

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



**Independent Review of Accreditation Systems within the National Registration
and Accreditation Scheme for health professions**

RACS Submission

May 2017

RACS is the leading advocate for surgical education, training and standards in Australia and New Zealand. Our Fellows and staff work closely with other health organisations to promote the best health outcomes for patients and the community. RACS represents more than 7000 surgeons and 1300 Surgical Trainees and International Medical Graduates (IMGs).

RACS notes that the discussion paper for the accreditation systems review focuses on a broad range of issues, many which are associated with undergraduate and non-specialist health professionals. Given this, we will largely focus our feedback on the roles of specialist colleges and post-graduate medical councils (number 31 within the consolidated list of issues, p.6).

Surgical Training in Australia and New Zealand

Specialist medical training is a complex undertaking, requiring co-operation and collaboration with a diverse range of stakeholders. Training takes place alongside and during the delivery of healthcare and there is no comparable education and training model in the education sector. Surgical training in Australia and New Zealand is delivered to a common standard across Australia and New Zealand within a unique environment which includes:

- Common curriculum and training standards across Australia and New Zealand
- Broad and consistent geographical reach
- Considerable movement of trainees between learning (healthcare) facilities
- Consistent delivery of education and training incorporated into and integrated with healthcare service delivery at independent healthcare facilities
- Education and training programs designed collaboratively across Australia and New Zealand, and administered locally with central support from the specialist medical colleges
- Bi-national standards and assessment

The environment in which medical specialists are trained represents a significantly different model from the education delivered by a geographically anchored, pure education provider such as a university. RACS considers it an imperative that specialist medical colleges are accredited by a medically focused organisation such as the Australian Medical Council (AMC) rather than a generic educational accreditation body.

Accreditation of Specialist Medical Colleges

RACS supports on-going quality assurance and improvement as a key principle of health service provision in Australia. As one of the first specialist medical colleges to undergo voluntary AMC accreditation in 2001, RACS is committed to an open and transparent review of our educational programs that aim to deliver a flexible, responsive and sustainable surgical workforce. RACS is currently undergoing full re-accreditation with the AMC in 2017 and we look forward to receiving recommendations from this review that will assist us to identify areas for improvement across our education and training programs.

RACS has observed many improvements to the AMC accreditation model since the program's inception, including greater consistency in the implementation of the standards and a commitment to continuous improvement in alignment with expectations of the broader community. The AMC's staged approach to engagement with specialist medical colleges at all levels over a considerable assessment period promotes active collaboration and participation amongst all stakeholders engaged in providing surgical education and training. The adaptive collaborative nature of the AMC's model supports early input into the review and evaluation process, promoting open and honest dialogue between all stakeholders and reducing any apprehension or mistrust of the process.

At a strategic and policy level, there is a very close working relationship between the Medical Board of Australia (MBA), the Medical Council of New Zealand (MCNZ) and the Australian Medical Council (AMC). Those relationships support consistency in accreditation standards and processes to ensure delivery training and revalidation/ recertification programs that can produce competent and proficient doctors. For the bi-national specialist medical colleges, having consistent quality assurance processes for both Australia and New Zealand supports quality improvement within the profession itself. RACS believes the combined AMC accreditation process provides an efficient and cost effective model while retaining a high degree of rigor and quality assurance.

In summary, RACS considers the AMC accreditation model to be robust and transparent, centred on the public interest, health service sustainability and delivery capability. There is little evidence available within the Australian context that suggests that accreditation of specialist medical colleges by other agencies such as Tertiary Education and Quality Standards Authority (TEQSA) would result in improved compliance to standards, increased efficiencies or better patient outcomes. In the absence of any evidence that demonstrates the need or benefit of moving towards an alternative model, RACS supports maintaining the AMC as the accreditation body for specialist medical colleges.

Oversight of Accreditation and Assessment

RACS acknowledges the importance of ensuring that appropriate oversight and mechanisms are in place to allow for sufficient scrutiny of our processes and programs. While there is scope for improvement, RACS believes that the multi-layered arrangements that are in place provide sufficient scrutiny of our operations and performance. Our on-going accreditation with the AMC is dependent on providing an annual report that demonstrates our progress against target areas for improvement. We continue to work with the Medical Board of Australia (MBA) to improve communication and develop processes that support increased transparency and accountability. The on-going review of revalidation has the potential to improve existing processes within the healthcare system and we look forward to reviewing the recommendations from this consultation.

RACS is also proactive in identifying areas that can be reviewed to ensure our programs are in alignment with community expectations. For example, we are conscious of the pressure the training program places on our trainees and are committed to ensuring that our trainees welfare is paramount in the development of our training programs. To support this, we have employed a full-time staff member to support our RACS Training Association and are working with the surgical training boards to deliver flexible training options. RACS also offers a Support Program to all Fellows, Trainees and IMG's that provides counselling and coaching services for work and personal issues. Our Building Respect, Improving Patient Safety Action Plan and the Diversity and Inclusion Plan have also provided an impetus for RACS to undertake a variety of College wide initiatives that will improve our transparency and accountability to the public including:

- Recruitment of a community representative to all major Education Boards and Committees of RACS
- Establishment of comprehensive complaints framework available to surgeons, other medical practitioners and members of the public
- Development of resources for the public that seek to address excessive surgical fees
- Engagement with education specialists to develop training that supports leadership development
- Commitment to improving Aboriginal and Torres Strait Islander Health through the RACS Reconciliation Action Plan

International Medical Graduates (IMGs)

RACS supports the current process for the assessment of the suitability for practice of IMGs, and does not consider it should have any direct involvement in the assessment of skilled migration requirements.

The assessment of IMGs remains a highly individual process taking into account training, education, experience and continuing professional development. Because of the continuing advances in surgery and in particular in the assessment of competence, RACS has not been supportive of the competent authority model in specialist practice. Consistent approaches across the National Boards are to be encouraged where they are relevant and workable, however there are differences in the way that the specialties are practiced, and consequently there may be valid differences in processes for assessment.

Processes should be designed to ensure that the best assessment outcome is achieved for the IMG and the healthcare consumers, even if that means there are differences between National Boards.

The discussion paper addresses the role of supervised practice. The assessment of documents and participation in interviews is an important element of the assessment of IMGs; however supervised practice remains the most significant tool in the assessment suite. The application of theoretical knowledge, as well as of the non-technical such as health advocacy, team work and communication, can only be assessed in the workplace. It must therefore be retained in the overall assessment process.