessment process
- EVOPP

During the 2024 monitoring review, the AMC has identified several further areas to be prioritised in this workplan:

- Formal teaching and assessment of cultural competence and cultural safety
- Aligning assessments to learning outcomes by stage of training
- Culture of training and workplaces
- Trainee workload and relocation issues
- Mechanisms for trainees to feedback directly on their supervisor's performance
- Further enhancing numbers of Indigenous trainees
- Further enhancing rural equity in training
- Quality assurance of SIMG assessment and selection processes.

Noting the above areas, three additional conditions have been placed on the College's accreditation under Standard 1, 5 and 9.

Overall, the College's 2024 monitoring submission gives confidence that there is the capacity to provide quality training in 13 programs across Australia and Aotearoa New Zealand. In subsequent submissions

there must be evidence that both this new collaborative approach is sustained, and that the financial situation remains stable.

On the basis of the College's 2024 monitoring submission, the AMC is able to consider a further extension of accreditation of the College's training and education programs in the recognised specialty of Surgery and related fields of specialty practice, of up to 3.5 years.

In determining a period of accreditation to recommend to AMC Directors, the Specialist Education Accreditation Committee considered the substantial work involved in preparing a submission for reaccreditation, and the review of accreditation standards for specialist medical programs underway. The Committee agreed to recommend a longer period of accreditation, with enhanced monitoring of the College to enable the AMC to provide assurance to the Medical Board of Australia and the Medical Council of New Zealand that the noteworthy progress demonstrated in this submission would continue to address the remaining conditions and to meet the standards.

**On 12 September 2024, AMC Directors agreed to extend the accreditation of the College for a period of three years, until 31 October 2027.** The College is due to participate in a full reaccreditation assessment in late 2026/early 2027.

The enhanced monitoring approach recommended by the Committee includes:

- an annual monitoring submission that is supplemented with targeted stakeholder feedback e.g. from the College's trainee committees and jurisdictions, to be considered alongside the submission.
- six-monthly meetings to be held between the College and the AMC to increase engagement and oversight of progress. The first meeting to be held in January/February 2025.

Standard	2023 Findings	2024 Findings
<b>Overall</b>	<b>Substantially Met</b>	<b>Substantially Met</b>
1 The context of education and training	Substantially Met	Substantially Met
2 The outcomes of specialist training and education	Substantially Met	Substantially Met
3 The specialist medical training and education framework	Substantially Met	Substantially Met
4 Teaching and learning methods	Substantially Met	Met
5 Assessment of learning	Met	Substantially Met
6 Monitoring and evaluation	Substantially Met	Substantially Met
7 Issues relating to trainees	Substantially Met	Met
8 Implementing the training program – delivery of educational resources	Substantially Met	Substantially Met
9 Assessment of specialist international medical graduates	Substantially Met	Substantially Met

## Part B – Acknowledgement, and responses to conditions that were satisfied in 2024

### 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.*

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
2024 AMC commentary				
<p>The College are commended for continuing with such an extensive and evidence-based program of implementation, monitoring, evaluating and refining these flagship strategies.</p> <p>There have been recent updates to most strategies, and a Managing Bias Working Party was established in 2023. The second RACS Reconciliation Action Plan (RAP) 2023–2025 (Innovate) has been approved by Reconciliation Australia.</p> <p>A detailed and reflective response was provided, showing renewed focus on many fronts and further integration of these plans into policy and operations across the College.</p> <p>The Training Committees/Board self-assessments show in some detail how they are implementing elements of the policies e.g. in governance, selection, diversity and inclusion, accreditation, rural health equity, flexible training.</p> <p>A further stimulus to enhancing cultural safety, all Training Committee/Boards are progressing with implementation of formal curricula towards meeting RACS Competency 10 in cultural competence and cultural safety (see Condition 8).</p> <p>The approaches being taken vary. For example, in selection, not all Training Committees/Boards have a dedicated Indigenous applicant pathway. Instead, some award points for cultural engagement in Māori and/or Aboriginal or Torres Strait Islander communities as well as participation in Māori and/or Aboriginal or Torres Strait Islander organisations for periods greater than 12 months. This could apply to non-Indigenous applicants.</p> <p>A final challenge is how the outcomes of implementation appear in the M &amp; E framework, and how it is reported to stakeholders.</p> <p>There is evidence suggesting there is still much more work to do, and momentum must not be lost for:</p> <ul style="list-style-type: none"> <li>• Ongoing underrepresentation of Māori and/or Aboriginal or Torres Strait Islander trainees</li> <li>• Feedback from trainees on workload, poor work life balance, and concerning high rates of bullying/discrimination and harassment from senior medical staff.</li> </ul>				

While this condition is satisfied, a new condition has been added to the College’s accreditation, focused on the monitoring and evaluation of the outcomes from these initiatives:

*Condition 21 - Demonstrate systematic processes for monitoring and evaluation across all specialities of the Reconciliation Action Plan, the Building Respect, Improving Patient Safety (BRIPS) action plan, the diversity and inclusion plan, and the Rural Health Equity Strategic Action Plan (Standard 6.1 and 6.2).*

*To be satisfied in 2025*

## Standard 3: The specialist medical training and education framework

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

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
2024 AMC commentary				
Mapping of outcomes and their links to the RACS PSC is complete. The RACS and specialty outcomes all include some reference to the broader patient context.				

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
2024 AMC commentary				
Under Health Advocacy in the RACS PSC, key behavioural markers include: <ul style="list-style-type: none"> <li>demonstrating a commitment to healthcare system sustainability</li> <li>considering the financial and environmental impacts of healthcare</li> <li>avoiding procedures with minimal patient benefit.</li> </ul> All specialty outcomes included sufficient reference to these aspects to satisfy this condition.				

<b>Condition 7</b>				To be met by: <b>2023</b>
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)				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
				X
<b>2024 AMC commentary</b>				
<p>This is covered in all specialty curricula, however, not many were specific about common or important medical conditions or complications relevant to the specialty (e.g. hypertension, diabetes, pneumonia, AF, thromboembolism). There may be further relevant detail in postoperative modules (e.g. as for general surgery), but these weren't presented.</p> <p>It is commendable that the College is engaged with sectoral initiatives and is setting up a dedicated perioperative care group in collaboration with ANZCA, RACP and others.</p> <p>This Condition is satisfied.</p>				

<b>Condition 9</b>				To be met by: <b>2023</b>
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)				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
				X
<b>2023 AMC commentary</b>				
<p>A lot of thought has gone into addressing this condition, with a college-wide document having been agreed and shared across the College. This is being used in development of curricula and assessments.</p> <p>While the condition is satisfied, the College needs to be mindful there are no unnecessary "time based" or "procedure number" hold ups for trainees otherwise deemed competent. The College is asked to please comment on this in the 2025 monitoring submission.</p>				

## Standard 6: Monitoring and evaluation

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

<b>Condition 11</b>				To be met by: <b>2023</b>
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)				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
				X
<b>2024 AMC commentary</b>				

The College has developed an overarching framework and a draft M&E prototype that includes what needs to be reported annually against the nine outputs defined in the M&E framework.

