



Royal Australasian College of Surgeons 2018 Progress Report – Review

College Name: Royal Australasian College of Surgeons

Date of last AMC accreditation decision: 2017

Periodic reports since last AMC assessment: Nil

Next accreditation decision due: March 2022

Overall assessment: Substantially Met

Explanation of findings

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

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

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

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 given the timeframe on the condition.</i>
Progressing	<i>Indicates satisfactory progress against the condition, with further reporting necessary.</i>
Satisfied	<i>The College has satisfied all requirements and can cease reporting against the condition. Condition is marked as closed.</i>

Quality improvement recommendations are suggestions by the AMC, not conditions. The AMC provides feedback on the quality improvement recommendations using the following:

Unrated	<i>Recommendation not reported on, or there is insufficient information to make a judgement.</i>
Progressing	<i>Indicates progress against the recommendation</i>
Satisfied	<i>The College has addressed the recommendation. It does not need to report further.</i>

Part A – Assessment against the standards, quality improvement recommendations and accreditation conditions requiring further reporting post 2018

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.

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 1
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none">1. The College appointed a new CEO, Mary Harney, in October 2017.2. A comprehensive review has taken place to improve RACS' organisational and governance structures. The new organisational structure is described in the RACS Executive Leadership Team plan (Appendix 1)3. The Board of Regional Chairs and the Governance and Advocacy Board have been merged into a new Advocacy Board.4. The President and CEO have met with all 13 specialty societies to share information and develop collaborative projects. The Dean of Education regularly attends meetings of the specialty boards, and in April 2018, convened a selection workshop involving all specialties. Significant activities included: discussion of the amalgamation of the Board of Surgical Education and Training and the Education Board; an evaluation framework has been instigated to monitor implementation and outcomes of the Building Respect, Improving Patient Safety Action Plan.5. The first annual external review of complaints handling has been undertaken and an annual report provided to RACS Council and published on the RACS website.6. An internal review of the management of complaints area, with a focus on risk management will commence in July 2018.7. A collaborative initiative with St Vincent Health Australia (SVHA), working towards a model for the sharing of information on complaints made about Fellows, trainees and IMGs. SVHA has recently implemented their ETHOS system.8. Consistent with other medical colleges, and to allow for review and evaluation, from September 2018, RACS will cease ISO accreditation. A decision to re-accrediting with ISO will be considered in 2019.9. A review of the digital platform is about to commence.10. Significant advocacy has been undertaken in the areas of excessive fees and out of pocket costs, impact of private health insurance, rural health and indigenous health.

Activity against Quality Improvement Recommendations

Recommendation AA			
Broaden the definition of conflict of interest to include reflection on an individual's demography, committee roles, public positions or research interests that may bias decision making in areas such as selection or specialist international medical graduate assessment. (Standard 1.1.6)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
No activity against recommendation AA was reported.			

2 Activity against conditions

Condition 1				To be met by: 2019
Review the relationships between Council, the Education Board, the Board of Surgical Education and Training and the Specialty Training Boards to ensure that the governance structure enables all training programs to meet RACS policies and AMC standards. (Standard 1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This is progressing well. Consultation has commenced re amalgamation between Education Board and BSET. The new CEO has instituted a comprehensive review of RACS governance and its operational structure. The Board of Regional Chairs and the Governance and Advocacy Board have merged into a new Advocacy Board.				

Condition 2				To be met by: 2020
RACS must develop and implement a stronger process for ongoing evaluation as to whether each of these programs remain consistent with the education and training policies of the College. (Standard 1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The College advises that 'training boards have expressed willingness to work with RACS' management on this matter and the conditions of the service agreements will be integral to satisfy this condition.				

Condition 3				To be met by: 2018
Develop a common policy that makes it explicit that all Specialty Training Boards must develop and implement defined reconsideration, review and appeals policies, which clearly outline the processes for each of the three phrases. (Standard 1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
RACS has an existing policy that "is adhered to by all specialty training boards" and in response to this condition, the policy will be revised to "more clearly encompass and define reconsideration and review". Each specialty training board has been asked to confirm they have defined processes for reconsideration, review and appeal in their regulations at the BSET meeting in October 2018. The AMC looks forward to the College developing a common policy and reporting on its activity in 2019.				

