



Australian Medical Council Limited

Specialist Education Accreditation Committee

AMC response to the Royal Australasian College of Surgeons 2019 Progress Report

College Name: Royal Australasian College of Surgeons

Date of last AMC accreditation decision: 2017

Periodic reports since last AMC assessment: 2018

Next accreditation decision due: March 2022

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>

Please note that this response contains:

Part A	<i>Detailed responses to conditions and recommendations that were not satisfied in the 2019 report to guide reporting in 2020</i>
Part B	<i>Acknowledgement, including commendations on conditions and recommendations that were satisfied in the 2019 and have been closed</i>
Part C	<i>A summary of the overall findings relating to the College's 2019 progress report.</i>

Part A – Assessment against the standards, quality improvement recommendations and accreditation conditions requiring further reporting post 2019

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	2018: Substantially Met	2019: 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 has a new <i>Strategic Plan 2019 – 2021</i> which is underpinned by three pillars of ‘Standards and professionalism’, ‘Enduring value’ and ‘Membership’. There are sound plans for the next two years, including a high level strategic plan. The College is to be commended on its ambitious program of work on many fronts, with a number of aims to be matched with deliverables. In some cases, the College is behind time in meeting the conditions, however, the body of work being undertaken requires due consultation, preparation and time to demonstrate a change in outcomes, such as in workforce diversity.</p> <p>The AMC notes the significant organisational changes have occurred in 2019 with various new appointments and roles created within the College. These include:</p> <ul style="list-style-type: none">• Mr John Biviano was appointed to the role of CEO and Ms Emily Wooden as Deputy CEO in April 2019.• Within the educational portfolio, Professor Julian Archer was appointed in January 2019. To strengthen and support education management in the College, three new roles were created and appointed – Head of Training Service (governance and support of training programs), Head of Education Services (professional development programs, exams and IMG assessment) and Head of Research and Innovation (evaluation and quality assurance).• Importantly, new positions of an EGM People and Culture and an Aboriginal and Torres Strait Islander Health and Cultural Safety Project Officer were appointed. <p>The focus on a ‘One College’ approach was evident in the documents and is to be commended. The extent of the adoption and sharing of this approach by its Specialty Societies will be important development for the College to be of influence as there appears to be a lot of ongoing work at society/specialty training Board level and harmonisation of policies and processes is key. The outcome of the renewal of partner service agreements between the College and its Specialty Societies in 2020 is critical in enabling the College to continue to drive change.</p>

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			
The COI policy is yet to be updated, however, there appears to be greater awareness in many areas of the College of what constitutes COI and how Boards/ panels need to be constructed. Majority of			

s\Speciality Training Boards (STBs) already comply at Board level by declaring conflicts and interview training covers COI and unconscious bias. The College is undertaking a comprehensive review of its policies that will include an updated COI policy and the AMC looks forward to an update once this is completed in 2020.

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					
A new RACS Governance Committee was approved in June 2019; a new Head of Planning and Development to lead RACS business planning co-ordination, governance review and development of an overarching policy framework has been appointed. The College reports this 'will have a direct, positive impact on the realignment and strengthening of collaborative partnerships with the specialty societies, ensuring quality improvements in all the surgical education and training programs.'					
Considerable discussion has been held regarding the relationships among Council, the Education Board, the Board of Surgical Education and Training and the Specialty Training Boards. It was decided not to merge the Education Board, and the Board of Surgical Education and Training, but to improve the links of the STBs with these two committees. The AMC notes the developments and asks the College to provide further information on the revised governance structure to meet the requirements of this condition in the 2020 progress report.					

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 is making gradual progress with a plan to develop work. The College has commissioned an audit with KPMG to focus on an internal control and risk assessment of compliance with AMC accreditation obligations with specialty societies. The project is still being scoped. It is anticipated that the findings will be used in revising the partner agreements with the Specialty Societies in 2020. The College is asked to provide details from the KPMG report to advise on developments in the next progress report.					

Condition 4					To be met by: 2021
Provide evidence of effective implementation, monitoring and evaluation of the:					
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed	
			X		
AMC commentary					
Commendable progress has been made on the 2016 Reconciliation Action Plan with 54/59 actions completed and 5 in progress. A new 2019 Reconciliation Action Plan is underway. The Māori Health Action Plan 2016-2018 has been implemented, with an updated plan being developed.					