With respect to implementation, the minimum dataset (MDS) for monitoring is currently undergoing stakeholder refinement. The MDS for evaluation is not yet finalised so it is not clear what evaluative activities will be undertaken.

Annual reports on the M&E framework implementation and on the remaining conditions in Standard 6 will give information on the effectiveness of implementation.

## 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*

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
2024 AMC commentary				
<p>The College has provided examples to check for structural barriers and mitigating these to regard the condition as satisfied.</p> <p>Several examples were given:</p> <ol style="list-style-type: none"> <li>1. SJTs, used by three specialties, were removed for 2025 as they might be culturally biased. This was in response to recommendations from the Indigenous Health Committee</li> <li>2. A research project into gender bias across college showed no bias</li> <li>3. Clear evolution of selection tools and processes</li> </ol> <p>The policy framework evaluations, governance structures and monitoring processes including demographic data will provide enough evidence that the College continues to meet this condition. Specifically, AMC will note future responses to Condition 2 and the implementation of M &amp; E plan which includes such data in the minimum data set of SET reporting processes and reporting of statistics.</p>				

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
2024 AMC commentary				
<p>Detailed responses and examples were provided which showed increased transparency in setting and reviewing fees for training, assessments and training courses by the College and specialty training boards. Results from activity costings have been shared with relevant groups. e.g. via a trainee webinar in Dec 2023. Training fees are available via the College and specialty society websites.</p> <p>SET fee hardship requests and responses were reported, numbering 17. In future, names of trainees should not be provided in the interests of privacy.</p> <p>Information on what to do if experiencing hardship is provided on the College website.</p> <p>Financial hardship consideration will be included in the update to the College's financial delegation authority policy.</p> <p>The College states its commitment to minimising fee increases and ensuring transparency to address the concerns of Trainees and stakeholders as it continues to refine its financial practices.</p>				

## Standard 8: Implementing the training program – delivery of educational resources

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

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
2024 AMC commentary				
<p>The College has mandated cultural safety training for all supervisors, clinical trainees and assessors, as evidenced by a letter sent by the College to all concerned in May 2024. Implementation date has been set at January 2025. For supervisors, the need to be culturally competent is referenced in the supervisor framework competencies.</p> <p>All of the specialty societies are supportive, though the various societies demonstrate the many complexities as some require the College to provided resources, and others concerned about an overlap with hospital-provided resources. The statement from the College notes the role of CPD registration requirements, of hospital-led cultural safety education, and also the forthcoming RACS resources.</p> <p>Further, the College HTP standards require support by the hospital for RACS surgeons and trainees in allowing time to complete the relevant training. (HTP 5.2.2)</p> <p>Finally, from 1 July 2024, all new supervisors, clinical trainers and assessors contributing to any aspect of SET must demonstrate they have completed cultural competency and cultural safety training. It is not clear,</p>				

however, how the College will monitor completion or standard of the mandated CS training. Future monitoring of this mandate is requested from the College in future progress reports.

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*Part C – Detailed responses to information reported against the standards, including feedback to support further reporting on remaining conditions on accreditation*

## 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 Significant developments underway or planned that relate to the accreditation standards

#### AMC commentary – significant developments against Standard 1

The AMC supports the College's identification of the most critical developments, namely:

1. Line of sight across all aspects of the surgical education and training (SET) delivery network.
2. Focus on reporting actions and outcomes, not only on frameworks, policy, position and procedures.
3. Exploring opportunities for innovation through shared participation across RACS, considering significant advancements in the delivery of safe, quality care and training, as evidenced by the work of National Health Practitioners Ombudsmen (NHPO), National Health Workforce Taskforce (NHWT), MBA, MCNZ, AMC and the Independent Review of Overseas Health Practitioner Regulatory (Kruk) Report.
4. The financial and organisational sustainability and capability of RACS as an organisation responsible for the networked delivery of SET in Aotearoa New Zealand and Australia.

Further, the College has self-identified a list of 16 quality improvement activities which are listed in the summary of this report.

The approach used in this monitoring submission is to be commended. In particular, there is new approach showing collaboration across the College, with openness and self-reflection, accompanied by presentation of relevant data in way that allowed a clearer view across all 13 programs, in order to determine whether standards and conditions are met.

While there was lot of material to review, what was provided in both the submission and the appendices was relevant and illustrative.

The extraordinary amount of work that has gone into this submission speaks to the capacity within the College and the strategic focus both to meet AMC standards but also commitment to working within the current drivers of financial sustainability, the NHPO review, the Kruk review, and challenges facing the health sector.

In most cases this review is based on the data presented, not on actual source documents. At the next accreditation assessment these need to be visible to the AMC team.

The AMC appreciated being able to review the findings of the AOA21 External Review conducted after five years of the new training programme. AOA is commended on this evaluation. The review found that most of the original goals of AOA21 had been implemented successfully. Training was significantly improved in a number of areas. The challenges were not unique to AOA, and how AOA meets the challenges may be illustrative across the College.

A point to be noted, but which does not affect current AMC accreditation, is that:

*“AOA through the will of its members is undertaking a formal due diligence on whether it should be directly accredited by the AMC. AOA is liaising closely with RACS, the NZOA and other partners as this process is*

*undertaken. Whilst this exercise may give some cause for concern, openness, transparency and evidence to justify AOA taking such a significant step is viewed as a positive leaning and educational approach. Should this objective be achieved the form of any reshaped relationship with RACS would be explored. There is an intent for AOA and RACS to continue in a relationship, albeit one that is likely quite different from longstanding arrangements.”*

#### **Financial situation**

This has improved markedly from 2023 using a range of measures. As reported by the auditor and treasurer the College is solvent and has sufficient reserves to cover costs if they arise. Trainee fee rises seemed to have been handled well. There is a new hardship policy and process, with evidence that only small numbers have applied for relief of hardship to date.

#### **Governance review**

There is a constitutional review underway, mainly at higher levels of the College, which will be reported on in the next submission. As far as governance of training goes, the approach taken by the College is a middle path, being a “strengthening a networked approach with the promise and collaboration from all involved.” Service Level Agreements between the College and each society vary and are at various stages, but there are some core elements.

#### **Requests for additional information from the AMC response to the 2023 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.*

#### **2024 AMC commentary**

This is also addressed below in the Statistics section. Thorough data was supplied by Training Committee/Boards which showed that the majority of reconsiderations were upheld – i.e. the original decision stands. The quantum of appeals seemed reasonable, and no systematic issues were identified.

To make it clearer to applicants, Registration has now been incorporated into Selection Regulations. Further, the SET trainee agreement outlines how to raise concerns and use the RRA policy, but this would not be visible to applicants.