Condition 4		To be met by: 2021		
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 (Standard 1.6 and 1.7)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This is progressing well. 17 of the 21 actions from the Reconciliation Action Plan have been completed and work has begun on the 2019-2020 RAP.				
Achievements have already been realised arising from the Diversity and Inclusion plan (NZ).				
The College has instigated an evaluation framework to monitor the implementation and outcomes of the BRIPS Action Plan in three phases, over 10 years.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 1
<p>The College reported on reasons for requests for an appeal:</p> <ul style="list-style-type: none"> - Appeal against the decision to dismiss trainee from the Neurosurgery SET program: 1 (reconsideration) and the outcome was dismissed. - Appeal against the decision to dismiss trainee from the Urology SET program: 1 (reconsideration) and the outcome was upheld. - Appeal against an IMG assessment of 'not comparable' to an Australian or New Zealand trained Urologist: 1 (reconsideration) and the outcome was dismissed. <p>The College provided an update on RACS governance policies/procedures as follows:</p> <ul style="list-style-type: none"> - College Governance Chart: Organisational restructure in progress (Appendix 1) - Conflict of Interest: No change <p>The College reported that there was insufficient data to report on reasons of reconsideration and reasons for review. The AMC asks the College to report in its 2019 progress report on the reasons for the insufficient data.</p>

Summary of College performance against Standard 1

The AMC considers this standard continues to be substantially met.

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 2
The College developed a high level business plan – the Education Program of Work 2018-2020 (Appendix 3) to provide focus for the educational outcomes to be achieved by 2020. The focus of the plan is to enhance and implement program improvements across the continuum of training and education, including addressing the AMC and MCNZ accreditation conditions.

Activity against Quality Improvement Recommendations

Recommendation BB			
Benchmark the graduate outcomes of each of the surgical training programs internationally. (Standard 2.2 and 2.3)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College is working with the specialty training boards to better define the graduate outcomes of each surgical training program. The orthopaedic training program was benchmarked globally.			

Recommendation CC			
Improve the uniformity of presentation of training program requirements and graduate outcomes for each of the surgical specialties (particularly on the website), taking into account feedback from trainees, supervisors and key stakeholder groups. (Standard 2.2 and 2.3)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
The AMC notes there was no activity reported against recommendation. The AMC notes a similar recommendation was set at the College's 2007 AMC assessment. The AMC asks the College if it plans to address this recommendation and if not, what the reasons for not progressing this work?			

Recommendation DD			
In conjunction with the Specialty Training Boards, review and report on the reasons for the pervasiveness of post fellowship training and any potential impact on the appropriateness of the Surgical Education and Training (SET) program. (Standard 2.3)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reports that the pervasiveness of post-fellowship training remains a topic of discussion and is being reviewed by specialty training programs. The College noted that the approach differs between specialties as a result of differing requirements and identified gaps.			

2 Activity against conditions

Condition 5					To be met by: 2020
Define how the College's educational purpose connects to its community responsibilities. (Standard 2.1)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
<p>'Work defining RACS' educational purpose is being conducted in association with defining graduate outcomes and is linked to conditions 6,7,8,9 and 14. There was minimal comment made by each specialty here.</p> <p>Cardiothoracic Surgery has appointed an external Board member who 'will provide input regarding the community's expectation and around surgical training'.</p>					

Condition 6					To be met by: 2021
Broaden consultation with consumer, community, surgical and non-surgical medical, nursing and allied health stakeholders about the goals and objectives of surgical training, including a broad approach to external representation across the College. (Standard 2.1)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
<p>Each specialty board has appointed an external community representative.</p> <p>Strategies to broaden consultation with non-surgical stakeholders will be incorporated into the project being undertaken to articulate program and graduate outcomes.</p>					

Condition 7					To be met by: 2021
Clearly and uniformly articulate program and graduate outcomes (for all specialties) which are publicly available, reflect community needs and which map to the nine RACS competencies. (Standard 2.2 and 2.3)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
Graduate outcomes are expressed publicly for a number of specialties and work is occurring on the development of curricula, which will include expected outcomes. The challenges will be many, not the least the requirement for <i>uniformity</i> .					

Summary of College performance against Standard 2

The AMC considers this set of standards continues to be substantially met. The AMC notes that uniformity of presentation of training program requirements and graduate outcomes between specialty training boards remains a challenge but it is important that the College endeavour to progress this.

Standard 3: The specialist medical training and education framework

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 3
The College reported the following significant developments: Speciality training boards report their support for competency-based curricula and most provided details of the curricula (refer to Condition 12 and Condition 13 commentary)

Activity against Quality Improvement Recommendations

Recommendation EE			
Develop explicit criteria to consider whether training periods of less than the standard six months can be approved, and ensure that prior learning, time and competencies acquired in non-accredited training are fairly evaluated as to whether they may count towards training. (Standard 3.1)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reported that several specialty training boards are moving towards accepting fewer than 20 weeks per six-month (26-week) term as being recognised as contributing to training. For SET applicants, experiences in non-accredited posts contribute to achievement of selection pre-requisites and activities scored in CVs. While specific experience acquired in non-accredited positions does not count towards time in training in all specialities, the competences acquired may be recognised as the trainee is assessed and progresses within the competency-based training program. Paediatric Surgery and Urology recognise prior learning and trainees can commence in SET 2 or 2. General Surgery regulations allow for recognition of prior learning for trainees who have been on the training program previously, and is also reviewing flexible training options for trainees who only complete 2-3 months of a term.			