BRIPS has had an in depth, multimethod external review conducted by *thethreadconsulting*, as part of a comprehensive evaluation framework. As mentioned in the report, "The College is now seen to be in step with public opinion and broader societal shifts. More than this, the College is now seen as leading the way as an institution that has acknowledged these problems and made a serious commitment to addressing them." It was noted in the BRIPS review that there was a lack of engagement of trainees with the College.

The Diversity and Inclusion Plan (DIP) is part of BRIPS. The College reports strong support for this including by the Specialty Societies. The data in the RACS Activities Report 2018 show a small but positive changes e.g. women made up 34% of the successful SET applicants overall, up 4% from 2017, although there are considerable variations among specialties. Data on ethnicity is not reported publicly, although there were some is provided by the College under Standard 7 in the current progress report.

It would be helpful if percentages were shown in the demographics tables of the RACS Activities Report in addition to the absolute numbers for ease of demonstrating and reviewing progress.

There has been a large increase in numbers from the specialities taking the Operating with Respect courses.

The AOA has introduced a *Diversity Strategic Plan 2018–2023*.

The College is commended on the implementation of the Reconciliation Action Plan, BRIPS and Diversity and Inclusion Plan, and the AMC asks the College to provide evidence of its related monitoring and evaluation activities in the next report.

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 1

The College has provided clear data on the number of reconsiderations, reviews, and appeals heard in the past year, categorised by subject. Most relate either to the training program or IMG assessment. Majority of decisions confirm the original RACS decision, although some decisions are pending. The quantum appears reasonable for a large College.

Summary of College performance against Standard 1

This set of standards remains 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	2018: Substantially Met	2019: 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
There seems to be a change in approach signalled by a draft high-level business plan developed in 2017 – the <i>Education Program of Work 2018-2020</i> . This plan is currently under review with a fully costed model to be presented to the RACS Council in October 2019.

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
AMC commentary			
The majority of STBs are in the process of curriculum review, including international benchmarking.			

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
AMC commentary			
This is a stated goal of the new education policy and service agreements between RACS and the Specialty Societies to be negotiated in 2020, therefore has not yet occurred.			

2 Activity against conditions

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
AMC commentary				
A range of appropriate steps is being taken. RACS has been seeking community input in a number of areas and as it develops a professional skills curriculum, introduces selection based on behavioural attributes, and explores feedback mechanisms from surgical teams.				
The College is asked to provide an update on consultation with non-surgical medical, nursing and allied health stakeholders in the next progress report.				

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
AMC commentary				
<p>There appears to be a little progress by the College to date, however, there is also a plan to review and update the nine core RACS competencies and associated behavioural markers. This will permeate eventually into all curricula and assessments. This process, coupled with the stronger partnerships with Specialty Societies, is expected to result in greater uniformity.</p> <p>The College is asked to provide a more comprehensive update of progress in the next report and how consultations with various stakeholder, including the community, has influenced the revision of the nine core RACS competencies.</p>				

Summary of College performance against Standard 2

This set of standards remains Substantially Met.

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	2018: Substantially Met	2019: 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 that all specialty training boards support competency-based curricula and will be implementing competency-based curricula.

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				
Good progress has been made by most STBs as most now have mechanisms in place to approve training periods of less than six months under particular circumstances and recognition of prior learning. The College is asked to provide information on what constitutes “particular circumstances” and any policy on this for all specialties.				

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				
RACS has decided to develop a generic Professional Skills curriculum. Preparation work is underway, with contributions from a broad range of fellows, community representatives, Indigenous Health Committee and the TIPS committee. Further details of progress is to be reported in the next progress report.				

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 being addressed in the development of the generic RACS Professional Skills curriculum. A number of STBs (General surgery, OHNS, urology and AOA FTC) have already taken steps have this in their curricula and several other specialists are currently reviewing their curricula to incorporate this.

The application needs to be consistent across all specialities in order to satisfy this condition and the AMC looks forward to an update along with relevant documentation in the next report.

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

A number of STBs already have this documented in their curricula and other specialities are currently reviewing this to include in their new curricula. The College is asked to provide an update in the next report, along with any relevant documentation.