#### **Complaints regarding Regulation 2053, Reconsideration, Review and Appeal**

The AMC received information through its complaints process regarding the College’s revised Regulation 2053, Reconsideration, Review and Appeal (March 2023), relating to accreditation Standard 1.3.

In summary, there is concern that trainees can be dismissed from the program without having recourse to a reconsideration, review and appeals process for a failed assessment/training term given that the revised [Regulation 2053, Reconsideration, Review and Appeal](#) policy no longer applies to:

*3.1.8. Assessments, references or other decisions of competency, including work-based assessments prior to any decision of a Training Committee/Board in relation to admission, progression, suspension or termination of training.”*

Trainees must therefore wait until after their training status/dismissal from training is finalised before being able to lodge an application for reconsideration of the training decision (clause 3.1.1).

The AMC notes the rationale for the change to the regulation was articulated in the College’s 2023 monitoring submission. As described in the notes relating to Standard 1.3, “*An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct*

[emphasis added].” The AMC would note also the National Health Practitioner Ombudsman’s principles of ‘fairness’ and ‘people-centred’ as two of the five key principles for effective and efficient complaints and appeals processes.

Further issues regarding the regulation that have been raised with the AMC include:

- no recourse for the appellant to raise issues with the conduct of the appeals process where it has not proceeded as stated; and
- lack of timely provision of relevant documents to the appellant.

The AMC requests the College provide a short, written update by **Friday 17 January 2025** regarding how the regulation has been implemented and specifically how this has impacted trainees using the revised regulation. This will be an area for discussion at the 6 monthly meeting between the College and AMC, to be held in January/February 2025.

## 2 Activity against conditions

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	
2024 AMC commentary				
<p>The submission provided many lines of evidence that showed far greater interaction and accountability across the College and its bodies such as the 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.</p> <p>The approach taken by the College is “strengthening a networked approach with the promise and collaboration from all involved.” Service Level Agreements between the College and each society are at various stages, and arrangements vary, but there are some core elements. Several are up for review at the end of 2024.</p> <p>The status of each SLA and how the Training Committees/Boards are working with the College is outlined. This shows general awareness of the need to work together enable college training to meet standards and the conditions.</p> <p>There is evidence clear of progress towards meeting this condition, and greater consistency in many core education and training activities. Before considering it satisfied, the AMC would like to see demonstrated that recent gains in shared processes and accountability are sustained and sustainable.</p> <p>In the next monitoring submission, the College is asked to please provide an update on the SLAs, as well as the processes being used to strengthen shared accountability for quality education and training.</p>				

### 3 Statistics and annual updates

#### AMC commentary – statistics and annual updates against Standard 1

Thorough data was supplied by Training Committees/Boards which showed that the majority of reconsiderations were upheld – i.e. the original decision stands. The quantum of appeals seemed reasonable and no systematic issues were identified.

At the appeal stage, the College charges the appellant a fee of A\$9,995. The policy is currently being updated to provide for a refund of the appeal fee if the applicant is successful in their appeal.

All staff are reportedly required to complete annual cultural safety training (no change). College committee members that are surgeons are required to complete one CPD activity in Cultural Competence and Cultural Safety training per annum as part of their CPD requirements.

Cultural Competency training has recently been mandated for all supervisors, trainers and assessors in Aboriginal and Torres Strait Islander and Māori culture and health.

As per the Introduction to this Standard above, there is an ongoing governance review. This is mainly at the upper levels of the College and is not yet finalised. The June 2024 structure chart looks appropriate to govern training, as is the approach taken by the College, being a “strengthening a networked approach with the promise and collaboration from all involved.” This approach needs to be sustained and sustainable.

The existing Conflict of Interest Regulation has been updated with sections addressing ‘confidentiality’ and ‘failure to comply’ to strengthen compliance with current mandatory accreditation requirements.

#### Summary of College performance against Standard 1

Since the 2023 monitoring submission, there has been a significant improvement in two main areas of concern:

1. training: collaborative governance and transparency of curricula; and
2. the financial situation.

Evidence has been provided in current activity and future plans to demonstrate the College is on a sound footing and evidence should be provided in future reports of consolidation of this new approach.

The College Substantially Meets Standard 1.

## 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 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 2
<p>A major development is the new approach across the College to display the training material for each specialty curriculum. The AMC agrees with the statement that this <i>“improves comparability, transparency, reporting and monitoring of continuous progress, early intervention where there are setbacks, and public communication about graduate outcomes.”</i></p> <p>The College is commended for the templated specialty curriculum outcome maps provided for every specialty, organised by the 10 competencies, to which were mapped specialty-specific outcomes, requirements/learning opportunities and assessment.</p> <p>There are now clear links between each specialty graduate outcome and the College outcomes. However, curricula are at various stages of development, so it will be important to keep these accurate as curriculum updates occur.</p>

### 2 Activity against conditions

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	
2024 AMC commentary				
<p>A College Stakeholder Engagement Plan is being developed for Australia with the stakeholders. A similar plan is being developed for Aotearoa New Zealand. This framework aligns health outcomes with the key stakeholders involved in the recruitment, selection, training and assessment of future surgeons.</p> <p>There is a wide range of external stakeholders, but most are interested/ expert parties related to education or the health sector.</p> <p>AOA was the only Training Committee/Board that reported consultation on its program with consumer and community representatives, but the nature of this consultation was not described. Further, the AOA has stewarded and lead the formation of the MSK Patient Advocacy Coalition. More details would be of interest, especially further engagement with consumer groups, specifically outside the peri-operative nature.</p> <p>There are consumer representatives on some Training Committee/Boards and other committees, but this is not greatly increased from the 2017 assessment. Further, there seems only a small amount of consultation with patients or lay members or the community, e.g. via documents are being sent out to consumer councils for consultation. There is a reliance on input at hospital accreditation visits, and for trainees and fellows to provide input from their jurisdictions and the wider context. Thus, much consultation is one step removed from the community of consumers.</p>				

The intent of this Condition was based on the 2017 assessment team impression that there was insufficient consumer or community input into the goals and objectives of surgical training. Overall, the engagement with consumers and the community, as reported, does not seem sufficiently proactive, reciprocal or persisting in nature. At this stage, this condition is not yet satisfied.

Apart from consumers and community input, the condition also includes ‘surgical and non-surgical medical, nursing and allied health stakeholders’. The College needs to address these groups in its reporting for all programs for this condition to be satisfied.

Please also see commentary under Condition 14.