Recommendation FF			
Make available to all trainees the learning modules under the Building Respect, Improving Patient Safety (BRIPS) program, once most or all College fellows are trained. (Standard 3.2)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reports that as the mandatory training for supervisors, trainers and senior committee members nears full compliance, the Foundation Skills for Surgical Educators (FSSE) course will be made available to trainees. The AMC looks forward to the College's update on the BRIPS program with regards to trainees in its 2019 progress report.			

2 Activity against conditions

Condition 8					To be met by: 2021
Enhance and align the non-technical competencies across all surgical specialties including a consideration of the broader patient context. (Standard 3.2)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
Some specialties (e.g. Orthopaedics, OHNS, Cardiothoracic) have implemented training and assessment of non-technical competencies while others (PRS, Vascular) are in the process of doing so. The main challenge is to <i>align</i> them and 2021 is a reasonable timeframe.					

Condition 9					To be met by: 2021
As it applies to the specialty training program, expand the curricula to ensure trainees contribute to the effectiveness and efficiency of the healthcare system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of settings within the Australian and/or New Zealand health systems. (Standard 3.2.6)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
This is aligned to the development of a generic curriculum. Early thinking is evident at this stage.					

Condition 10					To be met by: 2021
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)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
Most specialties advise they have addressed this issue, others are in the process of doing so. This condition should be readily met by 2021.					

Condition 11					To be met by: 2021
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)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
Professor Martin Nakata, Education Advisor, appears to have an ongoing role in this area. The College's steps to address this issue are promising. The AMC looks forward to further reporting in its 2019 progress report.					

Condition 12		To be met by: 2020		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
It appears that specialties are focusing on competence and competency-based training although further work will need to occur to develop a standard definition.				

Condition 13		To be met by: 2018		
RACS has a policy that is applicable to all specialty training programs to remove the overt and hidden barriers to flexible forms of training. RACS must build on the existing policy and processes and liaise with hospitals to implement flexible training. (Standard 3.4.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
<p>The College has contacted all training hospitals to determine if the hospital can offer flexibility and in what training posts this can occur. The response rate from hospitals was high and of the responders, 73% indicated that they could offer flexible positions. This information has been passed on to the specialty training boards which the College advises have all embraced flexible training.</p> <p>Successful outcome for this condition will become apparent in coming years when annual figures for deferral, interruption and part time training are provided.</p>				

Summary of College performance against Standard 3

The AMC considers this set of standards continues to be substantially met.

Standard 4: Teaching and learning methods

Summary of accreditation status	2017: Met	2018: Met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 4
The College reported that as speciality curricula are revised and developed, new methods of work based assessment, use of simulation and the private sector have offered alternative opportunities for learning. No additional significant developments were reported.

Activity against Quality Improvement Recommendations

Recommendation GG			
Consider options to mitigate the lack of training in some parts of Australia and New Zealand such as in outpatient settings, endoscopy and aesthetic surgery. (Standard 4.2.1)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reported that the RACS training boards are considering utilising private consulting rooms and working with hospitals to ensure alternative arrangements are in place. This will take place via training post accreditation criteria. General Surgery is proposing an accreditation standard for all new post applications whereby the new post must have access to outpatients.			
Limited access to endoscopy and colonoscopy is being managed through the introduction of new procedure-based assessments (PBAs). The College is considering introducing basic endoscopy training for New Zealand trainees. The AMC looks forward to an update from the College in the 2019 progress report.			

2 Activity against conditions

Condition 14		To be met by: 2021		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
Cardiothoracic surgery advises they have in place a comprehensive curriculum map for SET 1 to SET 6 trainees. Whether it is a template for other specialties needs further exploration as it may, or may not, meet the requirements of this condition. Other specialties are advising this will be undertaken in their curriculum review process.				

Summary of College performance against Standard 4

The AMC considers this set of standards continues to be met.

Standard 5: Assessment of learning

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 5
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. Improvements to the conduct of the Fellowship Examination (FEX) were implemented in response to feedback received from fellows and candidates. 2. In April 2018, a workshop for senior examiners was conducted and a new approach to writing feedback reports was implemented in May. 3. Examiners' reports are reviewed by the RACS Principal Educator and feedback will be provided to examiners to continue to improve their skill and the overall process.

Activity against Quality Improvement Recommendations

Recommendation HH			
Review the compulsory General Surgical Science Examination requirement in terms of usefulness, preparation time and financial burden for those who are not selected for entry into surgical training. (Standard 5.2.1)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
College provided no commentary on recommendation HH. The AMC looks forward to the College reporting in its 2019 progress report if it has plans to address this condition.			

Recommendation II			
Review whether the Clinical Examination remains an essential assessment task, given that the 2016 Review of Assessment Report notes its poor reliability and trainee feedback questions its validity. (Standard 5.2.1)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
College provided no commentary on recommendation II. The AMC looks forward to the College reporting in its 2019 progress report if it has plans to address this condition.			

