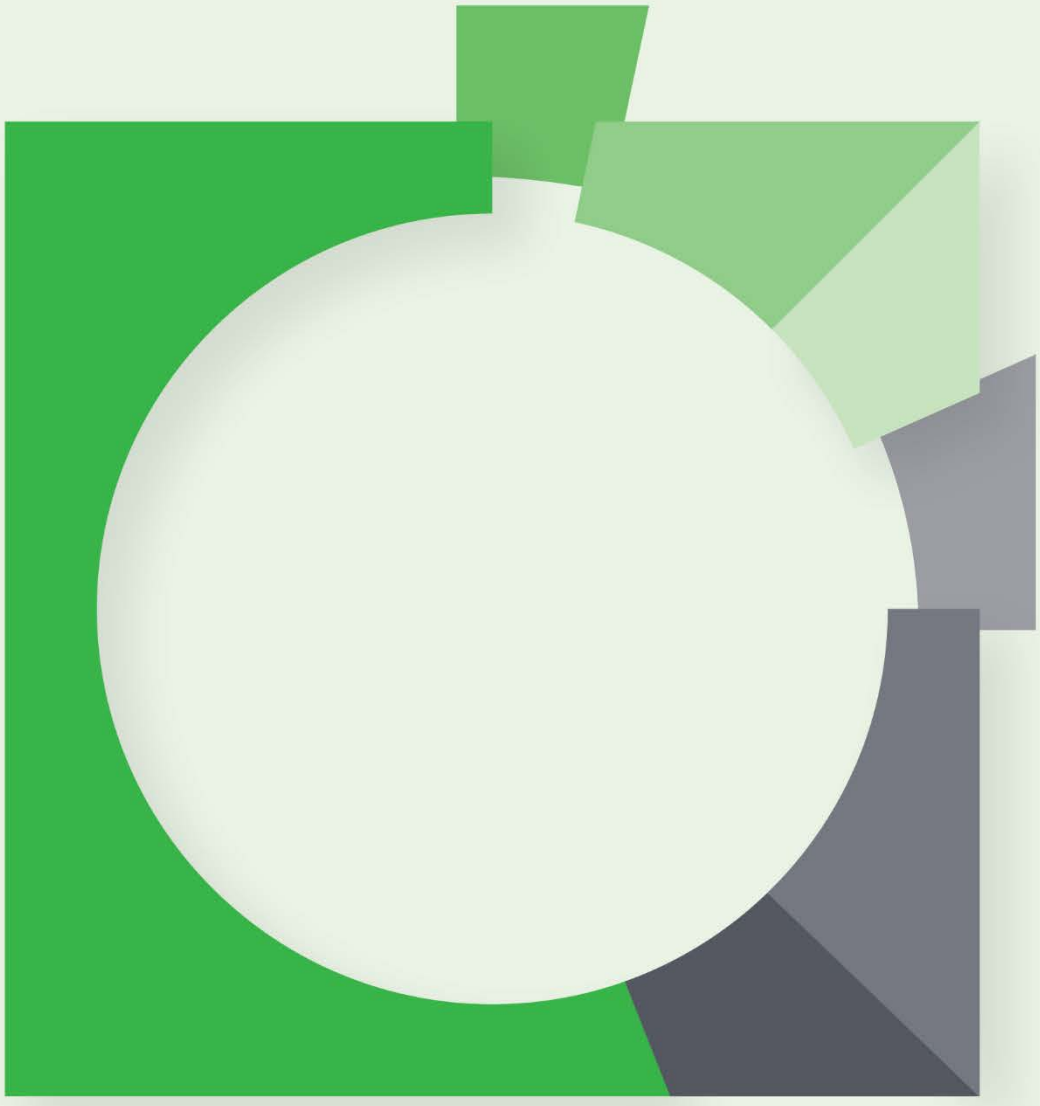
Australian Medical Council Limited

2022 Monitoring Submission to the Specialist Education Accreditation Committee

Royal Australasian College of Surgeons



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Australian Medical Council Limited

Specialist Education Accreditation Committee

Monitoring 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.

The AMC seeks submissions from accredited specialist medical colleges to satisfy this monitoring requirement. Monitoring submissions ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

Monitoring submission procedures

The Specialist Education Accreditation Committee considers monitoring submissions in the following way:

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.
- 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 monitoring submission and the commentaries on them.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The AMC needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.
- The AMC makes one of the following decisions:
    1. the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
    2. further information is necessary to make a decision, or
    3. the provider and program may be at risk of not satisfying the accreditation standards.
- 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.

- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

In preparing the monitoring submission, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. 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 monitoring 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 2022

In 2022, the AMC will continue to monitor the changes made by education providers to their training and education programs in response to disruptions caused by the COVID-19 pandemic. The College is asked provide updates on any developments and changes made in each of the standards.

If the College makes a change to training and education programs in response to a COVID-19 disruption, which may affect its accreditation status, and is outside of the reporting cycle, the College should notify the AMC, using the notification of change form.

Guidance on how to provide the requested information

Section A: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. Significant developments undertaken or planned since the last report.
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. Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned and resources under each standard.

- Provide a brief summary of the developments, including the rationale.

- Indicate if the college's development plans, as described at the time of the most recent AMC assessment have changed over the monitoring period.
- For colleges with multiple training programs, please indicate which training programs are covered by the planned or implemented developments. If policy and process vary 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 2021 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

[1] Section 48 Health Practitioner Regulation National Law

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

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

Standard 6

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- College activities in relation to Medical Training Survey (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 number and proportion of college fellows participating in the college's continuing professional development programs and the number and proportion satisfying college CPD requirements.

Standard 10

- 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 B: Reporting 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 reporting requirement for colleges and help focus on activity towards addressing conditions and standards that are substantially met or not met.

This section is therefore OPTIONAL for colleges at different years of their accreditation cycle.

Earlier reporting on Quality Improvement Recommendations is at the College's discretion.

Further Information

Please contact Katie Khan via email at katie.khan@amc.org.au if you have any questions about the submission.

Guidance on format and submitting to the AMC

The monitoring submission should contain **brief summary** information. As a guide, a report of no more than approximately 30-50 pages overall is preferred. 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.

Formatting guidelines

- Number appendices according to the relevant standard. For example: Appendices 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix 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

Report Template

This report is due **Friday 9 September 2022.**

College Details

Please correct or update these details if necessary:

College Name: Royal Australasian College of Surgeons

Address: College of Surgeons Gardens, 250/290 Spring St, East Melbourne VIC 3002

Date of last AMC accreditation decision: 2021

Periodic reports since last AMC assessment: Nil

Reaccreditation due: by 31 March 2024

To be completed by College:

Officer at College to contact concerning the report: Tamsin Garrod

Telephone 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:	John Biviano, CEO RACS
Signature:	
Date:	

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

Summary of 2021 Findings

Standard	2021 Findings	No. of Conditions remaining
Overall	**20**	**Substantially Met**
1. The context of education and training	2	Substantially Met
2. The outcomes of specialist training and education	2	Substantially Met
3. The specialist medical training and education framework	5	Substantially Met
4. Teaching and learning methods	1	Substantially Met
5. Assessment of learning	0	Met
6. Monitoring and evaluation	5	Not Met
7. Issues relating to trainees	2	Substantially Met
8. Implementing the training program – delivery of educational resources	2	Substantially Met
9. Continuing professional development, further training and remediation	0	Met
10. Assessment of specialist international medical graduates	1	Substantially Met

Section A: Reporting against the standards and accreditation conditions

RACS INTRODUCTION

COVID-19 has impacted the pace of progress for projects across RACS. The inability to bring working groups together in person due to restrictions has meant a change to how we work, the engagement of working groups, reduced meeting attendees and frequency of meetings. Collaborative, creative, and effective meetings for large-scale projects over online platforms are limited in providing the same in-depth outputs of face-to-face workshops and meetings.