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	
2024 AMC commentary				
<p>As mentioned above, there is now a simple and clear mapping process of the highest-level competencies or graduate outcomes for each program to the College 10 competencies.</p> <p>The 10 competencies are publicly available and all curricula map to these outcomes. Almost all specialty graduate outcomes are publicly available.</p> <p>There are a couple of exceptions that need to be addressed to fully meet the Condition:</p> <ol style="list-style-type: none"> <li>1. There is reportedly one aspect of the Professional Skills Curriculum which is yet to be factored into the curriculum by the BOHNS and NZ BOHNS – by looking at the maps this might be 10.3 – promotes and inclusive and safe workplace for all colleagues and members.</li> <li>2. The NZOA and NZOHNS curricula outcomes are not publicly available.</li> </ol> <p>Cultural Competency and Cultural Safety is currently mapped to a sub-component of the Advocacy section of the AOA 21 Foundation Competencies and will be strengthened after detailed review of the current competency statements in the AOA 21 Curriculum against the newer RACS 10th Competency statements.</p> <p>Incorporating uniform language between the RACS 10 Competencies and each of the subspecialty standards following the review could further strengthen consistency between college programs.</p> <p>It will be important to maintain mapping accuracy while curricula are rewritten, and for the panel to check this with source curriculum documents at the next accreditation visit.</p> <p>Could the College please reflect on the accuracy of this mapping prior to the review of the AOA 21 Curriculum and provide an update in the next submission.</p>				

### Summary of College performance against Standard 2

There is excellent progress in increasing the transparency of the graduate outcomes of training. The curriculum maps also allow consideration of what should be common amongst different programs. It will be challenging to keep these maps up to date. Formal and reciprocal engagement with the wider community and consumers about the elements of surgical training programs needs to be enhanced. The College needs to report on systematic consultation with the other stakeholder groups listed in Condition 3.

The College Substantially Meets Standard 2.

## Standard 3: The specialist medical training and education framework

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

### 1 Significant developments underway or planned that relate to the accreditation standards

#### AMC commentary – significant developments against Standard 3

Several specialty curricula are in development/ review.

- The Paediatric Surgery and Cardiothoracic Surgery new competency-based curricula have been drafted and are ready for the next phase of stakeholder engagement.
- AOA is considering the findings of the recent review, but this has not recommended any major structural changes.
- A revision of the Plastic and Reconstructive Surgery curriculum is underway.

The main development is the templated specialty curriculum outcome mapping for every specialty, organised by the colleges 10 competencies, to which were mapped specialty-specific outcomes, requirements/ learning opportunities and assessment.

As indicated in Standard 2, this is adequate for the mapping of the high-level graduate outcomes to the Professional Skills curriculum.

#### Requests for additional information from the AMC response to the 2023 monitoring submission:

- *Could the college please comment on the implications for reporting and analysis, considering that not all specialties will utilize the College Trainee Management Platform (TMP)?*
- *Given the heterogeneity in the mapping process, what strategies can be implemented to facilitate a clearer demonstration of how the curricula align with both RACS outcomes and AMC standards.*

#### 2024 AMC commentary

The College submission and Appendices 3.2 - 3.5 confirm that as yet, a minority of RACS STB/Cs use the TMP, although others have their own systems. Further, in 2023 the development of the TMP was paused. In 2024, the College confirmed the continued provision of, support for, and improvement of the user experience of the TMP. The TMP is reportedly a high priority project.

It was not clear from the documentation the full scope of what the TMP can currently achieve, nor intentions, and whether or not it will effect the monitoring needed for the M&E framework, and other reporting, and be accessible for example by STB/Cs.

The College is asked to continue reporting on TMP and the management systems of the other STB/Cs in future monitoring submissions to the AMC. This will be requested under Standard 6.

The format of mapping developed for this submission is effective enough for demonstrating the strength of the alignment of the specialty curricula with RACS outcomes. The format would be adaptable to show how

each training program meets a specific standard. For example, the selection tools for each program have been put on a template, making comparison easier.

## 2 Activity against conditions

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 speciality training programs. (Standard 3.2.10)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
			X	
2024 AMC commentary				
<p>All curricula have graduate outcomes which address specific health needs of Aboriginal and/or Torres Strait Islanders and Māori peoples.</p> <p>All curricula listed training requirements/learning opportunities which ranged from specific such as: Cultural Safety eLearning courses, specific workshops, University of Otago MIHI 501 course, to general, such as hospital and speciality tutorials and courses; hospital-based programmes; tutorials, clinics, ward rounds, MDT and handover meetings; supervisor and other teaching.</p> <p>However, these seemed to be learning opportunities and in no case were these activities mandated.</p> <p>Similarly, there were examples of assessments in which cultural competence and cultural safety might be assessed (e.g. mini CEX and other WBAs, supervisor reports, 360 assessments, written exams), but extremely few where it was or will be mandated.</p> <p>Where assessment appeared mandated was in:</p> <ul style="list-style-type: none"> <li>• OHNS: Trainees will be assessed on their performance in all 10 RACS competencies at mid-term and end of term</li> <li>• The FEX map showed cultural competence to be an element of one Viva, but it was not clear if this is the case for the FEX in all specialties.</li> </ul> <p>To satisfy the condition, a greater demonstration is needed of how <i>all</i> trainees are expected to build their cultural competence and cultural safety, who is responsible for ensuring this, and how the College and Training Committees/Boards will decide that trainees have met graduate outcomes.</p> <p>Commentary as to how cultural loads are being/will be mitigated for surgical and other educators and assessors who identify as Aboriginal and Torres Strait Islander or Māori would be helpful.</p>				

<b>Condition 10</b>		To be met by: <b>2023</b>		
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 3.4.1) <i>Previously Standard 4.1.1 – moved to Standard 3.4.1 in 2024</i>				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
			X	
<b>2024 AMC commentary</b>				
<p>The wording of this condition largely aligns with Standard 3, rather than Standard 4. Condition 10 has been moved to Standard 3.4.1 in 2024.</p> <p>It is acknowledged there are likely to be more comprehensive maps within programs; however, on the basis of evidence provided, this is progressing but far from complete enough for the Condition to be satisfied.</p> <p>Only two specialties, Cardiothoracic Surgery and Paediatric Surgery, referenced Stage 1 and Stage 2 outcomes in their outcome maps. None had defined learning activities or compulsory requirements by stage of training.</p> <p>Demonstration of alignment of learning and assessments to graduate outcomes of the training program, by stage of training, is needed.</p>				

<b>Summary of College performance against Standard 3</b>
<p>There is good progress in making college educational outcomes, frameworks, content and structure more visible and harmonised, while respecting individual specialty approaches. Four of five conditions are now satisfied.</p> <p>Most of the specific content issues raised in the 2017 accreditation assessment are progressing, but more work needs to be done to make it clearer what specific elements will be covered in the curricula, where, by whom, and how they are assessed. This is especially the case for the 10th competency of cultural competence and cultural safety (see commentary under Condition 8).</p> <p>The College Substantially Meets Standard 3.</p>

## Standard 4: Teaching and learning methods

*Areas covered by this standard: teaching and learning approach and methods*

### 1 Significant developments underway or planned that relate to the accreditation standards

<b>AMC commentary – significant developments against Standard 4</b>
No specific changes are reported, nor are there plans that will affect accreditation status.