Recommendation JJ			
For all surgical specialties, adopt behaviour-related reporting (i.e. descriptive of the key features) rather than simple scoring for all work-based assessments. (Standard 5.2.3)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
The College referred to commentary made under standard 4 for information regarding specialty implementation of work-based assessments. No specific comments were made about the			

College's actions against recommendation JJ. The AMC looks forward to the College reporting in its 2019 progress report if it has plans to address this condition.

Recommendation KK			
Explore the use of multi-source feedback for all surgical training programs at set points throughout training. (Standard 5.3.1)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reported that IMGs on pathway to fellowship across all specialties participate in 6-monthly multi source feedback (MSF). Cardiothoracic Surgery, Orthopaedic Surgery, Paediatric Surgery and Urology are using MSF or 360 evaluation. Most MSF/360 evaluations are used for trainees in difficulty or for SET1 trainees, rather than routinely at this stage. Cardiothoracic Surgery has introduced two 360 evaluations for SET1 trainees.			

Recommendation LL			
Review whether the term 'essay-type' is appropriately used in all its current contexts. Where essay-type questions are used, consideration should be given as to whether they could be replaced with short-answer type questions. (Standard 5.4.1)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
Refer response under Condition 15.			

2 Activity against conditions

Condition 15				To be met by: 2018
Respond to the 2016 Review of Assessments Report by Cassandra Wannan by noting whether recommendations have already been implemented, require implementation or are rejected, including a rationale for the latter. (Standard 5.2 and 5.4)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This condition asked for a response by the College as to its responses to the Cassandra Warren recommendations, rather than the recommendation be complied with. There has been a comprehensive response to this condition by the College and by the specialties. Urology reported that 'the implementation of MCQ type questions for the FEX written component instead of essay type questions as per Wannan recommendations (given the poor inter rater reliability in written components) at this juncture is not planned, given the substantial difficulty in validating the sizeable bank of MCQ type questions which would be required for the FEX. The AMC looks forward to an update on progress in its 2019 progress report.				

Condition 16		To be met by: 2019		
Implement appropriate standard setting methods for all specialty-specific examinations (The AMC recognises that at least three specialties are already compliant in this respect). (Standard 5.2.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The College advises that ‘Work is in progress with 5 identified specialties which have predetermined pass scores and construct exams accordingly to review their methodologies and increase accountability’.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 5
<p>The College provided the following statistics for standard 5:</p> <p>Summative assessment activity for the Surgical Sciences, Clinical and Fellowship examinations and % of candidates passed examination are as follows:</p> <p>Generic Surgical Science Examination - 51.6%</p> <p>Specialty Specific Surgical Sciences Examination - 84.8%</p> <p>Clinical Examination - 79.3%</p> <p>Fellowship Examination – all attempts - 63.3%</p> <p>Fellowship Examination – annual pass rate - 76.4%</p> <p>Fellowship Examination – SET trainees - 65.4%</p> <p>Fellowship Examination – IMGs - 33.3%</p>

Summary of College performance against Standard 5

The AMC considers this set of standards continues to be substantially met. It is noted that work has commenced in this areas and the AMC looks forward to further progress in the 2019 progress report.

Standard 6: Monitoring and evaluation

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 6
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. Evaluation of the Building Respect and Improving Patient Safety and the Diversity and Inclusion plans are ongoing. 2. Feedback leading to evaluation and monitoring of the Surgical Education and Training (SET) program will be a focus of RACS' management and speciality training boards in 2019.

Activity against Quality Improvement Recommendations

Recommendation MM			
Explore with trainees how response rates to surveys on training posts could be improved. (Standard 6.1.3)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
No significant developments reported by the College.			

2 Activity against conditions

Condition 17		To be met by: 2019		
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
		X		
AMC commentary				
<p>The College reports that "collated data informatics into standard reports will underpin the development of an overarching framework for monitoring."</p> <p>Orthopaedic surgery reports it has a monitoring and evaluation process in place. General Surgery reports its new program will also include a comprehensive evaluation process.</p> <p>Other specialties did not report.</p> <p>Success here will hinge on the RACS statement being enacted. In its 2019 progress report the College will need to report further for the AMC to determine if the College will satisfy this condition.</p>				

Condition 19		To be met by: 2019		
Establish methods to seek confidential feedback from supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed

		X		
AMC commentary				
The current processes of receiving feedback are variable in structure, frequency and commitment. The College and its specialties do not address the issue of processes for obtaining <i>confidential</i> information. The AMC looks forward to further information in the College's 2019 progress report.				

Condition 20				To be met by: 2019
Develop and implement completely confidential and safe processes for obtaining and acting on regular, systematic feedback from trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The AMC notes the College's commentary against condition 19. The College needs to report in its 2019 progress report how these process are confidential, safe, regular and systematic.				