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

The College is to be commended for their engagement with relevant external stakeholders, and for the range of initiatives underway. Of particular note:

- The employment of an Aboriginal and Torres Strait Islander health and cultural safety project officer.
- Eight of the nine STBs have implemented the Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative. The first trainee selected as part of this initiative began training in cardiothoracic surgery in 2019.

STBs in general surgery, OHNS, and P&RS NZ and AOA FTC provide educational opportunities in cultural competence. Other specialities are working to incorporate cultural awareness training and training of health needs of Aboriginal and Torres Strait Islanders and Māori into the curricula. The College is asked to provide an update on this progress in the next 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

A standard definition is yet to be agreed, and work is underway to address this. The College is asked to provide more detail on developments in the next report.

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
AMC commentary				
<p>The AMC notes the College's statement about the prime role that hospitals play in the provision and allocation of part-time post, however, the intent of this condition was the College has a duty to identify and remove barriers for its trainees. Evidence of flexible training is provided in the progress report, but not on a policy that removes barriers to flexible training.</p> <p>There are currently 15 RACS trainees in accredited flexible training posts.</p> <p>This condition was due to be satisfied and closed by 2018 and the College needs to provide more detail and evidence in the next report on work done with hospitals to remove any overt barriers.</p>				

Summary of College performance against Standard 3

This set of standards continues to be Substantially Met.

Standard 4: Teaching and learning methods

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

Summary of accreditation status	2018: Met	2019: 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 AMC notes in the College's report that as specialty curricula are revised, new approaches to curricula development, workplace-based assessments, entrustable professional activities (EPAs) and outcome criteria are being explored and adopted.

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				
This recommendation arose from concerns by trainees about adequacy of their training. To this end the trainees' response to the position of RACS STB in general surgery NZ would be of interest. This STB has elected not to increase the endoscopy or colonoscopy numbers needed in the new GSET program, but expects trainees wishing to sub-specialise in GI/Colorectal surgery seek the experience themselves, either during training or during a fellowship period. In other areas, progress is being made.				

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				
This process is well underway, including a review of the IT platform needed to support e-portfolios and linkage to assessment. The College is making progress and it would be useful for examples of documentation to be provided with the next report.				

Summary of College performance against Standard 4

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	2018: Substantially Met	2019: 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

The College reports that the Clinical Examination (CE) has been reviewed and will be moved out of RACS training programs. From 2022, six specialty training programs will require successful completion of the CE as a prerequisite to selection to training.

While this might aid RACS in its mission, a trainee and health system view of this change would be important and consultation with these groups would be critical, considering the cost of the examination to those who are unsuccessful. In addition, this may further impact on diversity of applicants and delays into the whole workforce pipeline while candidates wait to sit the exam.

In the 2017 accreditation report, the team had expressed concerns about the General Surgical Science Examination as a requirement for entry into training and with the reliability of the Clinical Examination, now regarded as a reliable selection tool.

"...the team heard of concerns related to the length of training, including the time taken to gain entry into surgical training programs. The team agreed with a view expressed by some stakeholders outside the College that the time to train a surgeon is long, possibly too long."

Considering this change, and the concerns raised during the assessment visit, the College is asked to provide further reporting in both Standard 5 and Standard 7 (Standard 7.1 – Admission Policy and Selection) to identify any potential issues related to these changes. The College is asked to report on if outcomes of the change has led to a higher pass rate, any issues of feasibility with applicants going through the Clinical Examination on selection and if the College has sufficient resources to reliably deliver the exam.

Activity against Quality Improvement Recommendations

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
AMC commentary			
Work well underway is a number of specialities. The College is asked to provide examples and further update with the next report.			

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
AMC commentary			
The College is exploring this as part of an overarching monitoring and evaluation framework, with evidence of implementation in some specialities.			

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	
AMC commentary				
Curricula and assessments are being reviewed including the validity of the Fellowship Examination				

2 Activity against conditions

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 has reviewed the standard setting practices of all specialities, presenting recommendations to RACS surgical specialities that conduct examinations and consulting with the specialities on implementation approaches. A series of workshops to train subject matter experts were conducted to support this change. A number of specialities have begun implementation on new standard setting methods, most from 2020. The College is asked to provide an update of the implementation schedule for all specialty-specific examinations in its next progress report.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 5
RACS has provided a table of the examinations pass rates, broadly similar to those in 2015. The main changes are a large decrease in in the Clinical Exam pass rate from 94% to 68% and a slight decrease in IMG Fellowship Exam pass rates. The College indicated the low number of SET trainees attempting the General Surgical Science Examination reflected the shift of this exam becoming a pre-requisite for selection to SET.

