



Australian Medical Council Limited

Response of the AMC Specialist Education Accreditation Committee to the 2011 Comprehensive Report of The Royal Australasian College of Surgeons (RACS)

At its meeting on 28 October 2011, the AMC Specialist Education Accreditation Committee considered the comprehensive report of RACS and assessed the College's performance against the Accreditation Standards. The Committee also considered whether the accreditation of RACS should be extended.

The Specialist Education Accreditation Committee has concluded that, overall, the College meets the Accreditation Standards and has made progress in all areas where recommendations had been set by the AMC in 2007. On the basis of this advice the AMC Directors have extended the accreditation of the College for six years, until December 2017, at which time a full re-accreditation will be required.

Feedback on the College's performance is detailed below, and the College will be asked to provide updates in future progress reports.

The College will not be required to report further on the following recommendations from 2007, which are now satisfied, and closed. They are recommendations 3, 6, 8, 9, 12, 21, and the Standard 7 supplementary question. Further details are provided below. The numbering of the recommendations shown below matches the numbering in the 2006 accreditation report. Recommendations previously addressed are not revisited unless new information is requested in response to developments within the College.

Standard 1: Context in which the education and training program is delivered

Overall, this set of standards is met.

- 2 Report to the AMC on the schedule of planned changes in its educational programs and the proposed time of implementation. Please include an update on changes to the assessment of generic and specialty specific basic sciences, and potential changes to the Fellowship examination.*

Recommendation 2 is progressing well, with activity to improve the education programs of the College, and relationship-building with a number of tertiary education institutions noted. The College is asked to continue reporting against this Recommendation in future reports.

- 3 While recognising the inherent difference between specialties, continue to ensure greater coherence in key training processes. When differences continue between specialties in selection processes, assessment and components of training, RACS should ensure that they are supported by a clear evidence-based educational rationale. Please expand on the differences in specialty requirements that require different weightings of the selection tools for different specialties, and provide evidence to support the differences. Please also include an update on the progress of discussions around differences in durations of training in different specialties.*

Recommendation 3 is satisfied, and closed. The AMC acknowledges RACS' largely successful attempt to introduce common standards across the College.

- 4 Report, as part of its College Activity Report, numbers of entrants into SET1 and SET2+ and the origin of these entrants (by PGY year, whether or not BST, IMG) by jurisdiction and specialty.*

Recommendation 4 is progressing well. The College is requested to continue reporting against this Recommendation in future reports.

- 5 Agree with jurisdictions on mechanisms to facilitate resolution of issues of concern, including workforce numbers. These could include (a) a high-level consultative forum, possibly along the lines outlined in this report, to meet at least twice a year, and (b) consultative arrangements at the jurisdictional level with the relevant Regional Committee (and representatives of the regional sub-committees of specialty boards) to identify appropriate posts for accreditation and to facilitate resolution of issues of concern including issues of workforce availability. Once established, the jurisdiction-regional committee liaison processes be used to track progress on ensuring that all appropriate hospital posts are accredited for SET2+ training and that RACS' central office is advised of progress on this issue.*

Recommendation 5 is progressing. The work by the College with the jurisdictions and bodies such as HWA is commended. The AMC draws attention to the role of Health Workforce New Zealand and the importance of the bi-national colleges establishing collaborative arrangements with New Zealand health workforce authorities. The College is requested to continue reporting against this Recommendation in future reports.

- 6 Where jurisdictions have developed clear service expansion plans (e.g. new or expanded hospitals) accompanied by specific allocation of additional recurrent funding, RACS and jurisdictions agree, as part of the planning for those facilities, on the profile of SET2+ places to be created in the new facilities and the timing of their availability and accreditation, thus allowing additional SET1 places to be created in existing facilities in advance of the SET2+ places coming on line.*

Recommendation 6 is satisfied, and closed.

Performance against this standard is seen as strong. Of note is the development of educational partnerships with Universities and Colleges, as is the development of a series of high level surgical competencies.

Standard 2: The outcomes of the training program

Overall, this set of standards is met.

- 7 Recognising the different needs of the specialty groups, aim to increase the uniformity between presentation of the aims and goals of training for nine surgical specialties particularly on the website, taking account of feedback from the trainee and supervisor groups.*

Recommendation 7 is progressing. The College is requested to continue reporting against this Recommendation in future reports, so that its handling of differences between the programs can be monitored.

8 *Develop concrete and evidence-based information regarding the definition of the 'non-technical' competencies.*

Recommendation 8 is satisfied and closed, with particular commendation for the work done on Surgical Competencies.

9 *Continue and strengthen its consultation with all groups affected by the implementation of SET, and in particular addressing communication gaps outlined above.*

Recommendation 9 is satisfied and closed, with SET now well-established.

10 *Involve health consumers and patients in any future consultation about the goals and objectives of surgical training.*

Recommendation 10 does not appear to be progressing. The College is requested to report on its progress in this area in the next report.

The College is making impressive advances against this Standard.

Standard 3: Curriculum

Overall, this set of standards is met.