For a period, Fellows who previously had been able to volunteer substantial amounts of time were no longer capable of providing resources due to their own domestic and employment situations. At RACS, our work is integrated with Membership collaboration and feedback, and in collaboration with our specialty societies. This has waned over the COVID period and decelerated the rate of progress.

Additionally, many resources during the pandemic were diverted to finding solutions and communications to address the significant changes happening across the health sector.

In common with many other similar organisations, there has also been a high level of staff turnover which is currently at a 12-month rolling average of 29%. This has resulted in loss of corporate knowledge and efforts being redirected to onboarding and training of new staff, a further factor driving the challenges in meeting timelines. We have also experienced a well-documented spike in sick leave due to COVID as well as other infectious diseases.

RACS asks the AMC to take these factors into consideration when reading this report.

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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 1.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.*	☐ Yes	☒ No change

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. RACS has undertaken a restructure of the Executive Leadership Team. Following the departure of the previous Executive General Manager (EGM) of Education, the role was split into two to reflect the breadth and complexity of the education portfolio. Two new EGMs were appointed early this year; • Dr Tamsin Garrod – EGM Education Development and Delivery - focuses on development of curricula, courses and exams, and the delivery of skills training courses, professional development courses and exams. The new portfolio includes the development of the monitoring and evaluation framework and compliance for AMC accreditation. • Ms Christine Cook – EGM Education Partnerships, is now the lead for the Reconsideration, Review and Appeals process, SIMGs, training programs, and Rural and STP work. RACS is actively considering the appointment of Prof Lambert Schuwirth as a consultant to review the in-training assessments that align with the development of the Professional Skills Curriculum (PSC). As referenced above, RACS has experienced a high staff turnover and absenteeism directly affected by the pandemic. The nomenclature of the governance structure at RACS was reviewed. It was agreed that all boards, except Council, be renamed, over time, to “committee” to reflect good practice. An example of this transition is the Board of Surgical Education and Training changing to the Committee of Surgical Education and Training, which will be reflected in all relevant policies and associated documentation.	☒ Yes

2 Activity against conditions

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

Please address each of these conditions individually.

To be met by 2022

1. 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 ensure 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.

RACS has implemented several structured governance processes to guide collaborative engagement between Council, Training Boards/Committees and Specialty Societies. These processes assist with accountability, transfer of knowledge, and education on the AMC Standards and standardised education and training policy.

1. Required consultation timeframes for new initiatives.

RACS uses the Committee of Surgical Education and Training (CSET) Projects Calendar as a tool to provide holistic oversight of all initiatives and projects across specialties. In May 2022, an evaluation of the tool gathered feedback from the Specialty Society training managers. This resulted in significant modification of the tool, allowing for easier review, and tracking of current and upcoming projects. The tool has been renamed Project Collaboration Calendar/Tracker and is updated monthly by a dedicated staff member.

To better incorporate project collaboration and engagement, projects in the Collaboration Calendar/Tracker are a standard agenda item at every second Training Managers' Meeting.

A procedure policy that guides consultations, timeframes and engagements requirements is currently being developed with input being sought from all Training Managers. Currently, any projects requiring feedback/review from Specialty Training Committees/Boards must allow a consultation phase of at least 10 weeks.

2. RACS Service Agreements

Service agreements between RACS and speciality societies continue to be negotiated and renewed. Most Service Agreements will be updated by the end of 2022. The updated Service Agreement documents contain the fundamental relationship principles which guide the relationships between the Societies and College. This 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.

3. RACS AMC Tracking Matrix

RACS utilises a matrix that allows for the consistent monitoring of progress against the AMC standards and any conditions. The Matrix and a report on conditions and priorities is a standing agenda item for Boards. The Matrix is stored in an accessible location allowing for responsible staff members to update progress against conditions throughout the year. A dedicated staff resource is responsible to ensure progress is being made and recorded against the Matrix. (Refer to the 2022 Progress Matrix against remaining conditions, attachment 1).

4. RACS engagement with Training Committees/Boards for development, revision and/or review of curricula

RACS provides 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.

Currently, RACS Education staff are consulting with the Cardiothoracic Surgery Training Board and the Paediatric Surgery Training Board to review each specialty's current curricula and develop new SET curricula. Preliminary discussions commenced in May 2022 to

formalise project plans for the two specialty training boards. It is anticipated that the curriculum review will commence in the second half of 2022 with curriculum development likely to take 12-18 months for each specialty. RACS intends to develop curricula with these two surgical specialties concurrently; each specialty curriculum project will be led by a different RACS Education staff member, who will collaborate as they progress the projects.

RACS is also finalising the Professional Skills Curriculum which has broad, generic application for all surgical specialties. The RACS Professional Skills Curriculum has undergone extensive review processes in consultation with all Specialty Training Committees/Boards and anticipates that the Professional Skills Curriculum will be submitted to CSET for approval in October 2022.

5. Fostering and facilitating greater collaboration between societies

A formal governance structure that facilitates the transfer of knowledge and builds collaboration and culture between societies has been established through the development of the Training Managers Meeting (TMM). TMM's occur fortnightly, with a structured agenda that discusses exams, surgical skills, current and upcoming projects, policy, AMC requirements, Specialty Training Posts, and Supervisors. The purpose of the meetings is to strengthen relationships/enhance collaboration between specialities, transfer knowledge, identify where standardisation is appropriate and share resources.

Development of the RACS Professional Skills Curriculum was led by the Professional Skills Curriculum Working Group. Membership of this group changed during the project but included over 13 representatives from Training Committees/Boards with support from RACS educational staff. 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. Please see the linked Surgical Competence and Performance Guide for the founding principles which underpin this framework.

Additional actions, progress, or issues against the condition

Since 2010, RACS Education has collaborated with the Board of Otolaryngology Head & Neck Surgery (OHNS) Australia to develop selection activities. RACS Education staff have developed Multi-Mini-Interview questions and scoring rubrics and have run selection interviewer training workshops annually. In 2021 and 2022, at the request of NZOHNS, RACS Education staff worked with the Training Education and Accreditation Committee - New Zealand Society of Otolaryngology Head and Neck Surgery (TEAC) to support selection interviews for the Aotearoa New Zealand OHNS training program.

To be met by 2023

2. 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)

Reconciliation Action Plan

Although COVID and the subsequent restrictions impacting all areas of education and training in the healthcare sector were a challenge for RACS, the assessment of the RACS Reconciliation Action Plan implementation has been tracking in a positive direction. Within the past 18 months, progress has been seen regarding the *Australian Indigenous Surgical Pathway Program* (AISP) contributing significantly to progressing;

- an MoU with the Northern Territory Government
- developing skills and knowledge to utilise online education and IT technology to progress education, and
- the uptake of the 10th Competency, and the formation of Mina RACS Aboriginal & Torres Strait Islander Advisory Group.

The RACS Reconciliation Action Plan has received positive feedback from external organisations and stakeholders including Royal Australian and New Zealand College Obstetricians & Gynaecologists (RANZCOG) who contacted RACS to obtain a copy of the RACS plan to learn from it. Currently, the Reconciliation Action Plan is awaiting feedback from Reconciliation Australia for its next iteration. A new working group for the updated document has been formed and is ready to act as an innovative and extended version of the current document.

The aims and objectives of the RACS Reconciliation Action Plan continue to be implemented and monitored as far as COVID restrictions have permitted. The Reconciliation Action Plan is broken into four areas; Governance, Building Relationships, Building Respect and Building Opportunities. Details of these areas and the work being undertaken for implementation, monitoring and evaluation can be found here [Condition2AU, attachment 2].

The deliverables of Te Rautaki Māori (Māori Health Strategy & Action Plan) aligned with the three RACS strategic priorities (listed below), serve to provide an update on meeting this condition.