Summary of College performance against Standard 5

This Standard remains Substantially Met.

Standard 6: Monitoring and evaluation

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

Summary of accreditation status	2018: Substantially Met	2019: 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
The College reports that Phase 1 of the Building respect, improving patient safety evaluation at three years has now been implemented. The findings were provided with the progress report. An overarching evaluation plan will be developed by the College.

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	
AMC commentary				
Initiatives are being developed to try and address issues of obtaining truly confidential feedback when there are a smaller number of trainees, for instance, neurosurgery created a three-year rolling report for training units to provide feedback. Urology and AOA FTC reported excellent response rates to training surveys and the RACSTA training survey will be reviewed as part of the overarching framework for monitoring and evaluation.				

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
AMC commentary				
An overarching plan is being developed in 2019, as well as plans by a number of specialty groups. It is important that these sub-plans align with the overall RACS framework. The condition is considered to be progressing and the College is asked to report on further progress of framework development in the 2020 report.				

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
AMC commentary				

This is a work stream within the overarching plan being developed in 2019 to develop a supervisor feedback mechanism. The direction of plans seem appropriate and this condition is considered to be progressing, with further reporting by the College in 2020.

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					
<p>The College has explained the change in the landscape well, such as the launch of the Medical Training Survey nationally. However, this will not apply to trainees in New Zealand. The College reports that the RACSTA survey will continue with better processes to safeguard trainees and some specialities regularly collect confidential feedback from its trainees.</p> <p>The AMC expects the College to provide a comprehensive update of these developments and implementation processes in the 2020 progress report.</p>					

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					
<p>This is occurring as outlined in Condition 6, but a sustainable formal system is yet to be established. This condition refers to feedback on the training program. The 360 feedback assessment described is much more focussed on trainee performance than that of the RACS training program.</p> <p>A number of key initiatives are being considered or explored, including establishing a Patient and Public Involvement Forum and wider use of multi-source feedback. The College is asked to provide detail on these developments in the next report.</p>					

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					
<p>This is occurring at Education Board level and through various other RACS committees. RACS reports it is building systems to make more reports available to stakeholders, but the formalisation of this process is yet to be established.</p>					

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 6
The College conducted 15 evaluation from July 2018 to July 2019, providing a summary of issues arising from the evaluation and the College's response in its progress report.

Summary of College performance against Standard 6

This set of standards remains Substantially Met.

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	2018: Substantially Met	2019: 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

The College reported on notable developments in its progress report, including partnering with Monash Institute for Health and Clinical Education to pilot Situational Judgement Tests for selection in 2019, and selection interviewer training conducted for three specialty training boards.

Activity against Quality Improvement Recommendations

Recommendation OO			
In relation to selection into the surgical training programs:			
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 has made some progress, specialty by specialty and is not yet complete. The approach by the College appears to be appropriate to the requirements.			
The current Selection Policy mentions the month, November, prior to the year of selection as the date by which the selection details are publicly available. This does not seem to be 12 months ahead of selection, but ahead of when a training job might be taken up. The College is asked to note New Zealand registrars have an early December start date.			
The College is also asked to note that selection tools need to map explicitly to the RACS graduate profile, currently being updated, and must be reliable and valid, feasible, and acceptable to wider stakeholders (see comments in Standard 5 regarding the Clinical Examination as a selection tool).			

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 reports RACSTA continues as a RACS committee with voting members on the Board of Surgical Education and Training, Education Board and Council. A program to increase awareness was not provided in this report.