Condition 21				To be met by: 2020
Develop formal consultation methods and regularly collect feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
		X		
AMC commentary				
Only two specialties advise they have activity in this area, cardiothoracic surgery and urology, where they involve non-surgical health professionals in their 360° feedback of SET 1 trainees, so this involvement is very limited. Orthopaedic Surgery – New Zealand advise they have a Cultural and Consumer Adviser to provide this feedback. The AMC looks forward to a response from each of the specialties in its 2019 progress report.				

Condition 22				To be met by: 2020
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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
		X		
AMC commentary				
The College advises of its current activities, such as the RACSTA Trainee Survey and its Annual Reports but does not appear to be additional taking steps as yet to address this condition.				

Condition 23				To be met by: 2019
Develop and implement an action plan in response to the 2016 Leaving Surgical Training study. (Standard 6.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	

AMC commentary
The specialties did not report against condition 23. RACS pointed to two 2018 published articles – a review paper and an editorial – in the ANZ J Surgery which were thoughtful and reflective.
A broad survey to investigate barriers to entering and continuing in surgical training will be conducted. The AMC looks forward to the College’s plan to develop and implement an action plan.

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 6
The College provided a summary of evaluations undertaken and the main issues arising from evaluations.
<u>Annual selection review reports for specialty training (2018 intake)</u>
Identified poor discrimination and possible bias in the Referee Report selection tool. The speciality training boards have now included a section in the annual selection review reports to outline concerns noted in the referee report, which may result in bias in selection.
<u>Skills courses for SET trainees (ASSET, CCrISP, CLEAR, EMST and TIPS) curriculum review and development</u>
Blended learning requirements (online and face-to-face) required review and redevelopment of course curriculum. Skills course faculty are now presented with participant feedback reports to facilitate quality improvement.
<u>Attrition from SET review</u>
Internal reports of data regarding trainees who leave SET were affected by varying definitions of withdrawal, attrition and dismissal, and complicated by the RACS’ database management system. The College has developed quarterly reports showing valid estimates of attrition for senior stakeholders.
<u>Trainees’ Association (RACSTA) survey evaluation</u>
Main issues arising from the 5-year review included existence of discrimination, bullying and sexual harassment. The College is continuing to advocate for BRIPS, mandating all Fellows, trainees and IMGs to complete the online module.
<u>Clinical and Generic Surgical Science Exam feedback reports</u>
Letters of feedback for unsuccessful trainees provided limited information on what areas of their performance they need to focus on to improve their performance on future sittings. The College has implemented improved feedback to identify areas in their clinical and non-clinical skills and medical knowledge that require improvement. Feedback can now be used to help supervisors guide trainees on their learning goals within the rotation, with respect to identified areas for improvement.
<u>RACS examinations standard setting</u>
Consolidation of RACS examinations required review of the statistical programs and scripts to ensure consistency in the standard setting approach across exams and quality assurance. RACS has developed a GIT repository to store and version control RACS examination statistical code and procedures.

Summary of College performance against Standard 6
The AMC considers this set of standards continues to be substantially met. The AMC notes the activities that are being undertaken. The AMC looks forward to the College’s actions to address the requirements of the conditions under Standard 6.

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 7
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. A selection workshop conducted in April 2018 considered modifying existing selection tools, developing and trialling situational judgement tests in selection and conducting more robust interviewer training. 2. A Selection Interviewer Training Workshop pilot was held in June 2018. A report will be presented at BSET in October with the expectation that there will be a wider uptake prior to the 2019 selection process.

Activity against Quality Improvement Recommendations

Recommendation OO			
In relation to selection into the surgical training programs:			
<ol style="list-style-type: none"> i. Evaluate the objectives of the selection process to ensure they are both clear and consistent across all surgical training programs. ii. Develop a process to ensure that updates and changes to entry prerequisites undergo a consultation process, and provide appropriate lead time for prospective applicants to meet them. iii. Explore the means by which prevocational work performance and technical ability may be more appropriately assessed as part of the selection process. iv. Examine the key discriminators (e.g. academic record, research, experience, interview performance) in the current selection process and whether these are the most relevant for predicting performance both as a trainee and as specialist. (Standard 7.1.1) 			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reported that many of the above recommendations were discussed at the 2018 Selection Workshop. Development of best-practice selection tools are being planned for the next 12 months.			

Recommendation PP			
Implement a program to increase awareness of the presence and role of the RACS Trainees' Association (RACSTA). Standard 7.2 and 7.3)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
The College reported that no new initiatives have been introduced. The AMC looks forward to the College reporting in its 2019 progress report on whether it plans to consider addressing this recommendation.			

2 Activity against conditions

Condition 24		To be met by: 2020		
Further develop the selection policies for each surgical training program, particularly with regard to the provision of transparent scoring of each element in the curriculum vitae and the standardisation in the structure of referee reports. (Standard 7.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
While the response focuses particularly on the interview, it also indicates all specialty training boards are reviewing selection practices, including the role and relevance of the CV and referee reports. This is occurring under the auspices of the BSET. A majority of specialties are already addressing these elements, particularly the scoring of the CV.				