1. Serving all communities equitably
2. Partner across the community locally and globally to build sustainable surgical service
3. Champion equity in Aboriginal, Torres Strait Islander and Māori healthcare outcomes, delivery, and education.

Refer to document [Condition2NZ.docx, attachment 3] for detailed information.

Building Respect, Improving Patient Safety Action Plan/Diversity and Inclusion Action Plan

In February 2021, RACS commenced its second evaluation of the *Building Respect Improving Patient Safety* Action Plan. This included work identified in the Diversity and Inclusion Plan. The evaluation methodology was guided by the Building Respect Evaluation Framework developed by RACS in 2017, intended to measure progress at the 3-, 5- and 10-year marks of implementation.

The findings from the phase 2 evaluation, conducted at the conclusion of year 5, have now been widely disseminated and published on the RACS website. The evaluation is a significant input into the deliberations of an Expert Advisory Group, convened in October 2021, to develop a plan for the next period of activity under the Building Respect initiative.

Rural Health Equity Strategic Action Plan

The Rural Section (with support from the Rural Health Equity Steering Committee) led the development of a specific Aotearoa New Zealand Regional and Rural Health Equity Strategy

(AoNZ RRHES, attachment 4). A Rural Facing Curriculum has been developed and is currently being evaluated amongst an extensive list of invited stakeholders.

3 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in 2021, 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.

If required, please adjust the table to suit the College training and education programs.

Requests for Reconsideration in 2021 (per program)			
Subject of Reconsideration	**Number of reconsiderations**	**Outcome**	
		Upheld	**Varied**
Selection	29	23	6
Dismissal	2	1 1 withdrawn	0
Assessment	4	2	2

Requests for Review in 2021 (per program)			
Subject of Review	**Number of reviews**	**Outcome**	
		Upheld	**Varied**
Selection	2	2	0
Assessment	2	2	0
Misconduct	1	0	1
Dismissal	2	2	0

Requests for Appeal in 2021 (per program)			
Subject of Appeal	**Number of appeals**	**Outcome**	
		Upheld	**Varied**
Dismissal of trainee in Surgical Education and Training (SET) Program in Orthopaedic Surgery	1	0	1 Reinstated onto training program

- Please confirm the costs associated with the College's reconsideration, review, and appeals processes **for 2022**, 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.

College response	
There are no fees currently associated with the Reconsideration and Review stages of the College's Reconsideration, Review and Appeals process. However, for applications that make it through to the Appeals stage, a set fee of $9,600 must be paid at the time of making a formal request for Appeal. This fee is listed in the RACS fee schedule available on the RACS website. Trainees are made aware of the costs associated with undertaking a formal Appeal at the initial Reconsideration request stage of the process. The fee is also clearly referenced in the Reconsideration, Review and Appeals Regulations. If the candidate is successful at their Appeal, RACS will refund 50% of the fee.	
Changes to cost associated with reconsideration, reviews, and appeals for 2022	**Rationale for changes**
Changes to fees made ☐ No changes made ☒	No change has been made to the Appeal fee in 2022.

- Please describe the College's requirements for Cultural Safety training for its senior leadership team and college committee members (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
In 2020, RACS updated the Surgeons Competence and Performance Standards to include Cultural Competency and Cultural Safety, commonly referred to as the 'tenth Competency'. 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. To assess demonstrated skills against the tenth Competency – Cultural Competency and Cultural Safety, RACS will be implementing mandatory assessment for all SET Trainees in the future. RACS is progressively delivering Cultural Competency and Cultural Safety education to Training Committees/Boards to promote leadership within specialities and the knowledge and resources to assess SET Trainees. Cultural Competency and Cultural Safety education has been delivered to CSET, Paediatric Board and Vascular Surgery Board. Over the next 12 months the following Training Committees/Boards will be undertaking the Currently Cultural Competency and Cultural Safety education: Neurosurgical Society of Australasia; Australian Society of Otolaryngology; Urological Society of Australia and New Zealand; Australian Orthopaedic Association. Over the next 12 months the CPD Framework will reflect Fellowship requirements pursuant to the Cultural Competency and Cultural Safety Professional Standards. RACS is in the process of developing a suite of Cultural eLearning courses, making them freely available to Fellows and RACS staff as part of the process of developing resources to assist with upskilling as part of the mandatory requirement to demonstrate skills and knowledge pursuant to the tenth Competency. The Cultural Training consists of four courses with each approximately seven hours long. The

Cultural Competency and Cultural Safety education is a three-hour interactive session delivered by Indigenous Surgeons and Indigenous staff. The education links surgical leadership to the foundations of the tenth Competency; what demonstrating the competency means; the resources available to assist the uptake and application of tenth Competency; and what having the tenth competency aims to achieve.

For the past 18 months RACS has used National Reconciliation Week and NAIDOC to raise awareness of the available Cultural Training resources to its Fellows and RACS staff. Indigenous health is a standing item on the RACS Council Agenda in which progress on the uptake of Training Committees/Boards Cultural Training is noted. The status of Training Committees/Boards uptake of Cultural Training is also a standing item on the RACS Indigenous Health Committee.

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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.*	☐ Yes	☒ No change

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.*	☐ 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.

To be met by 2022

4. 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)

The draft Professional Skills Curriculum (PSC) (not yet published) now includes learning outcomes and graduate outcomes for non-clinical RACS 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.

CSET is scheduled to formally approve these outcomes at their meeting in October 2022. Following this approval, the PSC will be published on the RACS website. The approved PSC will act as a resource to assist Training Committees/Boards with modelling their own mapping and presentation of program and graduate outcomes.

RACS is undertaking additional work to support the Cardiothoracic Surgery Training Board and the Paediatric Surgery Training Board to review these specialties' current curricula and develop new Surgical Education and Training curricula. The outcome of this work will be to define specialty-specific learning outcomes and graduate outcomes which are uniformed and comparable across specialties.
RACS remains committed to completing this work over the next 12-24 months, with dedicated RACS resourcing dedicated to working with the specialty training boards to review curricula and to completely satisfy this condition.

To be met by 2023

3. 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)

Although COVID restrictions have impacted on our ability to conduct broad face to face community consultation, RACS has been active in its pursuit of stakeholder engagement across training and education and surgical and non-surgical medical nursing and allied health stakeholders.

Courses

RACS collaborates with specialists from other medical fields to develop and deliver training in courses for pre-vocational or early surgical training, such as Care of the Critically Ill Surgical Patient (CCrISP®) and Early Management of Severe Trauma (EMST). Participants in these courses include Trainees from several specialties including critical care, surgery, anaesthesia, and emergency medicine.

The RACS EMST Committee includes a representative from the College of Intensive Care Medicine of Australia and New Zealand (CICM). The RACS CCrISP® and EMST Committees each include a CICM representative and an Australian New Zealand College of Anaesthetists (ANZCA) representative. Sixty-three Intensive Care Fellows and senior Trainees are actively involved in teaching RACS Skills Training Courses, specifically CCrISP® and EMST. One hundred and twenty-six ANZCA Fellows and senior Trainees are actively involved in teaching RACS Skills Training Courses, specifically CCrISP® and EMST.

RACS similarly collaborates with other specialists to develop and deliver professional

development training. RACS has several anaesthetists on Professional Development course faculties primarily targeted to Fellows, such as Process Communication Model, Non-Technical Skills for Surgeons, and Safer Surgical Teamwork.

Safer Surgical Teamwork is a multi-disciplinary workshop for surgeons, anaesthetists, and scrub practitioners. This course is run regularly at hospitals in Australia with each course's faculty consisting of a surgeon, an anaesthetist, and a nurse.

