



AMC response to the 2015 Progress Report of the Royal Australasian College of Surgeons

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| Royal Australasian College of Surgeons |
| Date of last AMC assessment: 2011 (comprehensive report) |
| Periodic reports since last AMC assessment: 2012, 2013, 2014 |
| Re-accreditation due: 2017 |
| Specialist Education Accreditation Committee Meeting: 28 October 2015 |

Explanation of findings

The AMC provides feedback on the accreditation recommendations using the following:

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| Unsatisfactory | <i>The College may not meet the related accreditation standard and AMC should investigate further.</i> |
| Not Progressing | <i>No progress or overly slow progress.</i> |
| Progressing | <i>Indicates satisfactory progress against the recommendation, with further reporting necessary.</i> |
| Satisfied | <i>The College has satisfied all requirements and can cease reporting against the recommendation. Recommendation is marked as closed.</i> |
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Part A – Assessment against the standards, and accreditation recommendations which require further reporting post 2015

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

Standards cover: structure and governance of the college; program management; educational expertise; interaction with the health sector; continuous renewal

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015 this set of standards continues to be Met.

Accreditation recommendations – Standard 1

Recommendation 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.

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
|---------|----------------|-----------------|-------------|----------------------|
| AMC | | | X | |

AMC commentary

Updates were provided by the College against most subspecialties. The move of the GSSE online and with increasing availability to junior doctors is noted, as well as a number of programs using it as a prerequisite. Cardiothoracic surgery, neurosurgery, orthopaedics, paediatric surgery have all noted moves to competency based elements in their programs. It is noticeable that each program is individual in its approach.

2 Significant developments

AMC commentary – significant developments against Standard 1

The development of JDocs as a resource for junior doctors is welcomed. The response to the identified issues around sexual harassment in surgical training is also noted and commended. It is also important to note the move to College standards being higher level, with each training program expected to develop their own detailed standards in line with these.

3 Statistics and annual updates

AMC commentary – statistics and annual updates

Noted. Exam pass rates have stabilised, but are not rising.

Summary of College performance against Standard 1

The College is continuing to refine their governance and organisation. The College has moved to formalise the relationships with each training program and set a hierarchy around standards.

The Report of the Expert Advisory Group (EAG) on discrimination, bullying and sexual harassment advising the Royal Australasian College of Surgeons is reported under Standard 1. The AMC will

expect the College to report on the action taken under the relevant accreditation standards in future reports to the AMC.

Standard 2: The outcomes of the training program

Standards cover: purpose of the training organisation and graduate outcomes

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 2

Recommendation 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.

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
|---------|----------------|-----------------|-------------|----------------------|
| AMC | | | X | |

AMC commentary

Those programs that place their information on the RACS website are showing more uniformity in format, though a number of programs refer people to the site of the specialty society, where there is no uniformity. Maybe a comparative table on the RACS website is a better way to do this, given the expressed view of some programs that this is not their responsibility.

Recommendation 10

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

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
|---------|----------------|-----------------|-------------|----------------------|
| AMC | | | X | |

AMC commentary

The AMC welcomes the addition of consumer representation to some of its committees. The lack of change amongst individual programs is noted and is disappointing. The accreditation visit in 2017 will be an opportunity to further discuss the College's plans and strategy for consumer consultation. The AMC notes that greater external engagement is also a recommendation arising from the *Report of the Expert Advisory Group (EAG) on discrimination, bullying and sexual harassment*.

2 Significant developments

AMC commentary – significant developments against Standard 2

The College has reported no further developments against this standard.

Summary of College performance against Standard 2

The response to the recommendations for this standard highlight some differences in attitude between the College and its specialist societies running the training programs. There is room for significantly more progress on the part of these programs.

Standard 3: Curriculum

Standards cover: curriculum framework; curriculum structure, composition and duration; research in the training program; flexible training; the continuum of learning

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 3

Recommendation 11

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

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
|---------|----------------|-----------------|-------------|----------------------|
| AMC | | | X | |

AMC commentary

Progress is continuing, though each program is moving at its own pace. Some programs have not yet started.

Recommendation 14

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

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
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| AMC | | | X | |

AMC commentary

There is a report for each program, with some making progress. The College's response has focused on policy and the AMC would like information in future reports on how this has been put into practice. The statistics reported by the College show that opportunities for flexible training appear to be limited. The AMC encourages the College to be more proactive in dealing with health services so that health services can address any perceived difficulties that arise from placement of trainees seeking flexible training in advance of their commencement.

2 Significant developments

AMC commentary – significant developments against Standard 3

The introduction of the JDocs framework is welcomed.

Standard 4: Teaching and learning methods

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 4

Nil remain.

2 Significant developments

AMC commentary – significant developments against Standard 4

The changes to neurosurgery selection processes does imply a need to have some (presumably, unaccredited) neurosurgery experience prior to selection. This will inevitably have the effect of lengthening training.

Standard 5: Assessment

Standards cover: assessment approach; feedback and performance; assessment quality; assessment of specialists trained overseas

Summary of accreditation status

In 2014, this set of standards was found to be Substantially Met. In 2015, this set of standards continues to be Substantially Met.

Accreditation Recommendations – Standard 5

Recommendation 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 how it is using the available research findings in making decisions about the assessment tools it employs.

| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
|---------|----------------|-----------------|-------------|----------------------|
| AMC | | | X | |

AMC commentary

A number of programs have implemented WBAs, with General Surgery considering it as part of their review. Once the outcomes of this review are reported, this recommendation may be able to be closed.