**Requests for additional information from the AMC response to the 2023 monitoring submission**

*Could the college please provide updates on the robot-assisted surgery (RAS), implementation?*

**2024 AMC commentary**

It appears that this material was not provided in the submission. Could the College please provide a response to this request in the 2025 monitoring submission.

**2 Activity against conditions**

*Nil Conditions Remain.*

**Summary of College performance against Standard 4**

Due to Condition 10 moving to Standard 3, the College has now Met this standard.

**Standard 5: Assessment of learning**

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

**1 Significant developments underway or planned that relate to the accreditation standards**

**AMC commentary – significant developments against Standard 5**

The College reported on an assessment mapping task which was conducted to better understand the overall similarities and differences in assessments, as well as to provide a clearer overall description publicly.

All programs use the FEX and a range of improvements was described, one of which was the uncoupling of the written and oral viva components of the FEX from 2025. There will be a 2-day format for the Fellowship examination in 2025. Another was improved feedback and support for failing candidates.

AOA reported that assessment was a key area of focus following on from the Strategic Review. How the WBA Assessment Framework including competency-based assessment develops may be of interest to the wider College.

While Appendix 5.1 shows the range of assessment tools used in each program, assessments are not as yet mapped to learning outcomes by stage of training. This is work that needs to be done to give confidence trainees will meet their stated program outcomes.

To ensure the important work of mapping assessments to learning outcomes by stage of training is prioritised by the College, a new condition has been added to Standard 5:

*Condition 22 - Document how assessments are blueprinted to curriculum outcomes, by stage of training, for all RACS training programs (standard 5.1.1 and 5.2.2)*

*To be addressed by 2026*

## 2 Activity against conditions

*Nil Conditions Remain.*

## 3 Statistics and annual updates

### AMC commentary – statistics and annual updates against Standard 5

A comprehensive set of data was provided for 2023 summative assessments. Pass rates were highest for first attempt, and lowest for third attempt.

First attempt pass rates for FEX ranged from 44% (small specialty) to 92%. Most individual first attempt pass rates well exceeded 50%, with the average 73%. There were comparable pass rates for Aboriginal and/or Torres Strait Islander trainees at 62.5%, for Māori 73.9% and Pasifika 85.7%.

There is concern regarding the third attempt pass rates for the FEX which were noticeably low. No explanation was provided in the submission and this is requested for the 2025 monitoring submission.

Contingency plans for 2024 assessments appear appropriate.

### Summary of College performance against Standard 5

A list of assessments by training programme was provided in Appx 5.1. This shows a range of appropriate assessments undertaken, including formal exams, WBAs, EPAs, 360's, PLPs, logbooks and culminating in the FEX for all.

At the next visit, more detailed blueprints for each program of assessments to graduate outcomes by stage of training is needed.

With the addition of a new Condition under this standard, Standard 5 is now Substantially Met.

## Standard 6: Monitoring and evaluation

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

## 1 Significant developments underway or planned that relate to the accreditation standards

### AMC commentary – significant developments against Standard 6

The most significant development is further progress on implementing the M&E Framework which was approved in Sept 2023. The College and the specialty societies report being committed to this project and an implementation plan has been developed, including a project tracker. A minimum dataset is being finalised and a prototype developed. Until then, there is greater information sharing among STB/Cs and CEOs.

M&E is on the Colleges QI improvement list.

## 2 Activity against conditions

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	
2024 AMC commentary				
<p>This Condition arose from the 2017 accreditation assessment where the team formed the view that a more direct first-hand means of collecting confidential input from all supervisors was needed. The relevant standard includes ‘...the education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process’.</p> <p>The Training Committee/Board self-assessment shows a range of practices: each of the societies collects feedback from some supervisors formally via survey and informally, via workshops or meetings. Some of these are confidential.</p> <p>There is good evidence of supervisor input into each of the training programmes, particularly from those who are on Boards or Directors of Training. There is a reliance on confidential feedback at accreditation inspections, but it is unclear if this is feedback on the training program itself.</p> <p>The College has begun mapping how each STC/B incorporates trainee and supervisor feedback in the development of the training programs.</p> <p>Some options being considered for supervisor feedback are to conduct a supervisor survey using a method similar to the RACSTA survey. Another is to use the TMP for survey administration, but as mentioned in Standard 3, the TMP is used currently by only three programs.</p> <p>Some mentioned the College Supervisor self-assessment survey as a method of providing confidential feedback. As presented to AMC, this looks to be more a tool for supervisors to reflect on their own performance as supervisors, rather than as a channel to provide feedback on the training programme itself.</p> <p>To meet this Condition, the College needs to demonstrate a systematic approach so that individual supervisors can provide feedback on the respective training programme which is then analysed and used to enhance training. The development of additional documents or resources like the map referenced, along with documentary evidence (e.g. of surveys) would be very helpful in determining whether this condition is satisfied. Additionally, the College could consider the development of a single resource to be used by the College and subspecialties to provide a uniform guidance tool.</p>				

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	
2024 AMC commentary				
<p>There was a very detailed RACS response and Training Committee/Board self-assessments showing the range of ways that trainees may give feedback on their posts and on the programmes. For example:</p>				

- There are trainees on all Training Committees/Boards with the exception of the Board of Urology.
- Regular confidential trainee surveys are conducted by:

Board of Neurosurgery  
 Board of Urology  
 Board of Vascular Surgery  
 Australian Board in General Surgery  
 New Zealand Board in General Surgery  
 Board of Otolaryngology Head and Neck Surgery  
 Australian Board of Plastic and Reconstructive Surgery  
 Australian Orthopaedic Association Federal Training Committee  
 New Zealand Board of Orthopaedic Surgery

But not by:

Cardiothoracic Surgery Training Committee  
 Committee of Paediatric Surgery  
 New Zealand Otolaryngology Head and Neck Surgery Training Subcommittee  
 New Zealand Board of Plastic and Reconstructive Surgery

The small size of these specialties and difficulty maintaining confidentiality in a survey were cited as reasons. Instead, interviews are used which are not confidential. Another issue reported is the delay in full implementation of the TMP which is currently used by two of these four specialties. Being a specialty of a small size is not reason enough to not obtain feedback. The AMC suggests consideration of other ways to obtain confidential feedback for small specialties, which could include multi source feedback and discussion with other small colleges and/or training programs on confidential and safe feedback processes used.

MTS and RACSTA surveys; however neither of these surveys are specific enough to meet this condition or the standards.

- Confidential feedback at accreditation inspections; again this is not regular enough or systematic enough to meet the condition.

The Hospital Training Post (HTP) Accreditation Standards provide detail as to what needs to be in place for trainees to be able to raise concerns or make a complaint, and that the hospital shares this information with RACS. Specifically, Standard 14.3.2 states “Feedback is sought from Trainees in de-identified manner as part of the process” (the process being that all surgical staff complete performance appraisals).