Professional Skills Curriculum

Throughout the development and consultation of the Professional Skills Curriculum, feedback was sought from a variety of external stakeholders including:

- Community Representatives on all Training Committees/Boards and on the SIMG Assessment Committee
- Surgical Specialty Associations and Societies
- RACS Indigenous Health Committee members
- RACS Māori Health Advisory Group members
- RACS College Sections and Special Interest Groups
- Executive Directors for Surgical Affairs (Australia and Aotearoa New Zealand)
- RACS Trainees Association
- ANZ Specialty Medical Colleges

Wellbeing Charter

In August 2021, a Wellbeing Charter for Doctors was launched in conjunction with ANZCA, RANZCOG and the Australian College of Emergency Medicine (ACEM). This document promotes a united charter that defines well-being and sets out the shared responsibility for supporting doctors' well-being across the four specialist medical professions. This collaboration included stakeholder engagement across all four medical colleges and the consumers, communities, medical and non-medical, nursing, and allied health stakeholders that work with them.

Cultural Competency and Cultural Safety

In the development of the tenth competency and affiliated activities, RACS consultation has focused on engaging with Australian Indigenous Doctors Association (AIDA) representatives, First Nation Australian Academics, RACS First Nation Australian staff and First Nation Australian surgeons. Moving forward out of COVID restrictions our aim is to broaden membership of Mina, conduct a face-to-face workshop with First Nation Australian SET trainees, and to support the Rural Health Equity Steering Committee's Darwin based workshops.

Advocacy

The Māori Health Project Officer and members of the Māori Health Advisory Group have strategically aligned to National Māori Health advocacy and working groups to advance and progress Māori Health initiatives in Aotearoa New Zealand. These groups focus on equity of health for whānau, hapu and iwi within both urban and rural settings.

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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 3.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.*	☐ Yes	☒ No change

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.*	☐ 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.

To be met by 2023

5 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)

1. The RACS Professional Skills Curriculum (PSC) (not currently published): Professional Skills Curriculum V10.pdf, attachment 5) will be submitted to CSET for approval in October 2022. The PSC has been developed to complement specialty-specific curricula to integrate specified professional standards of behaviour into training and practice. Some standards set out in the RACS PSC are specified for the first time, and thus provide opportunities for Training Committees/Boards to establish how they might teach and assess these skills.

Once the Professional Skills Curriculum 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 RACS Professional Skills Curriculum into their SET programs but will be required to demonstrate equivalence of their curricula with the graduate outcomes identified in the RACS PSC.

2. Assessment of the eight competencies included in the RACS PSC will be addressed in phase 2 of the Professional Skills project. This will include defining RACS' approach to assessing professional skills and developing a suite of assessment tools and protocols. In May 2022, RACS convened a working group of Fellows, with broad specialty representation, to progress this work. It is anticipated that this phase will take 6-12 months.

During consultation of the PSC draft 2, speciality comments were received from GSA, Neurosurgery and Vascular. Responses reviewed by the Professional Skills working group will be incorporated into the curriculum to develop Draft 3.

3. The Training in Professional Skills (TIPS) course provides trainees with the opportunity to practice and develop professional skills relevant in a surgical setting, including patient-centred communication and teamwork. The TIPS course was launched in 2019 and is currently on its second iteration (reviewed every 4 years). This course is now mandated by 5 of the 13 Surgical Training Boards (STB's), and the TIPS growth strategy continues to engage each specialty to encourage a standardised approach to enhancing and demonstrating non-technical competencies.

In 2017 the Australian Orthopaedic Association (AOA) and the New Zealand Orthopaedic Association (NZOA) mandated the TIPS course for their first year Trainees (SET1), this accounts for approximately 65 Trainees per annum. This has been followed in the last 2 years by;

- In 2021 the Australian and New Zealand Association of Paediatric Surgeons (ANZAPS) mandated the TIPS course for their early Trainees (SET1-3), this accounts for approximately 3-4 Trainees per annum.
- In 2022 the Australian Board in General Surgery mandated the TIPS course for their Trainees (SET1-3), this accounts for approximately 90 Trainees per annum.
- In 2022 the New Zealand Association of General Surgeons (NZAGS) for their Trainees (SET1-5), this accounts for approximately 10-20 Trainees per annum.
- In 2023 the New Zealand Plastic & Reconstructive Surgery (NZPRS) will send 3-4 Trainees per annum
- In 2023 the Australia & New Zealand Society Cardiothoracic Surgeons (ANZSCTS) will send 3-5 Trainees per annum

Discussions are underway with the Royal Australian & New Zealand College of Ophthalmologists (RANZCO) to bring on 30 Trainees per annum from 2023.

6 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)

The RACS Professional Skills Curriculum (V10. Please see linked above in Condition 5) has been enhanced to include learning outcomes and graduate outcomes that reference working within healthcare systems.

References to working effectively and efficiently within the healthcare system to improve the delivery of safe high-quality care are included in the following competencies: Cultural

Competence and Cultural Safety, Health Advocacy, Judgement and Clinical Decision Making, Professionalism, and Scholarship and Teaching.

7 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)

Refer to the 2022 Progress Matrix, attachment 1

8 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)

In 2020, RACS updated the Surgeons Competence and Performance Guide to include Cultural Competency and Cultural Safety, commonly referred to as the tenth Competency. By introducing the tenth Competency to Surgical Professional Standards, it is mandatory for a Surgeon throughout their career to be assessed against the tenth Surgical Competence and Performance standard.

RACS is progressively delivering Cultural Competency and Cultural Safety education to Training Committees/Boards to promote leadership within specialities in this competency and to give them the knowledge and resources to assess SET Trainees. Cultural Competency and Cultural Safety education has been delivered to CSET, Paediatric Board and Vascular Surgery Board. A further two education sessions to Training Committees/Boards have been confirmed for 2022, within the remainder to be completed over the next 12-months.

RACS is continuing to progress work on finalising the third Module of the Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning program.

Module 1 and 2 have launched and are being undertaken by trainees and fellows. The third Module is scheduled for a November 2022 launch date.

The Māori hybrid online learning and practical workshop is still in development; however, the University of Otago Māori Indigenous Health Institute (MIHI) has progressed the development of the Cultural Competence/Safety Curriculum Project. The objective of the project is to support health practitioners to feel informed and confident in the development of Hauora Māori competencies, specifically focusing on the Hui Process and Meihana Model. The project includes a course that is tailored to assist learners apply these models within their clinical practice alongside Māori patients and/or whānau. These models promote positive engagement, appropriate care/treatment and health advocacy that support Māori health equity. The online learning courses commenced in July 2021 and the on-site Training Seminar commenced on 18 October 2021.

The two stage MIHI training course provided positive feedback from those who attended the first training session for 2021. Learners successfully completed the five online learning modules before spending a day on-site with the MIHI training team based in Christchurch.

RACS, in conjunction with the Specialty Training Committees/Boards, is developing a communications plan to improve awareness of the cultural competency requirements in the training programs. The development of this plan is underway and will be developed in collaboration with key staff across the college. The Communications plan will be timed to launch as part of the NAIDOC week campaign (attachment 6).

9 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)

Over the past year, RACS has been developing a competency based medical education discussion paper, based on a literature review of definitions and understanding of competency-based medical education, which it aims to circulate for consultation in the second half of 2022. This consultation will seek comment from all Training Committees/Boards. The paper aims to provide the framework for future changes to curricula across specialities and inform training policy regarding training time, procedural experience and the way observed data points can strengthen the assessment of competency in training. Following the initial consultation, RACS will further engage through asynchronous online consultation either via a workshop for Training Committee/Board representatives.