2 Significant developments

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| AMC commentary – significant developments against Standard 5 |
| No further significant developments were reported by the College. |

3 Statistics and annual updates

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| AMC commentary – statistics and annual updates |
| The College’s updates on how programs deal with underperforming trainees demonstrate further progress in this area. |

Summary of College performance against Standard 5

Each program has an individualised response to this standard, supported by some generic college processes and guidelines. Given that not all programs have fully implemented WBAs, this standard continues to be substantially met.

Standard 6: Monitoring and evaluation

Standards cover: program monitoring and outcome evaluation

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| Summary of accreditation status |
| In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met. |

Accreditation Recommendations – Standard 6

| Recommendation 22 | | | | |
|---|----------------|-----------------|-------------|----------------------|
| Introduce procedures to collect feedback on the training program from external stakeholders such as health administrators and health consumer groups. | | | | |
| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
| AMC | | | X | |
| AMC commentary | | | | |
| <p>The College’s progress report demonstrates improved and deliberate work on getting feedback from health administrators, and this is commendable. However it should be noted that there is also a need for gaining feedback from health administrators while health programs are being designed.</p> <p>The Expert Advisory Group is also quoted as a source of feedback containing community members. Whilst this will be a valuable source of feedback, it does not appear designed to seek a more specific health consumer perspective, and AMC would encourage the College to have health consumer feedback as a specific target in the same way they have improved the feedback from health administrators. There are a couple of examples where this has happened in individual programs.</p> | | | | |

2 Significant developments

AMC commentary – significant developments against Standard 6

The College reported no further developments against this standard.

3 Statistics and annual updates

AMC commentary – statistics and annual updates

The evaluation of SET is noted.

As in previous years, the RACS Trainee Association conducted surveys of trainees at the conclusion of each 6-month rotation.

Summary of College performance against Standard 6

There is demonstration of progress in obtaining external feedback.

Standard 7: Issues relating to trainees

Standards cover: admission policy and selection; trainee participation in training organisation governance; communication with trainees; resolution of training problems and disputes

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 7

Nil remain.

2 Significant developments

AMC commentary – significant developments against Standard 7

The AMC notes the *Report of the Expert Advisory Group (EAG) on discrimination, bullying and sexual harassment* advising the Royal Australasian College of Surgeons, and the College's response to this as detailed under Standard 1. The AMC has revised the *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs* and these will be implemented from 1 January 2016. The revised standards now contain Standard 7.4: Trainee Wellbeing. The new standards on trainee wellbeing require providers to have mechanisms to provide a supportive learning environment and to collaborate with stakeholders to identify and support trainees experiencing personal and professional difficulties that may impact on their training.

3 Statistics and annual updates

AMC commentary – statistics and annual updates

The expected changes to selection, particularly the expectation that the GSSE will likely become a prerequisite for a number of programs in the future, is noted.

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

Standards cover: supervisors, assessors, trainers and mentors and clinical and other educational resources

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 8

Nil remain.

2 Significant developments

AMC commentary – significant developments against Standard 8

The College reported no further significant developments against this standard.

3 Statistics and annual updates

AMC commentary – statistics and annual updates

An extensive list of accreditation of sites has been presented.

Standard 9: Continuing professional development

Standards cover: continuing professional development; retraining and remediation of under-performing fellows

Summary of accreditation status

In 2014, this set of standards was found to be Met. In 2015, this set of standards continues to be Met.

Accreditation Recommendations – Standard 9

Nil remain.

2 Significant developments

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| AMC commentary – significant developments against Standard 9 |
| A planned review of the CPD program for 2016 is noted. |

3 Statistics and annual updates

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| AMC commentary – statistics and annual updates |
| A very high rate of compliance with CPD requirements generally is noted. |

Part B – AMC feedback on accreditation recommendations which were satisfied and closed in 2015

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

Standards cover: supervisors, assessors, trainers and mentors and clinical and other educational resources

| Recommendation 27 | | | | |
|---|----------------|-----------------|-------------|----------------------|
| Report in annual reports to the AMC on: | | | | |
| <ul style="list-style-type: none"> 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 for future reports (first asked in the 2010 report): | | | | |
| How does the College ensure that trainees receive appropriate experience in ambulatory and consultative surgery in NSW in the absence of outpatient clinics? | | | | |
| Finding | Unsatisfactory | Not progressing | Progressing | Satisfied and closed |
| AMC | | | | X |
| AMC commentary | | | | |
| A number of support activities and courses are noted for supervisors. The issue around ambulatory services in NSW is being addressed through alternative arrangements with individual supervisors. Although this recommendation has been satisfied and closed the AMC asks the College provide an update in the 2016 progress report. | | | | |

Part C – Overall AMC feedback on 2015 progress report

Overall Summary of RACS 2015 progress report

Overall, the College continues to perform well against the standards, and appears to generally have good cooperation and support from the specialty societies running their training programs.

The AMC reaccreditation of the College's programs is scheduled for 2017. Given the last major accreditation related to the implementation of the SET program, it would be appropriate for the next reaccreditation to consider the College's original plans for SET, and the extent to which the goals have been achieved and how the program has changed over the 10-year period.