As part of the M&E framework there is a proposed Trainee Feedback process with a defined minimum dataset of:

- blank copy of evaluation tools used for trainees
- number of Trainees evaluated and response rate
- deidentified results of Trainee feedback tool
- recommendations and action plan as a result of the evaluation

Further, trainee feedback on supervision is one of the monitoring indicators for the output of “skilled, supported and engaged Supervisors”.

Appx 6.5 showed a draft for a pilot of a confidential Trainee Evaluation of Supervision Survey with structured questions and free text options. This looked useful. The first Trainee feedback process will occur in November 2024 with reporting in February 2025.

Appendix 6.8, outlined the information security policy includes the following principle “Ensure that accurate information is provided on a “need to know only” basis to the appropriate people. This policy also needs to apply in the specialty societies.”

However, MTS and RACSTA surveys showed RACS trainees still have concerns about safe mechanisms for trainees to raise concerns (>30% of trainees unfavourable or RACS > 5% below national response, see Standard 7).

To meet the Condition, there needs to be systematic and confidential approaches used across the College, as well as trainee verification that these pathways are safe. As noted in the commentary under Condition 12, the College could consider the development of a single college-wide resource to be used by the College and subspecialties to provide a uniform guidance tool.

Please also see also commentary under Condition 19.

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		
2024 AMC commentary				
<p>See also commentary under the related Condition 3.</p> <p>Progress to meet this Condition intersects with the response to the NHPO review recommendations and the development and implementation of the M&amp;E framework.</p> <p>Ways in which programs report collecting feedback include:</p> <ol style="list-style-type: none"> <li>1. New curricula: <ul style="list-style-type: none"> <li>- posting drafts for feedback on public websites</li> <li>- seeking specific input from stakeholders</li> </ul> </li> <li>2. Multisource feedback tool and in SET selection re: individual trainees</li> <li>3. The HTP standards and visits are mentioned as a way of getting wider feedback on the program, but it is not clear how this happens</li> <li>4. External representatives on Training Committees/Boards</li> <li>5. Engagement with health services and government</li> </ol> <p>To meet the 3 standards under Standard 6.2, deeper and more reciprocal engagement with non-surgical stakeholders, consumers and the wider community is needed, to ensure the respective programs as a whole, and not just curricula, reflect community needs and wider health practice.</p>				

<b>Condition 15</b>			To be met by: <b>2023</b>	
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)				
<b>Finding</b>	<b>Unsatisfactory</b>	<b>Not progressing</b>	<b>Progressing</b>	<b>Satisfied</b>
			X	
<b>2024 AMC commentary</b>				
<p>It is important the College has a shared view of what is needed to meet the condition and the standard, and how it relates to the M&amp;E framework. e.g. It is important this the reporting is proactive and does not rely on stakeholders requesting reports.</p> <p>Several good small-scale examples were provided; however, the implementation of the M&amp;E Framework is key to meeting this condition.</p>				

### 3 Statistics and annual updates

<b>AMC commentary – statistics and annual updates against Standard 6</b>
<p>The summary of evaluations included the MTS and the Strategic Review of AOA21. The latter strategic review has already been commended. This is a very short list for a college of this size and complexity. As noted above, there is a focus on monitoring, so the College is encouraged to outline broader plans for evaluation.</p> <p>The College has analysed the MTS and drafted a report that has been circulated to all specialties. Please see below under Standard 7 for more commentary on these results, and those of RACSTA in Aotearoa NZ. The College is currently reflecting on the results in several fora including Council, EC, CSET, BRIPS committee and RACSTA. An action plan is under development and will clearly assign actions, responsibilities and outcomes.</p> <p>The College is asked to provide a copy of the MTS results action plan, which also incorporates the RACSTA results from Aotearoa New Zealand, along with commentary on the results and actions being taken across the College by <b>Friday 17 January 2025</b>. This will be an area for discussion at the 6 monthly meeting between the College and AMC, to be held in January/February 2025.</p>

<b>Summary of College performance against Standard 6</b>
<p>There is evidence of commitment and continued progress towards a college-wide M&amp;E process. Plans are firming for the monitoring process, but more work is need on the evaluation plan and how findings are reported back to stakeholders. The MTS findings are of concern and addressed in Standard 7 below.</p> <p>The College Substantially Meets Standard 6.</p>

## 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 Significant developments underway or planned that relate to the accreditation standards

#### AMC commentary – significant developments against Standard 7

The main issue for Standard 7 is the MTS and RACSTA survey data.

The College has conducted an analysis of the MTS survey findings (Australia only).

A commendation is that many areas of training were rated favourably, exceeding the national response by at least 5%, or trainees were >85% favourable:

- Communication and representation of Trainees in the College's committees
- Assessment alignment with the curriculum
- Examination conduct and fairness
- Exams reflected the training curriculum and information provided was accurate and appropriate for Trainees
- Quality and level of supervision
- Access to and quality of teaching and learning opportunities
- Opportunities for skill development, leadership and research
- Training opportunities through unrostered overtime
- Training program confidence
- Surgery is a highly preferred vocation amongst interns, prevocational doctors and unaccredited registrars

On the other hand, there were significant and concerning areas for attention (>30% of trainees unfavourable or RACS > 5% below national response) which related to trainee wellbeing, work culture and employment:

- Overall satisfaction with orientation and teaching sessions
- Proportion who received formal orientation
- Safe mechanism for trainees to raise concerns
- Trainee input into training and workplace issues and activities
- Usefulness and timeliness of feedback on exam performance
- Competing for training opportunities in workplace
- Accessing protected study time/leave
- Work-life balance
- Relocation burden
- Workplace facilities—IT, training resources, working space and teaching space

- Workplace culture—support to manage stress or traumatic events; support to staff-wellbeing; flexible training; work-life balance; workhours and overtime; supervisor expectations; workplace conflict and lack of appreciation
- Discrimination, bullying and harassment
  - Predominantly by senior medical staff
  - Prevalence was high (30% for those who experienced behaviour,40% for those who witnessed the behaviour)
  - Low reporting rates (37% who experienced,27% who witnessed)
  - Reasons for not reporting included (% cited by those who experienced, % cited by those who witnessed):
    - Fear of repercussions (52%,47%)
    - Belief no action taken (48%,38%)
    - No support (26%,28%)
    - Unacceptable to report (26%,22%)
    - Moderate to major impact on training (45%,19%)
- Concern about secured future employment
- Career interests in Aboriginal and Torres Strait Islander health and in rural practice are >5% lower for RACS trainees than the national average.

MTS trend data showed these were largely consistent with previous years.

225 AoNZ trainees were surveyed by RACSTA, with a 15% completion rate (N=33). These results were consistent with the MTS data. Concerningly, 50% of AoNZ trainees had experienced or witnessed racism. 33% had experienced or witnessed discrimination, bullying or sexual harassment, again with senior medical staff the most common. 75% of trainees had not reported for similar reasons to the MTS survey.