Standard 4: Teaching and learning approach and methods

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

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 4.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. The rapid adoption of Fellows of RACS performing robot-assisted surgery (RAS) to a standard that has not been reviewed or endorsed by RACS poses a real threat to the integrity of these post-nominals, as there are no comprehensive, standard-set, vendor-independent training and credentialing programs for aspiring and current FRACS in this modality. RACS is currently embracing a leadership position at the forefront of standard-setting in RAS training, credentialing, practice and continuing professional development, which is supported by our partnership with the Australian Medical Robotics Academy (AMRA). The partnership with AMRA is intended to align programs of training in areas of robot-assisted surgery (RAS), set the standards for those performing this modality, and plan to ensure that surgeons, trainees, SIMGs and prevocational doctors can undertake independently accredited training in medical robotics. RACS and AMRA have a shared commitment to providing high-quality training, education and experience in the practice of surgery, with the goal of equipping surgeons to best meet the needs of patients and the community. AMRA, as a leading provider of medical robotic surgical skills training in the health sector, has a shared common vision with RACS in setting standards and advancing training, and wants to collaborate with RACS to address these issues. AMRA's expertise is in providing training and education to surgeons, trainees, nurses and technicians on how to safely and effectively implement and use surgical robotic technology in the operating theatre. RACS has executed an MOU with AMRA and is currently working to operationalise the partnership through an agreement which delivers a phased approach to offering relevant courses designed by AMRA and endorsed by RACS.	☒ Yes	☐ No change

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.*	☐ 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.

To be met by 2023

10. 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)

Progress against this standard is advancing. In February 2022, RACS delivered a workshop to assist specialty training board representatives with creating curriculum maps. Following the workshop and a period of consultation with the Australian Medical Council (AMC), Medical Council of New Zealand (MCNZ) staff and assessment panel representatives, RACS successfully developed and approved the template for curriculum mapping (attachment 7).

Population of the template has not yet commenced; as staged learning outcomes and graduate outcomes require identification across all specialties. Specialty training committees/boards have been encouraged to utilise the RACS Professional Skills Curriculum (PSC) as a model for identifying staged learning outcomes and graduate outcomes. The PSC is scheduled for approval by the CSET in October 2022. Following approval, the PSC will be shared with specialty training committees/boards, facilitating the commencement of work.

Additional supports for specialty training committees/boards have been offered by RACS' Principal Educator, inviting opportunities to discuss individual specialty curricula learning outcomes and graduate outcomes.

Standard 5: Assessment of learning

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

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 5.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.*	☐ Yes	☒ No change

Did the College postpone any examinations due to COVID-19 restrictions that are now to be held in 2022? *If yes, please provide an update below on plans and policies for organising the logistics and resources for these postponed examinations.*	☐ Yes	☒ No change

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.*	☐ 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.

Nil conditions.

3 Statistics and annual updates

Please provide data **for 2021** in the table below 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.

If required, please adjust the table to suit the College training and education programs.

	1st attempt			2nd attempt			3rd attempt		
Assessment Activity	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**	**No. sitting**	**No. passed**	**% passed**
Generic Surgical Science Examination (GSSE)	660	469	71.1	167	67	40.1	75	29	38.7
Specialty Specific Surgical Science Examination	133	122	92.0	7	7	100.0	0	0	0
Clinical Examination	165	124	75.0	9	9	100.0	1	1	100.0
Fellowship exam	297	232	78.1	81	50	61.7	28	11	39.3

Standard 6: Monitoring and evaluation

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

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 6.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.* *Gap analysis*	☐ Yes	☒ No change

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.

To be met by 2022

12 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)

During the first quarter of 2022, a workshop to review and agree on monitoring indicators across the SET programs was held with staff from the Specialty Societies and the RACS Research & Innovation team.

At the conclusion of the workshop, there was agreement to align the existing annual supervisor feedback surveys by including a set of agreed survey questions. The indicative monitoring plan for the SET Program provides more detailed information on planned indicators and data sources. The indicative monitoring plan can be viewed within the attached (Working Document on the M&E Framework, attachment 8)
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.

It is anticipated that the first of these updated online surveys will be implemented in 2023 and the data collected will be used for the purpose of gathering feedback from supervisors of training and carrying the findings forward to improve the program, make critical decisions, expand a program, support funding, or ensure sustainability.

13 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)

In the first quarter of 2022, a workshop was held with a focus on the development and monitoring of systematic feedback from Trainees. As an outcome of this workshop, there was 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 RACS 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 anticipated that the first of these surveys will be implemented in 2023 as part of the implementation of the M&E Framework. The next stage of the M&E Framework scope will include details on how outcomes will be acted upon by RACS.

An additional smaller research project, being led by the RACS Research & Innovation (R&I) team will support smaller specialties with collecting feedback from Trainees in their specialty training programs. Two specialties were approached by RACS R&I team and the ongoing research is expected to commence in the second half of 2022. Further updates on the outcomes of this research will be biennially reported and acted on.

14 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)

The formal consultation methods for formally collecting feedback on the surgical training program from across non-surgical health professionals, health care administrators and

consumer and community representatives are outlined in the (Working Document on the M&E Framework, attachment 8).

Appendix 2 – The Stakeholder Matrix - provides a detailed list of identified key stakeholders to be consulted and the type of engagement.

By developing the Key Evaluation Questions (KEQs); high-level questions, designed to structure the M&E Framework in keeping with the information needs of key stakeholders; RACS will consistently monitor and evaluate activities, and report against three key areas related to the training program: Impact, relevance and effectiveness. It is planned that feedback on these questions will be sought annually from key stakeholders.

N.B. The KEQs detailed in Table 1 of the Working Document on the M&E Framework, attachment 8 will be reviewed and validated during the validation exercises with partners and stakeholders planned for the second half of 2022, including specialty training managers, CSET, the Education Committee, and Royal Australasian College of Surgeons Trainees Association (RACSTA).

RACS is committed to implementing an evaluative-thinking culture which will be built using the following techniques:

- Critical, reflective use of program theory.
- Displaying, sharing, and discussing the SET program logic model with key stakeholders.
- Annually reviewing the logic model, including assumptions and risks, to ensure it remains relevant for the context and takes account of lessons.
- Using the logic model to strengthen monitoring and discuss during periodic reviews.

To be met by 2023

11 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)

RACS has continued to develop and refine the M&E framework through consultations with RACS staff and representatives from across the specialty training programs.

A series of refinements were achieved at a workshop held during Quarter 1 of 2022. This included review of the monitoring indicators and amendment to the purpose of the framework.

A further workshop, targeted at CSET members, training managers and RACS staff, with an aim to review and reach consensus on the monitoring and evaluation plan is scheduled for October 2022.

A broader consultation phase of the monitoring and evaluation framework and the stakeholder management process will be undertaken from August – December 2022. The RACS Trainee Association (RACSTA) will be consulted as part of that consultation phase.

The document (Working Document on The M&E Framework, attachment 8) outlines the progress to date toward developing the Framework which is scheduled for implementation in 2023.

15 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)

The aim is for feedback from the M&E Framework to be collected and channelled to the identified internal and external stakeholders, in a timely manner, using a format that allows for impactful decision making. RACS is committed to demonstrating to those giving feedback, how the data they provide is being used. Data generated from various sources will be translated into information that is relevant for utilisation at multiple levels of decision-making.

Decision-making from reporting on information from monitoring and evaluation activities will be governed as outlined in Figure 3 in the M&E Framework details of the governance and implementation structure (Working Document on The M&E Framework, attachment 8)

The stakeholder matrix (Appendix 2) identifies key external stakeholders, and highlights which will be informed of findings and associated actions.

RACS will follow this matrix to ensure relevant results and associated outcomes and recommendations are being shared with those who contributed feedback.

3 Statistics and annual updates

Please provide data **for 2021** 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.

If required, please adjust the table to suit the College training and education program.