Condition 26		To be met by: 2019		
Develop a policy that leads to the increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in each surgical training program. (Standard 7.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
RACS reports 'All specialty training boards support or endorse the RACS Aboriginal and Torres Strait Islands Surgical Trainee Selection Initiative Policy'. This is potentially at odds with the practical outcome described in the AMC report where it is described that just two specialties have actioned the policy. The AMC notes the existence of policy and looks forward to the College reporting in its 2019 progress report on the outcome.				

Condition 27		To be met by: 2019		
Promote and monitor 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)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
A number of specialties responses indicate they view this is the prism of Indigenous status and respond accordingly whereas RACS also identifies this as a gender matter. General surgery is also seeking to identify, recognise and promote rurality to promote surgical training aligned to a rural pathway.				

Condition 28		To be met by: 2019		
Increase transparency in setting and reviewing fees for training, assessments and training courses, while also seeking to contain the costs of training for trainees and specialist international medical graduates. (Standard 7.3.2 and 10.4.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The College advises it 'will be a focus in 2019'. Orthopaedics have undertaken and facilitated a costing exercise and trainees were fully briefed. Plastics and Urology advise they have been transparent.				

Condition 29		To be met by: 2019		
Address trainee concerns about being able to raise issues and resolve disputes during training by ensuring there are mechanisms for trainees to do so without jeopardising their ongoing participation in the training program. (Standard 7.5)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
		X		
AMC commentary				
<p>Refer to responses for condition 3 (which relates to appeals policy – ‘currently under review’) and condition 18 (where the College has provided a policy ‘Responding to and supporting trainees who provide feedback’).</p> <p>Note that PRS in NZ advises ‘some units have appointed mentors who are not Supervisors and from other specialties. PRS in Australia seem comfortable with their process – ‘training matters are given a fair hearing’. Prefer to manage them locally.</p> <p>The AMC looks forward to further reporting regarding this condition in the 2019 progress report.</p>				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 7
<p>The College provided data on the number of trainees entering training program, completing the training program, and the number and gender of trainees undertaking each training program.</p> <p>Cardiothoracic Surgery: 8 entering, 3 completing, 33 males, 8 females General Surgery: 105 entering, 75 completing, 279 males, 155 females Neurosurgery: 8 entering, 11 completing, 36 males, 12 females Orthopaedic Surgery: 56 entering, 54 completing, 250 males, 33 females OHNS: 25 entering, 17 completing, 58 males, 28 females Paediatric Surgery: 4 entering, 2 completing, 14 males, 17 females Plastic and Reconstructive Surgery: 20 entering, 16 completing, 69 males, 30 females Urology: 22 entering, 18 completing, 77 males, 25 females Vascular Surgery: 8 entering, 6 completing, 36 males, 11 females</p> <p>The College did not have any Indigenous and Māori trainees entering the training program or completing any program.</p>

Summary of College performance against Standard 7

The AMC considers that this set of standards continues to be substantially met. The AMC acknowledges the College’s challenges in addressing these conditions but look forward to the reporting of further activity in the 2019 progress report.

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

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 8
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. Successful achievement of compliance for supervisors and trainers to complete the Foundation Skills for Surgical Educators (FSSE) and Operating with Respect (OWR) courses. 2. Through the speciality training boards, specialty societies and government jurisdictions, progress is being made towards expanding training into rural settings.

Activity against Quality Improvement Recommendations

Recommendation QQ			
Develop a policy that is adhered to by all Specialty Training Boards which stipulates the minimum advanced notice required prior to requiring commencement of new rotations and which also minimises the number of interstate / international rotations. (Standard 8.2.2)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
No activity against recommendation QQ reported by the College. The AMC notes that whilst there is nothing for the College to report, it looks forward to information from the College as to whether this will be considered.			

Recommendation RR			
Work with the jurisdictions to assist in preventing the loss of employment benefits when trainees transfer between jurisdictions. (Standard 8.2.3)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
No activity against recommendation RR reported by the College. The AMC notes that whilst there is nothing for the College to report, it looks forward to information from the College as to whether this will be considered.			

Recommendation SS			
Consider how to expand the surgical training programs in rural and regional locations. (Standard 8.2.2 and 8.2.3)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			

The College reported that the first in a series of Rural Training workshops was held in March 2018. The focus of discussion was how to ensure training was fit for purpose to provide the community with surgeons capable, and with a desire to work in rural and regional areas.

In September 2018, RACS planned to convene a summit of federal and state workforce jurisdictional representatives to discuss recruitment and retainment of a rural and regional surgical specialist workforce. The College is working with the Australian College of Rural and Remote Medicine, the Royal Australian College of General Practitioners and the Rural Doctors Association of Australia to review the rural generalist pathways curricula for general practitioners.

The AMC looks forward to updates on progress in the 2019 progress report.