11 *Present to the AMC its timetable for the planned move to competency-based training and report annually on its progress.*

The College has presented a clear timetable for its plans. The College is requested to continue reporting against this Recommendation in future reports.

12 *Build on the increase in educational resources and facilitate the sharing of good educational practice by establishing regular and frequent meetings of specialty society and College educational staff.*

Recommendation 12 is satisfied and closed.

13 *Define the educational objectives of the research components of training and review requirements against these objectives.*

Recommendation 13 is progressing well. The AMC acknowledges the work being done to clarify research requirements across the specialties. The College is requested to continue reporting against this Recommendation in future reports.

14 *Report to the AMC on the impact of SET on the availability of flexible training opportunities.*

Recommendation 14 is progressing well, with the College working to identify flexible training options. The College is requested to continue reporting against this Recommendation in future reports.

- 15 *Seek congruence of assessment processes between the specialties except when differences can be justified for educational reasons.*

Recommendation 15 is progressing well, with blueprinting of assessment processes noted. The College is requested to continue reporting against this Recommendation in future reports.

Performance against this standard is strong, and commended.

Standard 4: Teaching and learning methods

Overall, this set of standards is met.

No recommendations remain for Standard 4.

The College demonstrates some major achievements against this Standard, including the improvement of workplace based assessment, revision of educational modules and introduction of on-line learning resources.

Standard 5: Assessment

Overall, this set of standards is met.

- 16 *Research thoroughly the strengths, weaknesses, practicalities and generalisability of the Mini-Clinical Evaluation Exercise and Direct Observation of Procedural Skills as assessment tools in the local hospital setting and make public its findings. The AMC notes that since the 2007 assessment, considerable literature has been written on these tools. The AMC considers that this recommendation is no longer appropriate. It asks that in future reports the College advise the AMC on it is using the available research findings in making decisions about the assessment tools it employs.*

Recommendation 16 is progressing, and the College is requested to report on progress in future reports.

- 17 *Report in annual reports to the AMC on the procedures for identification and management of under-performing trainees.*

Recommendation 17 is progressing, and the College is requested to report on progress in future reports.

The College demonstrates positive developments in assessment. Of particular note is the successful introduction of Mini CEX, DOPS and 360 degree assessments.

Standard 6: Monitoring and evaluation

Overall, this set of standards is met.

21 *Develop and report to the AMC on its plans to evaluate the introduction of the SET program. Please include an update on the evaluation of the introduction of the SET.*

Recommendation 21 is satisfied and closed, with SET now established.

22 *Introduce procedures to collect feedback on the training program from external stakeholders such as health administrators and health consumer groups.*

Recommendation 22 is rated as unsatisfactory, as it was not addressed in the report. The AMC requests that this issue is reported upon in future reporting.

23 *Report in annual reports to the AMC on plans for trainee and supervisor evaluation of SET.*

Progress against Recommendation 23 is satisfactory, with feedback processes established. The College is asked to report on this in future reports.

24 *Report to the AMC on the evolution of the selection process, taking account of feedback from the specialty societies, the applicants and other stakeholders.*

Progress on Recommendation 24 is satisfactory, with an update requested in the next report.

25 *Continue to collaborate with the jurisdictions to increase the output of well-trained surgeons.*

Recommendation 25 is progressing, with the collaboration with HWA in particular noted. The College is asked to report on this in future reports.

The progress made by the College in monitoring and evaluating its trainees is noted, with a request to include the results of this in the next report.

Standard 7: Issues relating to trainees

Overall, this set of standards is met.

Supplementary request: Please include a summary of any significant interactions with trainee associations and any significant issues raised by trainee associations.

This supplementary request is satisfied and closed, with a commendation for the way the College has integrated RACSTA into its governance and education planning.

Achieving uniformity in selection criteria in Australia and New Zealand and linking interview processes to agreed desirable attributes for training are significant advances. Also of note is the substantial improvements in the selection processes, and progress in building communication with trainees.

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

Overall this set of standards is met.

27 *Report in annual reports to the AMC on:*

- *changes in the workload of supervisors after the introduction of SET*
- *the introduction of training for supervisors and trainers in the new work-based assessment methods*
- *progress in developing a process for trainee evaluation of their supervision.*

Supplementary question in response to the 2010 report: In response to the College's 2009 annual report, the AMC asked the College to report on the outcomes of a College meeting with NSW jurisdictional representatives to discuss the absence of consultative clinics for outpatient and ambulatory experience in NSW. The College had reported that it had not been able to progress this matter significantly. In 2011, please address "How does the College ensure that trainees receive appropriate experience in ambulatory and consultative surgery in NSW in the absence of outpatient clinics?"

Recommendation 27 and the supplementary question are progressing satisfactorily. The College is requested to continue reporting on this issue in future reports.

The AMC notes that RACS has an ongoing issue with its attempts to charge jurisdictions for the accreditation of training posts, and requests an update on the progress of this in the next report.

Standard 9: Continuing professional development

Overall, this set of standards is met.

No recommendations remain for Standard 9. The College appears to be performing well in this area.

Sent to the College 21 December 2011

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