Evaluation activity	Issues arising	College response to issues
Evaluation of the *Building Respect Improving Patient Safety* Action Plan. This included work identified in the Diversity and Inclusion Plan. The evaluation methodology was guided by the Building Respect Evaluation Framework developed by RACS in 2017, intended to measure progress at the 3-, 5- and 10-year marks of implementation.	No outstanding issues. The findings from the phase 2 evaluation, conducted at the conclusion of year 5, have now been widely disseminated and published on the RACS website.	The evaluation is a significant input into the deliberations of an Expert Advisory Group, convened in October 2021, to develop a plan for the next period of activity under the Building Respect initiative.
Please see the evaluation collaboration and changes reported in Standard 6	No current outstanding issues, work is ongoing.	

regarding the M&E Framework, which includes; confidential feedback from individual supervisors of training, overarching framework for monitoring and evaluation, formal consultation methods to collect feedback on the surgical training program from non-surgical health professionals, and reporting. RACS is currently undertaking an evaluation of all financial education activities to directly address the National Law requirements of fees being reasonable, with efficient and effective operations (See Condition 17).	No current outstanding issues, work is ongoing.	

- The Medical Training Survey was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (AHPA).
  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 comment in the table below whether it has:

- Explored results with internal and external stakeholders?
- Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?

	College response
Has the College explored results with internal and external stakeholders?	Trainees, Education Committee and CSET have all been made aware, in multiple reports and newsletters, of the move to partnering with the Medical Training Survey (MTS) in 2022 and downsizing to an annual survey only. RACSTA did not issue a survey to Trainees for Rotation 2, 2021 so no results were shared with the Education Committee or CSET. The Rotation 1, 2021 results were shared as reports to the Education Committee and CSET at the relevant October meetings and in an executive summary shared with Trainees via the November RACSTA newsletter. The partnership with the MTS is to proceed this year in August. Aotearoa New Zealand Trainees will continue to be surveyed by RACSTA using the same

	question set. The 2021 MTS results were reviewed by the RACSTA Committee.
Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?	Please see response above.

Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.* In August 2021, a Wellbeing Charter for Doctors was launched in conjunction with ANZCA, RANZCOG and ACEM. This document promotes a united charter that defines wellbeing and sets out the shared responsibility for supporting doctors' wellbeing.	☒ Yes	☐ No change

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

2 Activity against conditions

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

Please address each of these conditions individually.

To be met by 2022

16 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)

There are a number of examples of the diversity and inclusion plan underpinning our selection processes.

In 2022, mentoring workshops were run with ASOHNS and NZOHNS selection interviewers. The presentations emphasised the RACS initiatives to promote diversity and alert interviewers to identifying and mitigating against bias in the selection interviews.

A working party on managing bias will be established in August 2022. Within the duties and responsibilities will be examining the biases, both conscious and unconscious, that impact on selection into surgical training. A literature review is currently underway to frame the discussions of the working group. The findings from the diversity and inclusion plan will be considered as part of compiling recommendations.

In 2021, a study was undertaken to empirically validate a potential correlation between surgical candidate number of attempts at selection and their subsequent performance in surgical exams after successful entry into SET. The results showed a negative correlation between the number of selection attempts and performance at four SET exams covering early to late stages of SET. This was especially the case for those candidates who made more than three attempts at selection. A detailed report, attachment 9, was then submitted to CSET in September 2021. This report formed part of the discussion on limiting the number of attempts at selection.

This study also investigated whether restricting the number of attempts may affect genders disproportionately with regards to entry into SET. To investigate this, potential differences in pass rates between males and females were compared for all four pre-SET and in-training exams. While there were minor differences in pass rates between the two genders (usually within 4%), no statistically significant differences were seen across the exams. These data indicate that restricting the number of selection attempts is unlikely to introduce gender bias into the SET selection process.

The findings of the report led to surgical societies limiting the number of attempts per candidate at selection. As candidates with a lower number of attempts are much more likely to pass their SET exams and complete the program, it is predicted that this will prevent multiple costly applications and exams.

Upon review, there have been no complaints concerning missing selection based on the principles of diversity.

17 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)

RACS is currently undertaking an evaluation of all financial education activities to directly address the National Law requirements of fees being reasonable, with efficient and effective operations

To lead this important work, RACS has tasked an internal Finance Business Partner Analyst who will evaluate all direct and indirect costings for RACS education activities.

The modelling principles for this work focus on allocating indirect costs using quantitative methods of allocation that are transparent, tangible and easily understood.

The model will also highlight where both direct and indirect costs are subsidised by fellowship subscriptions, investment returns and other income producing areas of the organisation.

Each specialty society is responsible for setting training fees. Details regarding current fee setting and communications are listed in the 2022 Progress Matrix, attachment 1

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 2022**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training in each program **in 2021**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2021** (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 2022**

If required please adjust the table to suit the College training and education program.

Number of trainees entering training program in 2022										
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Cardiothoracic Surgery	0	0	1	0	0	0	2	0	3	6
General Surgery	0	13	38	0	6	0	25	5	19	105
Neurosurgery	0	2	6	0	1	0	1	0	2	12
Orthopaedic Surgery	0	12	12	0	4	0	13	6	14	61
Otolaryngology, Head & Neck Surgery	0	5	5	0	1	0	5	0	5	21
Paediatric Surgery	0	1	0	0	0	0	0	0	1	2
Plastic & Reconstructive Surgery	0	1	3	0	2	0	6	6	4	22
Urology	0	3	6	0		0	6	2	1	18
Vascular Surgery	0	2	2	0	1	0	2	0	2	9

Aboriginal and/or Torres Strait Islander trainees	0	0	0	0	0	0	1	0	0	1
Māori trainees	0	1	0	0	0	0	1	0	7	9
Pasifika trainees	0	0	0	0	0	0	0	0	3	3

Number of trainees completing training program in 2021											
Training program	**ACT**	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**O/S**	**Total**
Cardiothoracic Surgery	0	1	1	0	0	0	1	0	0	0	3
General Surgery	2	17	28	2	6	1	22	5	15	2	100
Neurosurgery	1	3	8	0	1	0	2	0	0	1	16
Orthopaedic Surgery	0	8	14	0	5	0	8	4	5	8	52
Otolaryngology, Head & Neck Surgery	0	2	2	0	0	0	3	1	2	2	12
Paediatric Surgery	0	0	0	0	0	0	1	0	1	0	2
Plastic & Reconstructive Surgery	0	3	6	0	2	1	9	0	2	0	23
Urology	0	1	6	0	1	1	1	3	1	7	21
Vascular Surgery	0	2	2	0	2	0	3	0	0	0	9
Aboriginal and/or Torres Strait Islander trainees	0	0	0	0	0	0	1	0	0	0	1
Māori trainees	0	0	1	0	0	0	0	0	0	1	2
Pasifika trainees	0	0	0	0	0	0	0	0	0	0	0

Trainees exiting from program in 2021		
Training Program	**Number**	**Reason for exiting**
Cardiothoracic Surgery	2	Withdrawn
General Surgery	1	Terminated from SET

General Surgery	5	Withdrawn
Orthopaedic Surgery	1	Terminated from SET
Paediatric Surgery	1	Withdrawn
Urology	2	Terminated from SET
Urology	2	Withdrawn
Aboriginal and/or Torres Strait Islander trainees	0	
Māori trainees	0	
Pasifika trainees	0	

Number and gender of trainees undertaking each training program in 2022				
Training program	**Male**	**Female**	**Unspecified**	**Total**
Cardiothoracic Surgery	28	11	0	39
General Surgery	319	207	0	526
Neurosurgery	42	13	0	55
Orthopaedic Surgery	240	55	0	295
Otolaryngology, Head & Neck Surgery	70	27	0	97
Paediatric Surgery	15	17	0	32
Plastic & Reconstructive Surgery	67	41	0	108
Urology	75	30	0	105
Vascular Surgery	35	14	0	49

- 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 any policies to support trainees in fee distress.
  - If there have been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

[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.

College response
Costs and requirements associated with the various specialist medical program/s are publicly available in applicable policies on the RACS website. Individual societies publish speciality training fees on their individual websites. The Training committees/boards determine the specialty training fee amounts and ensure that fees are set no higher than the costs incurred. Trainees are sent an invoice which breaks down RACS and specialty training fees and stipulates the payment due date. Once paid, the paid amount is noted in their member profile. RACS has commenced an important project to assess activity-based costings related to all training program costs. The project is gaining momentum and a further update on progress can be provided at the next reporting period.