Recommendation TT			
Support collaboration amongst the Specialty Training Boards to develop common accreditation processes and share relevant information. (Standard 8.2.4)			
Finding	Unrated	Progressing	Satisfied and closed
	X		
AMC commentary			
No activity against recommendation RR reported by the College. The AMC notes that whilst there is nothing for the College to report, it looks forward to information from the College as to whether this will be considered.			

2 Activity against conditions

Condition 30					To be met by: 2020
Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
		X			
AMC commentary					
The College referred to its response under Condition 11 which relates to cultural competence training for trainees and there was no comment on supervisors, trainers and assessors. Professor Martin Nakata, Education Advisor, appears to have an ongoing role in this area.					
The AMC notes that training is being developed but condition 30 relates to mandating for supervisors, clinical trainers and assessors. The AMC looks forward to the College's plans to mandate training.					

Condition 31					To be met by: 2021
In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training programs. (Standard 8.1)					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
The Standards for Supervision document was approved at the BSET meeting in June 2018. The Advocacy Board will be consulted on how best to effectively articulate the standards and supporting resources. Not covered yet is the process for reviewing supervisor performance.					

Condition 33		To be met by: 2019		
In the hospital and training post accreditation standards for all surgical training programs include a requirement that sites demonstrate a commitment to Aboriginal and Torres Strait Islander and/or Maori cultural competence. (Standard 8.2.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
A revision of RACS training post accreditation standards next year will include this. PRS and Neurosurgery are actively progressing this.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 8
<p>The College reported the number of sites/posts visited, accredited and not accredited in Australia and New Zealand. The numbers are as follows:</p> <p><u>Australia</u> Sites/posts visited: 169; Sites/posts accredited: 215; Sites/posts not accredited: 5</p> <p><u>New Zealand</u> Sites/posts visited: 51; Sites/posts accredited: 100; Sites/posts not accredited: 0</p>

<p>Summary of College performance against Standard 8</p> <p>The AMC considers this set of standards continues to be substantially met. The AMC commends the College's activities toward achieving compliance with the Operating Respect program. The AMC looks forward to the College's reporting on the evaluation of the program's impact.</p>

Standard 9: Continuing professional development, further training and remediation

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

Summary of accreditation status	2017: Met	2018: Met
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2 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 9
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. New Zealand Association of General Surgery (NZAGS) is developing a pilot program of practice visits in late 2018 which will attract CPD points for reflective practice. 2. AOA is addressing the recommendations of the Medical Board of Australia Framework within the AOA CPD Program. In early 2019, AOA and RACS are planning a practice visit program pilot with senior Fellows. 3. RACS is commencing a comprehensive review of the RACS CPD Program, in line with the new MBA 'Professional Performance Framework'. This will also involve the potential development of a new IT platform for CPD.

Activity against Quality Improvement Recommendations

Recommendation UU			
Implement a mechanism for the newly established CPD Audit Working Group to provide more robust feedback to fellows with a particular focus on the breadth of surgeon's individual practice. (Standard 9.1.3)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
RACS has established a surgical audit working party to review standards for surgical audit. The College has also published on the role of morbidity and mortality meetings.			

Recommendation WW			
Explore the College's role in identifying the poorly performing fellow. (Standard 9.2.1)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College reported that the work of the surgical audit working party and the morbidity/mortality papers will assist in the identification of poor clinical performances. RACS also noted that work is ongoing to assist or remediate poorly performing fellows.			

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 9

The College reported the number of fellows as follows:

Number of fellows (Australia) = 5179

Number of Fellows (New Zealand) = 820

Number of Fellows (Other) = 348

The AMC notes that data on the percentage of fellows participating in CPD was missing from the report. The AMC requests the College provide the data for consideration.

Summary of College performance against Standard 9

The AMC considers this set of standards to be met.

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

Summary of accreditation status	2017: Substantially met	2018: Substantially met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 10
<p>The College reported the following significant developments:</p> <ol style="list-style-type: none"> 1. A number of new initiatives undertaken to provide greater support for Specialist International Medical Graduate (SIMG) surgeons. 2. RACS Clinical Director of IMG Assessment and Support attended a Medical Board of Australia forum on Assessment of SIMGs at which recommendations and discussion occurred in relation to updating the MBA Good Practice Guidelines for IMG assessment.

Activity against Quality Improvement Recommendations

Recommendation YY			
Make information available to future applicants that may allow them to assess the likelihood of their application achieving substantially or partially comparable status prior to them making a substantial financial payment that historical evidence might suggest is unlikely to succeed. (Standard 10.4.1)			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
RACS has undertaken a 5-year analysis of the outcomes of IMG assessments in Australia and has published information on the RACS website. The AMC notes the information available but recommend that potential applicants will need further guidance on the likelihood of their application achieving substantially or partially comparable status. The AMC suggests analysis should separate substantially or partially comparable outcomes.			