2 Activity against conditions

Condition 24			To be met by: 2020	
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The College is reviewing their selection regulations in 2019 and is planned to be approved by October 2019, with the intent to be met in 2020 ready for the 2021 trainee intake. There has been significant progress made and consultation with various STBs. The College is asked to demonstrate the uniformity of the selection policies for each training program and alignment with the College's priorities. (See also comment under OO above)				

Condition 27			To be met by: 2019	
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				
The Diversity and Inclusion Plan is being used by most specialty groups, with a range of initiatives reported, including:				
<ul style="list-style-type: none"> Allocated additional points for applicants with surgical rural experience (general surgery AU) and training exposure in rural/small hospitals (general surgery NZ) Identifying barriers in orthopaedic surgery for women Increased representation by women in the urology specialty training board, selection sub-committee and interview panels. <p>The AMC notes some specialities have been reported to be doing well in this area, particularly increasing percentage of women, and asks the College provide more detail on how each speciality is moving initiatives forward in the next report. It would also be helpful to see systematic quantitative and qualitative evidence that there are no structural impediments. The College is asked to consider including percentages alongside with headcounts and trends on data on applicants and SET trainees in the Annual Activities report. Reporting by ethnicity may also be helpful as long as cell sizes are sufficiently large so as not to identify individual trainees.</p>				

Condition 28			To be met by: 2019	
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
			X	
AMC commentary				

The College engaged KPMG to complete an internal control and risk assessment of the training fee structure and has in part implemented actions to increase transparency in setting and reviewing fees, and containing costs.

In the next report, it would be helpful for the College to provide details from the KPMG report relevant to this condition, and how overall transparency has increased. The College could also provide comment on the cost of adding the Clinical Exam to selection criteria for six specialties, particularly for those not selected.

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 7

As indicated in Condition 27, data on applicants in the Annual Activities report might include percentages as well as headcounts along with trends, to demonstrate effectiveness of the Diversity and Inclusion Plan. Reporting by ethnicity would be helpful as long as cell sizes are sufficiently large so as not to identify individual trainees.

Summary of College performance against Standard 7

This set of standards continues to be Substantially Met.

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	2018: Substantially Met	2019: 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

An initiative named the Speciality Training Board program was developed, involving 14 areas identified by the College and the Specialty Societies and Associations as requiring further support. The College is commended for this initiative, as a bridge to the Specialty Societies, given the importance of Speciality Training Boards (STBs) in the RACS governance of training. Of 14 initiatives planned, the first three areas underway are:

- The development of resources for the induction of members of RACS STBs, with particular focus on governance;
- Development of resources to better support RACS supervisors; and
- Enhanced hospital training post accreditation support.

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
AMC commentary			
This development is part of the 2019/20 policy review in conjunction with specialty service agreements. It is expected to be concluded in mid-2020.			

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
AMC commentary			
The College reports working with various jurisdictions and a range of stakeholders on this initiative, and will be monitoring its progress. Collaboration with NSW Health is working well with the Plastic and Reconstructive Surgery STB to ensure new contractual arrangements are in place for the next 2019 rotation and will be tested at forthcoming inspections.			

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
AMC commentary			

The College's report shows an expansion, through working with stakeholders, and several specialities have taken steps to ensure trainees are encouraged to take posts in rural and regional location. The College is encouraged to continue to demonstrate significant and sustained expansion in the next 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	
AMC commentary				
This is part of the planned 2019/20 policy review and the review of specialty service agreements.				

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				
Cultural safety training is yet to be mandated and delivery models are being scoped in 2019-20. The College is asked to provide an update on progress in the 2020 progress report.				

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				
New standards for supervision were reported and the College is exploring ways to improve feedback about, and the development of, all supervisors. The new Supervision Curriculum Framework would ideally include a feedback loop to review supervisor performance. The College is progressing in this area and is asked to provide an update with the next report.				

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				
The RACS Hospital Accreditation Criteria is under review and will include a demonstration of commitment to Aboriginal and Torres Strait Islander and Maori cultural competence. The progress looks appropriate with plans to incorporate this commitment into site accreditation standards and the AMC looks forward to the College's providing further detail in next year's report.				

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 8

The data show 11 sites/ posts were not accredited (c.f. 303 accredited), suggesting the process does have consequences. It would be useful in system improvement to see a collated summary of the reasons in future reports to AMC as well as in the RACS Activities Report, without identifying sites.

Summary of College performance against Standard 8

This set of standards remains Substantially Met.

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	2018: Met	2019: Met
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1 Significant developments underway or planned that relate to the accreditation standards

AMC commentary – significant developments against Standard 9

The College has commenced a review of the Continuing Professional Development (CPD) Framework with a working party established to provide recommendations on the program and it is anticipated to be completed by the end of 2019. The College is asked to provide information on pertinent changes made to the Framework related to these standards in the 2020 report.