Does the College have any policies to support trainees in fee distress?	**Comments**
Yes ☒ No ☐	RACS is currently undertaking an evaluation of all financial education activities to directly address the National Law requirements of fees being reasonable, with efficient and effective operations. (See Condition 17). RACS' Delegations and Authorities Policy, attachment 10, provides for financial hardship considerations in the application of fee relief or loan arrangements of any RACS fee. The authority to provide/approve this consideration is restricted to Council which for practical purposes lies with the Treasurer, as per clause 3.1.22 Fee payment extensions, special consideration and loans. A letter from the Treasurer was issued to the Chair of RACSTA, Dr Sharon Jay on 20 May 2022 from the Treasurer, outlining the above. The letter went on further to state: *Please assure the RACSTA Committee that any Trainee who is experiencing financial hardship may apply for fee relief. To apply, a Trainee should initially write to the RACS Censor-in-Chief (currently Dr Adrian Anthony) for his review and assessment of support. Should his support be provided, it will be forwarded to me as RACS Treasurer for final determination.*
Changes to College fees made for 2022	**Rationale for changes**
Changes to fees made ☐ No changes made ☒	

- If the College has made any changes to the following documents for 2022, 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	

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 2022.

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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 8.

Has there been any significant developments made against this standard affecting the delivery of the program? i.e., changes to arrangements for monitoring the quality of clinical training. Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.*	☐ Yes	☒ No change

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? 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.

To be met by 2022

18 Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1.3, 8.1.5 and 8.2.2)

RACS recognises the importance of this condition and is steadily progressing towards mandatory cultural safety training for all supervisors. Cultural competence and cultural safety are one of the competencies addressed in the drafted Professional Skills Curriculum (PSC) and learning outcomes and graduate outcomes have been developed for this competency in close consultation with the RACS Indigenous Health Committee. To support the delivery and

assessment of the learning outcomes and graduate outcomes, the PSC identifies teaching and learning activities for Trainers and Supervisors that can be used to reinforce or extend trainees' knowledge and skills in cultural competence and cultural safety.

The PSC is currently developing formal assessment for Professional Skills. Commencing in June 2022 and expected to run for 12-18 months, this project will identify and develop assessment protocols, practices and opportunities to support assessment of SET trainees (and potentially SIMGs) in the learning outcomes and graduate outcomes that are identified in the PSC.

Over the next 12 months the CPD Framework will reflect Fellowship requirements pursuant to the Cultural Competency and Cultural Safety Professional Standards.

As a first step of rolling out Cultural Competency and Cultural Safety, education sessions have been held for training committees/boards. By delivering Cultural Competency and Cultural Safety education to training committees/boards RACS is beginning to provide leadership to set a cultural standard. Currently Cultural Competency and Cultural Safety education has been delivered to CSET, Paediatric Board and Vascular Surgery Board. Over the next 12 months the following training committees/boards will be undertaking the Cultural Competency and Cultural Safety education: Neurosurgical Society of Australasia; Australian Society of Otolaryngology; Urological Society of Australia and New Zealand; Australian Orthopaedic Association.

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 this Domain, Supervisors are advised on the following competency standards that form part of RACS accreditation:

1. Maintains patient safety and high-quality care whilst facilitating Trainee learning Core competency:
- Facilitates cultural awareness and safety to ensure patient rights are respected in the training situation
- Facilitates Aboriginal, Torres Strait Islander and Māori cultural awareness training for Trainees
- Demonstrates and instructs correct and safe surgery when supervising and teaching Trainees
- Maintains patient safety whilst providing Trainees with opportunities for independent practice

2. Facilitates personal health and wellbeing of the Trainee Core competency:
- Identifies Trainee stress and fatigue and provides resources to ensure wellbeing
- Supports Trainees to take responsibility for their own health, and wellbeing

A copy of the framework can be found following this link (https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Project_v8-Final-111220.pdf?rev=ca265dd5949b479b8b35969bfe8532a3&hash=BE3F9008AADE752C06B534E3DF8682A0)

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.

To be met by 2023

19 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)

The Supervisor Framework has been finalised and is available on the website, at: https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Project_v8-Final-111220.pdf?rev=ca265dd5949b479b8b35969bfe8532a3&hash=BE3F9008AADE752C06B534E3DF8682A0

RACS has developed a self-assessment tool for supervisors to self-assess against a set of supervisor competencies. This includes a template that shows the professional development opportunities mapped to the competencies.

Supervisor performance is assessed as part of the RACS accreditation process. However, formal processes for individual evaluations are still being considered for development.

Following the implementation of the Supervisor Framework, the training committees/boards will be discussing the best way to engage with and facilitate Supervisors assessing performance. Data from these assessments will be triangulated with trainee surveys and site accreditation data. This activity will aim to provide feedback that can highlight and support where education and training is best focused regarding culture, curriculum knowledge and leadership skills.

3 Statistics and annual updates

Please provide data in the tables below showing:

- A summary of accreditation activities in **2021** including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

If required, please adjust the table to suit the College training and education program.

Site Accreditation Activities										
	ACT	**QLD**	**NSW**	**NT**	**SA**	**TAS**	**VIC**	**WA**	**NZ**	**Total**
Total number of sites	8	96	199	5	41	13	132	35	78	611
Number of Sites visited	3	35	48	1	12	6	56	8	26	196
***Number of Posts visited** **	*6*	*53*	*56*	*3*	*7*	*11*	*100*	*14*	*24*	*275*
Number accredited – new sites	0	3	6	0	0	1	0	1	0	11
Number accredited – reaccredited sites	3	26	48	2	12	5	58	6	27	194
Number not accredited – new sites	0	4	5	0	0	0	1	0	0	9

Number not accredited – reaccredited sites	0	1	1	0	0	0	2	0	0	4
Number of posts under out-of-cycle accreditation review	1	1	2	0	2	0	2	0	4	12
Number at risk of losing accreditation	0	3	6	0	4	0	13	0	1	27

* Note: Number of Posts visited does not include Posts for AOA or USANZ

Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation.

1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 9.

Has there been any significant developments made against this standard affecting the delivery of the program? (i.e., changes to policy or principles relating to continuing professional development). Please include updates on any developments made in response to COVID-19 in this section. **Abridged CPD Program (COVID 19)** In 2021 RACS was scheduled to launch a new CPD framework that aligns to the new requirements being introduced by the Medical Council of New Zealand from 1 July 2022 and Medical Board of Australia from 1 January 2023. As the College's original intent was to transition to a July-June annual CPD period and with COVID-19 impacting the health workforce and reducing the availability of education activities, RACS introduced a six-month interim program where participants were required to complete two of three activities: • Learning Plan • Microlearning activity • Attendance at the RACS ASC or Speciality/Society relevant event An advantage to this approach was that it introduced the learning plan/professional development plan ahead of the new framework being implemented from 1 July 2021. Even though a template was	☒ Yes	☐ No change

offered online, the take-up of the learning plan was low and has highlighted the need for further communication about the requirement and why it's been introduced.

CPD Programs approved by RACS (i.e. Australian Orthopaedic Association, New Zealand Orthopaedic Association) similarly offered adjusted programs to their participants during this period in recognition of the impact of COVID-19.

CPD Framework:

As a bi-national specialist medical college, RACS has sought to develop a framework that supports compliance with country-specific requirements, but which retains a core standard for RACS Fellows across Australia and Aotearoa New Zealand.

The key differences between the countries is that Australian participants must participate in the Australia and New Zealand Audit of Surgical Mortality and in Aotearoa New Zealand participants must undertake a structured conversation with a peer.

The revised framework is outlined in the table below and all surgeons participating in the program are required to comply with this standard in full.