2 Activity against conditions

Condition 34		To be met by: 2019		
All College and Specialty Training Board SIMG assessment processes and associated documentation must reflect the Medical Board of Australia and Medical Council of New Zealand guidelines by ensuring that both training and post-training experience are appropriately considered in assessments of comparability. (Standard 10.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The IMG Committee is currently reviewing IMG policies to ensure this condition is met. The AMC looks forward to an update on work.				

Condition 35		To be met by: 2020		
Develop and adopt alternative external assessment processes such as workplace-based assessments to replace the Fellowship Examination for selected specialist international medical graduates. (Standard 10.2.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
This is progressing through the RACS IMG Committee and the College advises it is developing a Work Based Assessment (WBA) tool which could replace the Fellowship Examination for selected specialist IMGs. A WBA course was scheduled for August 2018 and pilots will be developed in the second half of 2018.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 10
<p>The College reported the number of new applicants undertaking specialist international medical graduate assessment from 1 August 2017 – 31 July 2018: 65 (Australia), 0 (New Zealand)</p> <p>The number of specialist international medical graduates assessments for Fellowship from 1/08/2017-31/07/2018 is as follows:</p> <p>Initial Assessment: N/A (Australia) , N/A (New Zealand)</p> <ul style="list-style-type: none"> • Interim Assessment Decision - Not Comparable: 27 (Australia), N/A (New Zealand) • Interim Assessment Decision - Partially Comparable: 29 (Australia), N/A (New Zealand) • Interim Assessment Decision - Substantially Comparable 15 (Australia), N/A (New Zealand) <p>Ongoing Assessment: 56 (Australia), 2 (New Zealand)</p> <p>Final Assessment: 28 (Australia), 2 (New Zealand)</p> <p>Total: 155 (Australia), 4 (New Zealand)</p>

Summary of College performance against Standard 10

The AMC consider this set of standards continues to be substantially met. The College is making good progress against the conditions.

Part B – AMC feedback on conditions and recommendations satisfied and closed in 2018

Standard 6: Monitoring and evaluation

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

Recommendation NN			
Implement the planned New Fellows' Survey to evaluate their preparedness to practice and the annual survey of trainees who leave surgery without completing the program. (Standard 6.2.2)			
Finding	Unrated	Progressing	Satisfied and closed
			X
AMC commentary			
In March 2018, the College distributed the Younger Fellows survey to all Fellows in their first 10 years of practice). A presentation on the preparedness for practice and alignment for workforce was delivered in May 2018 at RACS ASC, Sydney.			

Condition 18				To be met by: 2018
In conjunction with the Specialty Training Boards, develop a policy to manage the situation whereby a trainee has been inadvertently identified as a result of providing feedback. (Standard 6.1.3)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
				X
AMC commentary				
Appendix 5 of the College response contains the policy "responding to and supporting trainees who provide feedback" which satisfies this condition.				

Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

Condition 25				To be met by: 2018
Clearly document and make publicly available the standard of entry into each surgical training program. (Standard 7.1)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
				X
AMC commentary				
The College reported by tabling "Table 7, Specialty standards of entry into SET" demonstrating the selection regulation regarding standard of entry for each surgical specialty.				

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

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

Condition 32		To be met by: 2019		
Promote the Building Respect, Improving Patient Safety (BRIPS) program and encourage the positive participation of all fellows and trainees, including supporting all surgeons to “call out” bad behaviour in work and training. (Standard 8.2.2)				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
				X
AMC commentary				
The College reported 95% compliance with the Operating With Respect (OWR) module at 30 June 2018.				

Recommendation VV			
As part of the reflective practice category, consider including cultural competence as an area of reflection. (Standard 9.1.3)			
Finding	Unrated	Progressing	Satisfied and closed
			X
AMC commentary			
Participation in cultural competence activities has now been included in the RACS CPD Program. RACS is also reviewing its provision of cultural competency education, and encouraging other providers to have their activities approved within the RACS program.			

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

Recommendation XX			
Provide greater support for specialist international medical graduate surgeons working towards specialist / vocational registration, and including access to educational resources, such as examination revision course, and other resources that are accessible to trainees. (Standard 10.2.1)			
Finding	Unrated	Progressing	Satisfied and closed
			X
AMC commentary			
RACS has established an eLearning IMG Orientation Program. From March 2018, IMGs who have accepted a specialist pathway must complete the RACS eLearning module “IMG Orientation Program” prior to commencing clinical assessment.			
RACS has also developed a video resource regarding the clinical component of the Fellowship Examination.			
Both eLearning resources are available to all IMGs who have accepted a specialist pathway.			

Part C – Overall AMC feedback on 2018 progress report

Overall Summary of Royal Australasian College of Surgeons 2018 progress report

The AMC notes the work completed by the College and the specialty training boards since the AMC assessment in 2017.

It appears that achieving uniformity between the different training programs where applicable and achievable is still a challenge. However, the AMC strongly encourages the College to continue to work towards it.