Activity against Quality Improvement Recommendations

Recommendation UU			
Finding	Unrated	Progressing	Satisfied and closed
		X	
AMC commentary			
The College has made good progress here with a CPD Standard for Surgical Audit and Peer Review drafted and currently under review by the Surgical Audit Committee. This is expected to be finalised end of 2019 and enforceable by the revised CPD framework.			

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's multi-sourced feedback model is under review with no formal process yet confirmed. The Surgical Audit Guide will be updated to incorporate a management process and the RACS Code of Conduct is scheduled for review in 2020.			

2 Activity against conditions

Nil remain.

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 9
The College's provided data showed 99% of RACS fellows and 85% of non-fellows are CPD compliant.

Summary of College performance against Standard 9

This standard remains 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	2018: Substantially Met	2019: 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
The College reports that the RACS International Medical Graduate (IMG) Committee has progressed development of the External Validation of Professional Performance (EVOPP) tool. The College is also working with the Medical Council of New Zealand to align RACS and MCNZ IMG assessment processes to facilitate a pathway to FRACS for IMGs in New Zealand, rather than their obtaining solely vocational registration.

Activity against Quality Improvement Recommendations

Nil remain.

2 Activity against conditions

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
AMC commentary	
The College reported good progress being made here, including development of a new tool, EVOPP, for assessing IMG performance. The RACS IMG Committee proposed extending the new process to pilot with new IMGS from more countries and specialities to test the validity and reliability, though several IMGs approached have been hesitant to participate. The AMC notes the College's progress in this area and looks forward to a further update on the implementation in next year's report, given the College's confidence in its feasibility.	

3 Statistics and annual updates

AMC commentary – statistics and annual updates against Standard 10
From 1 August 2018 to 31 July 2019, there were 71 new applicants to Australia and 0 to New Zealand and 164 assessed for Fellowship in Australia and 3 in New Zealand. The RACS Activities Report contained detailed reporting (Chapter 2), with no significant concerns to be raised.

Summary of College performance against Standard 10

This standard remains Substantially Met.

Part B – AMC feedback on conditions and recommendations satisfied and closed in 2019

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.

Condition 3		To be met by: 2018		
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
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 phases. (Standard 1.3)				
				X
AMC commentary				
<p>The College has now developed a new common policy that is very comprehensive and outlines how an applicant may apply for Reconsideration, Review or Appeal of the following decisions:</p> <ul style="list-style-type: none">a. Selection, training, or admission to Fellowshipb. Specialist assessment and clinical assessment of International Medical Graduates (IMGs)c. The accreditation of training posts or IMG clinical assessment postsd. Accreditation of Post Fellowship Education and Training programs and Accreditation of Coursese. Decisions of the Professional Conduct Committee (Appeal only)f. Such other decisions of RACS, its Boards or Committees (including conjoint Committees), or its agents as the CEO may determine from time to time <p>This policy was approved by the Education Board in 2019 and implementation will be confirmed by Council 20 October 2019. The policy is yet to be made public. The text "Specialty Training Board" does not explicitly appear in the policy but would seem to be covered by selection, training or admission to Fellowship, and the College indicated in its progress report the policy would include all decisions by STBs.</p> <p>This condition is considered to be satisfied and closed, however, the College is asked to provide confirmation of this policy being made public in the next progress report.</p>				

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

Recommendation DD			
Finding	Unrated	Progressing	Satisfied and closed
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)			
			X
AMC commentary			
Commentary is provided by the College with reasons noted for five specialties. There was no updated trainee view on how fellows impact on SET training. The situation is being monitored.			