## 2 Activity against conditions

*Nil conditions remain.*

## 3 Statistics and annual updates

### AMC commentary – statistics and annual updates against Standard 7

#### Trainee numbers

Demographic data were provided. Key points include:

The range in % of women trainees in each program is shown below. Note there may be an error in data from NZOA with M/F data transposed. If reversed, NZOA is 31%, and total nearer 38%.

	M	F	Div	T	%women
Australian Board of Plastic and Reconstructive Surgery	64	37		101	36.63%
New Zealand Board of Plastic and Reconstructive Surgery	10	13		23	56.52%
<b>New Zealand Orthopaedic Association*</b>	<b>23</b>	<b>51</b>		<b>74</b>	<b>68.92%</b>
Australian Board in General Surgery	263	191	1	455	41.98%

New Zealand Association of General Surgeons	40	37	75	49.33%
Board of Neurosurgery	44	15	59	25.42%
Australian Orthopaedic Association	195	50	245	20.41%
Board of Vascular Surgery	40	9	49	18.37%
Board of Urology	83	28	111	25.23%
Board of Otolaryngology Head and Neck Surgery	56	27	83	32.53%
New Zealand Otolaryngology Head and Neck Surgery	1	2	3	66.67%
Board of Cardiothoracic Surgery	25	11	36	30.56%
Committee of Paediatric Surgery	10	14	24	58.33%
			Total	<b>40.84%</b>

It is commendable that women now make up nearly 40% of trainees overall.

This is an improvement from the 2023 report which showed proportions of women in training programs ranged from orthopaedics (18.6%) to paediatric surgery 57.7%, with a mean of 32.9%.

Also commendable is that two Aboriginal and/or Torres Strait Islander, five Māori and seven Pasifika trainees entered college programs in 2023. However, no one in these priority groups completed a training program in 2023.

Numbers of trainees exiting were not unduly high and none were Indigenous or Pasifika. Reasons given for withdrawal are noted.

#### **Fees**

See response under Condition 17 regarding fees.

#### **Selection into training**

There was a clear summary provided in which showed the range of requirements and selection tools for each specialty and how these tools were weighted. The special considerations were described for each program.

There are varying approaches to diversification of the trainee cohorts: preferencing the top ranked applicant in a priority group; ensuring % of those selected matches the % in applicant pool; using equal opportunity tiebreaks where scores are equivalent; adding points for Te Reo fluency, other cultural experience, Kaupapa Māori research, cultural competence and safety; or rural origin / experience; or by having a defined number of places.

Further, there is maximum of 3 or 4 attempts for most training programs; however, no detail on this was supplied for CTS, or General Surgery.

These variations across the College in selection approaches seem acceptable.

### **Summary of College performance against Standard 7**

The 2 conditions against Standard 7 are now satisfied.

However, concerning and ongoing issues in the training environments have been raised the latest MTS and RACSTA survey data, particularly racism, and discrimination, bullying or harassment by senior staff. As noted in Standard 6, the AMC is requesting further information in January 2025 and this will be an area for discussion at the 6 monthly meeting between the College and AMC, to be held in February 2025

## Standard 8: Implementing the training program – delivery of educational resources

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

### 1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 8
<p>The College is to be congratulated for its leadership and commitment to involvement and engagement with the NHPO working group, and also to implementing the Ombudsman’s recommendations for all actions flagged for consideration and to proceed to implementation.</p> <p>The College has a comprehensive set of HTP standards dating back to 2021. It is unsure whether all specialty societies also share the stated aims of the College with respect to the NHPO review.</p> <p>Something for RACS and other colleges to consider is Indigenous representation in site accreditation visits to assist in determining the safety of sites.</p> <p>The AMC appreciates that further activity is not possible prior to the AMC-Miller Blue project activity outcome.</p>

### 2 Activity against conditions

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	
2024 AMC commentary				
<p>As was noted in the 2023 monitoring submission, a supervisor framework and standards were developed and made available to satisfy the initial part of the Condition, however a process for reviewing individual supervisor performance across all specialty training programs was required to satisfy the condition. The supervisor framework and standards were provided in Appx 8.2. For each of the five domains there is a list of core competencies as well as higher level competencies to develop over time.</p> <p>The College reports the following initiatives:</p> <ol style="list-style-type: none"> <li>1. Supervisor self-assessment (has been piloted? evaluated)</li> <li>2. Multi-source feedback (mix of patient/colleague/peer and self-assessment) also piloted, yet to be evaluated.</li> <li>3. The bulk of supervisor performance rests with the hospital training site. There is a clear requirement in the College HTP standards for the hospital to ensure supervisor performance development, appraisal, reporting and management of performance concerns, (Standard 14.3 and 14.4) including a process for de-identified Trainee feedback.</li> </ol> <p>Progress in implementation:</p>				

- From the speciality societies, the Board of Neurosurgery and Board of Otolaryngology Head and Neck Surgery report that SET evaluation includes feedback on supervisor performance and informs training post accreditations.
- The Board of Otolaryngology Head and Neck Surgery, Australian Orthopaedic Association Federal Training Committee and Board of Neurosurgery have elected to develop their own processes for completing Supervisor evaluation – it is not clear what these processes are.
- All other STC/Bs have opted for the College to implement the Supervisor self-evaluation templates and to collect data on their behalf. There is no data to support any implementation or success of this approach.

The AMC does not consider that supervisor self-evaluation is adequate to meet this standard, nor is expecting the hospital to monitor the surgical supervisor’s performance and advise the STB/C in a timely manner of any issues regarding the surgical supervisor that may impact on the eligibility, performance and suitability for the role after appointment. Even though there is an HTP standard is that ‘Feedback is sought from Trainees in a de-identified manner as part of the [annual performance review] process,’ it is not clear yet how RACS would see this routinely. The information sharing protocol (Appx 6.3) seems to relate to complaints rather than routine monitoring.

While these may all be part of the evaluation of supervisor effectiveness, there still does not seem a mechanism involving routine trainee feedback on individual supervisors which is what is needed to meet the condition and the standard. Also needed is how supervisor effectiveness is managed in the M&E framework. A systematic and confidential solution is needed to meet Conditions 19 and 13 and the associated standards.

### 3 Statistics and annual updates

#### AMC commentary – statistics and annual updates against Standard 8

A total of 598 sites were visited in 2023 (of which 83 were in Aotearoa New Zealand). A total of 6 sites (1 in Aotearoa New Zealand) were not accredited, with a further 8 (1 in Aotearoa New Zealand) at risk of losing accreditation. The quanta and reasons given by STB/Cs seemed appropriate (e.g. supervision issues, not enough operating time or case mix, failure to meet prior conditions).