CATEGORY	STANDARD (ANNUAL)	MINIMUM REQUIREMENT
Learning Plan	Complete a Learning Plan	One (1) per annum
Education Activities	Complete education activities	At least two (2) activities Minimum 40 points per annum
Audit	Complete an audit of self/own practice Complete an audit of surgical mortality	At least one (1) audit. Complete ANZASM surgical audit case forms are required Minimum 10 hours per annum
Performance Review	Complete two (2) performance review activities	Complete at least one (1) 'Performance of Self' activity Complete at least one (1) 'Performance of Others' activity Minimum 15 hours per annum

Policy Update:

Area of Practice:
The program is underpinned by a requirement to participate in CPD aligned to Area of Practice. Following early feedback in regard to a lack of clarity about the difference between Area of Practice and Scope of Practice, RACS has undertaken significant communications and believe that this requirement is clearer.

Consistent Requirement and Standard: RACS will no longer facilitate an adjusted program of CPD for surgeons who are in non-operative or non-clinical practice. In response, some concern has been raised from surgeons in non-operative practice and those seeking to maintain registration for referral or prescribing only practice. While RACS is exploring ways to support surgeons to meet the new standard, we have also been clear that all participants must comply with the minimum standards for both CPD and Recency of Practice. We anticipate that this will result in some surgeons choosing not to maintain their registration beyond 2022. *CPD and updated Surgical Competence and Performance Guide:* The RACS CPD Program continues to be underpinned by the surgical competencies. The introduction of the tenth surgical competence - cultural competence and cultural safety – will support RACS in meeting the revised CPD accreditation standards. The new CPD Online platform includes functionality for participants to identify what surgical competence an activity aligns to, which will assist RACS to track participation against the competencies and where further support or activity may be required. *Update - Policy and Standards:* To support the implementation of the new CPD framework, RACS has updated its CPD Regulations, refreshed the RACS CPD Guide and established standards against each of the categories of CPD. These can be accessed via https://www.surgeons.org/Fellows/continuing-professional-development/cpd-standard-and-guidelines In alignment with the introduction of CPD Homes, RACS has commenced a review of policies in relation to support and remediation. These include the College's Code of Conduct, Re-Skilling and Re-Entry Program Guidelines and Clinical Standards Review Policy.		

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? 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

*Re*sponse: RACS had already commenced the six-month January-June 2021 period when notification was received requiring CPD to be completed across a calendar year. To facilitate a transition back to a calendar year, a one-off 18-month CPD period was introduced. This period will run from 1 July 2021 to 31 December 2022. RACS sought advice from AHPRA, the MBA and the MCNZ before implementing the 18- month period to ensure that this would not impact adversely on surgeons participating in the RACS program. RACS is using this one-off extended 18-month period to embed a new CPD Online Platform, which will align with other technology improvements the College is undertaking to better align CPD activities run by RACS (i.e. Morbidity Audit Logbook Tool, Professional Development courses, online learning) with the CPD platform.		

2 Activity against conditions

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

Please address each of these conditions individually.

Nil conditions.

3 Statistics and annual updates

Please provide data in the tables below showing:

- the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs **in 2021**.

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

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

RACS Fellows participating in and meeting the requirements of the College's CPD programs (+)								
Number of Fellows in 2021			**Fellowship participating in CPD in 2021**					
Australia ^	**New Zealand**	**Other**	**Australia**		**New Zealand**		**Other^^**	
			Total no.	**Total %**	**Total no.**	**Total %**	**Total no.**	**Total %**
4569	558	312	4280	94	558	100	-	-

Non-FRACS surgeons participating in and meeting the requirements of the College's CPD programs		
Non-FRACS surgeons participating in CPD in 2021		
Australia	**New Zealand**	**Other**

Total no.	Total %	Total no.	Total %	Total no.	Total %
5	100	89	91	-	-

Fellows participating in other approved programs (Australian Orthopaedic Association and New Zealand Orthopaedic Association) and meeting CPD requirements			
Fellows participating in other approved CPD programs in 2021			
Australian Orthopaedic Association*		**New Zealand Orthopaedic Association****	
Total no.	**Total %**	**Total no.**	**Total %**
864	50%	260	100

Explanatory notes:

(+) For the purposes of this report, 2021 refers to the January-June 2021 period. Data for July-December 2021 will be reported following the conclusion of the 1 July 2021 – 31 December 2022 period.

^ 'Total Fellows for Australia' - includes dual FRACS/FRANZCO of which four (n= 4) participate in the RACS Program. Data on dual Fellows participating in the RANZCO program has not been provided in this update. RACS is working with RANZCO to ensure these Fellows are supported with the transition to CPD Homes.

^^ Due to the ongoing COVID-19 pandemic, the College did not pursue CPD compliance for Fellows residing overseas. Fellows overseas can complete the RACS CPD program or provide a certificate demonstrating compliance with CPD requirements in the country where they reside. RACS is undertaking a review of this cohort to maintain alignment with the Recency of Practice standards and ensure appropriate advice is being provided.

* The AOA are running a combined CPD period for 2021/22. CPD requirements will be due by the end of 2022.

** The NZOA retained an annual calendar-year CPD program and ran an abridged program in 2021 due to COVID

Standard 10: 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 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 10.

Has there been any significant developments made against this standard? Please include updates on any developments made in response to COVID-19 in this section. *If yes, please describe below.* RACS is undertaking a research study comparing the performance of SIMGs with locally trained Fellows at completion of the SET. The aim of the research is to contribute to ongoing improvements to the RACS' SIMG assessments by reviewing the instrument that is used to assess SIMGs' professional skills. RACS currently uses this structured interview to assess overseas-trained surgeons as part of their SIMG application. All participants in the study take part in an online structured interview of approximately 30 minutes in which they are asked questions about professional behaviours. Interviewer panels consist of 2-3 Australian Fellows and one external community representative. Interviews are held via Zoom throughout the second half of 2022. This study has Ethics approval from St Vincent's Hospital (VIC) Human Research Ethics Committee.	☒ Yes	☐ No change

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.

To be met by 2023

20 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)

The College's Specialist International Medical Graduate (SMIG) Committee is currently finalising how the External Validation of Professional Performance (EVOPP) pilot program will be reinstated in the second half of 2022. The budget has been approved by RACS Council to support reinstatement of the pilot program.

To facilitate EVOPP, the RACS SIMG Committee and Education Committee have approved two assessors to be on site during the pilot, with a RACS administrator to coordinate the pilot remotely/offsite (previously the RACS administrator coordinated the pilots onsite). The College's SIMG Committee and Education Committee are currently considering remuneration for EVOPP assessors both during the pilot phase and post-pilot phase (should EVOPP be introduced as a formal assessment tool for SIMGs on a RACS specialist pathway).

The College is currently recruiting a Project Manager to oversee the remainder of the EVOPP pilot program and assist with seeking validation of this assessment model.

3 Statistics and annual updates

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2021**, 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 2021:	**Australian Numbers**	**New Zealand Numbers**
	58	1

Assessment of Specialist International Medical Graduates		
Phase of IMG Assessment	**Australian Numbers**	**New Zealand Numbers**
Initial Assessment	54*	5**
Interim Assessment Decision:		
• Not Comparable	17	0
• Partially Comparable	26	0
• Substantially Comparable	11	5
Ongoing Assessment	85	1
Final Assessment	23	3
Total:	162	9

***Notes – Australian Numbers**

- There has been a significant delay in processing Australian applications due to the large number of applications received during the Covid-19 pandemic.

- Of the 54x applications assessed in 2021, 11x applications were received in 2019, 37x applications were received in 2020 and 6x applications were received in 2021.
- The remaining 48x applications received in 2021 will be assessed in 2022.

****Notes – New Zealand Numbers**

- The 5x applications assessed in 2021, were received in 2020.
- The 1x application received in 2021 has been assessed in 2022.