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>Within the 2019-2021 Strategic Plan, the first objective is “To support the training and sustaining of the surgical workforce to address the needs of the Australian and New Zealand communities”. This is followed by some key actions.</p> <p>Other relevant actions relate to selection policies to diversify workforce, greater geographic spread of training posts, implementation of BRIPS and the RAP, increasing cultural competence education and having an external community member on each STB.</p> <p>Overall, there appears to be greater awareness within the College of its accountability to the wider community.</p>				

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

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				
<p>The RACS Activities Report shows a high number of trainers (138) and participants (597) involved in Operating with Respect module in 2018; an increase from 2017. There were 120 TIPS (Training in Professional Skills) course participants. This recommendation is considered to be satisfied and closed given the significant momentum in participation.</p>				

Standard 5: Assessment of learning

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

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				
<p>The College has responded that the Examination was an effective means of ensuring those entering surgical training achieved a satisfactory standard and provided motivation and assurance of potential candidates achieving this knowledge. A review has not been conducted along the lines suggested in the recommendation. Based on the College’s response and due consideration, it is proposed this recommendation be considered satisfied and closed.</p>				

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			
The Clinical Examination is no longer an essential assessment task and has been moved to become prerequisite for selection into training for 6 surgical specialties. Based on the College's response, it is proposed this recommendation be considered satisfied and closed.			

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				
RACS has provided a comprehensive report in Appendix 6 which meets this condition. The report is being used the revision of RACS assessment practices.				

Standard 6: Monitoring and evaluation

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

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 College reports it has developed an action plan to address core areas identified in this study:				
<ul style="list-style-type: none"> • Inflexibility in the training program; • An unacceptable culture in which to learn; • Surgery being the wrong career choice including surgery as an unattractive lifestyle choice. 				
Commendably, the College continues to commission research into barriers to women selecting surgery as a career. Further, there are some specialties with the percentage of women trainees nearing 50%. This condition is considered to be satisfied and closed.				

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 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				
<p>The College has made commendable progress here with its Aboriginal and Torres Strait Islander Surgical Trainee Selection Initiative Policy and several other initiatives to increase recruitment, including collaborations with the Māori Health Advisory Group and awarding scholarships and awards to Aboriginal and Torres Islander and Māori recipient. It is important to maintain momentum and build on these early gains. The College is aware of the trajectory and this aspect will become part of their reporting under the overarching evaluation framework.</p> <p>The College reports that two Aboriginal applicants and seven Māori applicants were selected into SET in 2018. At present, the College has at least two Aboriginal and eleven Māori Fellows who have self-identified.</p>				

Condition 29				To be met by: 2019
<p>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)</p>				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
				X
AMC commentary				
<p>All trainee concerns are considered through a weekly triage process by a multi-agency group involving educational, legal, and surgical staff under the direction of the Deputy CEO. Complaints related to specific fellows are either referred to the appropriate jurisdiction or using interventions based on the Vanderbilt principles. Trainees are provided support through a third-party counselling service. The new policy, <i>Challenging a RACS decision</i>, approved by the Board, will cover all College decisions that might be challenged.</p> <p>This condition is considered to be satisfied and closed and the College is encouraged to include this as a topic in the RACSTA survey, if not already.</p>				

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 YY			
<p>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)</p>			
Finding	Unrated	Progressing	Satisfied and closed
			X
AMC commentary			
<p>Detailed information appears on the RACS website for IMGs with respect to an overview of the process, and the chance for self-assessment against each specialty's standards, policies, guidelines and forms. A RACS officer is available to assist.</p>			

Condition 34				To be met by: 2019
<p>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)</p>				

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
				X
AMC commentary				
				<p>There is now a very detailed RACS policy that outlines definitions and what is to be taken into account. The College now assesses IMGs' recency of practice, training program, and exit examination as well as:</p> <ul style="list-style-type: none"> • Postgraduate training and experience • Depth and scope of practice • Non-technical skills <p>The only area for debate is how well this is being implemented, but the data reported is reassuring. IMGs have a right of appeal; in 2018 there was only one appeal, with the original decision upheld.</p>

Part C – Overall AMC feedback on 2019 progress report

Overall Summary of the Royal Australasian College of Surgeons 2019 progress report

The College is commended for undertaking a significant amount of work and development amid substantial organisational change in 2019 and is encouraged to continue its course. The review of the progress report noted important developments in many areas raised in the 2017 reaccreditation assessment, with particular focus on cultural competence, diversity and inclusion, and engagement with stakeholders.

The review also raised concerns with six specialities adopting the Clinical Examination in their selection processes and the College is asked to provide more detail and any impact on this implementation in the next report. Greater progress in developing and ensuring more common policies and processes across STBs should be a focus and priority for the College

Given the scale of the changes and several conditions delayed in being satisfied, the AMC would invite opportunities for further discussion with College representatives to provide any assistance.