With respect to the HTP standards which mandate that sites undergoing accreditation must be culturally safe, responses varied widely. There were two STB/Cs who explained how they ensure that training sites are Culturally Safe in accreditation activities:

Committee of Paediatric Surgery	The inspection team gather information (such as policy and procedures) and conduct interviews with key stakeholders around expected behaviours when dealing with Trainees, workplace culture, actions taken around complaints and request examples and outcomes.
New Zealand Board of Orthopaedic Surgery	This is one of the components of our accreditation documentation. The inspectors discuss with the hospital management, staff and current trainees cultural safety in the hospital, this is reported on in the report to the Board.

Several others are deferring until after the AMC Miller Blue report.

### Summary of College performance against Standard 8

Some progress is apparent, but there is still a major issue with routinely monitoring supervisor performance including with feedback from trainees. Commentary on what is expected is under Condition 19. Many colleges are in the process of addressing this issue and cross-college collaboration may be considered.

The College Substantially Meets Standard 8.

## 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 Significant developments underway or planned that relate to the accreditation standards

#### AMC commentary – significant developments against Standard 9

An SIMG process review has been undertaken, resulting in a thorough end-to-end process map presented in Appx 9.1 identifying the ‘pain points’. Many of these are being addressed in a project which started in Jan 2024. The QI plan outlines next steps.

In March 2023, the College had a 10-month backlog in Australia. As of May 2024, a 2-week backlog was reported for SIMG case being allocated to a specialist assessment coordinator to ready the documents for the assessors. The College intends to continue work in improving this process and to reduce the waiting time post-submission of applications to 2–4 weeks by early 2025.

Evidence showed how the RACS Aotearoa New Zealand had addressed delays with a specific multipronged IMG project including governance, more FTE and assessors, and process improvement. MCNZ has provided positive feedback to the College about the complete and rapid turnaround of advice timeframes. RACS Aotearoa New Zealand reports that for 2024 it is now 70% on time with all advice to MCNZ, which makes the final decision.

The attention to the processing of SIMG applications and improvements in outputs is commended.

### 2 Activity against conditions

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 9.2.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied
		X		
2024 AMC commentary				
The College has provided minimal developments since the previous report to the AMC against the work to satisfy this condition.				

The College has finalised an EVOPP policy (Appendix 1.26) and implemented assessor training for EVOPP, with 9 pilots completed in 5 specialties in 4 jurisdictions, and candidates from a range of countries of origin. Six of 9 were judged ready for independent practice. A range of issues has been identified including selection of candidates, resourcing, psychometrics, reliability, and validity.

The College reports working closely with the AMC, MCNZ and MBA, and plans to undertake a formal evaluation of EVOPP as part of its QI to ensure that it can affordably and accessibly deliver good performance.

In the QI section, the need for work across the College and the wider colleges to meet both AMC standards and aspects raised in the Kruk report seemed well understood.

If the EVOPP is not implementable, it is suggested that the College looks at SIMG assessment(s) that will meet AMC standards and the relevant recommendations of the Kruk review.

There is no mention of investigating or working with other colleges who already undertake alternative assessments in place of an examination.

Although work to satisfy this condition is aligned with developments in the wider sector, progress is occurring at a very slow rate. The AMC expects evidence of greater progress of these initiatives in the next monitoring submission.

### 3 Statistics and annual updates

#### AMC commentary – statistics and annual updates against Standard 9

Australia data - final assessment – of 32, 23 full scope; 2 limited scope; 7 not recommended for specialist recognition

Aotearoa New Zealand data provided to MCNZ– after interview of 27, 3 were equivalent; 20 as satisfactory as; 4 non-equivalent nor as satisfactory as.

#### Complaints regarding the processes for assessment of specialist international medical graduates (SIMGs)

The AMC received complaints regarding the College’s comparability requirement for five or more years of independent specialist practice, that appears not aligned with the Medical Board of Australia’s *Standards: Specialist medical college assessment of specialist international medical graduates*.

In May 2024, the AMC wrote to the College requesting further information to clarify how its processes to assess specialist international medical graduates’ comparability align with the standards set by the Medical Board of Australia. The College confirmed in June 2024, that it had instigated a review of the RACS regulation *ETA-IMG-038 Assessing a Specialist International Medical Graduate’s Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist*, and preliminary assessment has suggested that there may be some areas of misalignment between the Regulation and the Board’s standards.

The College provided further information to the AMC in July 2024 where it was noted that following the review, the College identified that several of its regulations in relation to SIMG assessment varied from the Board’s standards. The College has taken immediate action to revise its main SIMG assessment regulation (*Assessing a Specialist International Medical Graduate’s Comparability to an Australian and Aotearoa New Zealand Trained Surgical Specialist Regulation 2038*). This consisted of identifying the regulations and policies that needed to be updated, identifying those that would require extensive revision and those that would no longer be used.

The Specialist Education Accreditation Committee considered the complaints and information provided by the College at its meeting on 13 August 2024. The Committee commended the College and the Specialty Societies and Associations for decisive and swift actions to respond to its SIMG regulations. The AMC is also aware the College is working with the Societies and Boards to respond to recommendations in the Kruk review to ensure that the College SIMG processes are proportionate and support SIMG in the workforce in a safe manner.

The AMC has placed the following condition on the College's accreditation to demonstrate quality assurance processes in relation to the assessment of SIMGs which it hopes supports the College and the Specialty Societies and Associations continue this work:

*Condition 23 – In relation to RACS SIMG assessment processes develop and implement quality assurance processes within the RACS monitoring and evaluation framework to ensure ongoing all-specialty compliance with MBA and MCNZ standards (Standards 9 and 6.1.1)*

*To be addressed by 2025*

In correspondence to the AMC in September 2024 it was noted that the College has invited SIMGs assessed as not comparable since January 2021 to request a subsequent assessment under the Interim Regulation, ensuring that the most current circumstances, including further training or recency of practice, are considered. This is a positive development, and the College is requested to please provide updates to the AMC in future monitoring submissions regarding this work.

Additionally, as this will continue to be an area of focus for the College in the coming months, the AMC would appreciate a short, written update by **Friday 17 January 2025** on the outcomes of the review of the SIMG processes including the review of current and previous assessments. This will be an area for discussion at the 6 monthly meeting between the College and AMC, to be held in January/February 2025.

### Summary of College performance against Standard 9

There has been a significant improvement in times to process SIMG applications in Australia and Aotearoa New Zealand, although the previous delays were unacceptable.

There is not yet an acceptable, fully implemented, alternative external assessment process such as workplace-based assessment to replace the Fellowship Examination for selected SIMGs, and little evidence is provided to show progress since the prior monitoring submission.

In the QI plan, the need for work across this and other Colleges to meet both AMC standards and aspects raised in the Kruk report seemed well understood.

Given its complex governance model, the College needs to assure its quality control processes in relation to SIMG assessment across different specialties.

Whilst the College Substantially Meets Standard 9, a condition has been placed on the need to quality assure SIMG assessment across specialties.