



**AMC Response to the 2014 Progress Report of the Royal Australasian College of Surgeons**

Date of last AMC assessment: 2011 (comprehensive report)
Periodic reports since last AMC assessment: 2012, 2013
Re-accreditation due: 2017
Specialist Education Accreditation Committee Meeting: 22 October 2014

**Explanation of findings**

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

<b>Unsatisfactory</b>	<i>The College may not meet the related accreditation standard and AMC should investigate further.</i>
<b>Not Progressing</b>	<i>No progress or overly slow progress.</i>
<b>Progressing</b>	<i>Indicates satisfactory progress against the recommendation, with further reporting necessary.</i>
<b>Satisfied</b>	<i>The College has satisfied all requirements and can cease reporting against the recommendation. Recommendation is marked as closed.</i>

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## Part A – Assessment against the standards, and recommendations on which further reports will be required post 2014

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

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

#### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

#### Accreditation recommendations – Standard 1

##### Recommendation 2

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

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

##### AMC commentary

Each program is progressing at its own pace. This year changes were highlighted in General Surgery, Neurosurgery, Orthopaedics, Paediatric and Plastics. Access is being improved to the online Surgical Sciences Examination (SSE). The ongoing progress towards competency based programs is commended, however progress is slow. The AMC asks that the College continues to report in future progress reports on the move to competency based training.

#### 2 Significant developments

##### AMC commentary – significant developments against Standard 1

Development of the programs continues, with a level of complexity reflected in the way that each program is developing separately.

#### 3 Statistics and annual updates

##### AMC commentary – statistics and annual updates

The Activities Report is a comprehensive set of statistics.

#### Summary of College performance against Standard 1

The Standard continues to be MET.

## Standard 2: The outcomes of the training program

Standards cover: purpose of the training organisation and graduate outcomes

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

### Accreditation Recommendations – Standard 2

#### Recommendation 7

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

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		

#### AMC commentary

The College has noted the common principles and framework, but the recommendation relates to how aims and goals of the programs are presented on the website (in some cases, redirecting to the specialty society's website). It should be possible to accommodate the differences in each scheme but still allow a more uniform presentation format. The AMC is concerned that whilst the College may appreciate this, the specialty societies may not. The College is asked to provide details on how it will address this issue in its 2015 progress report.

#### Recommendation 10

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

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

#### AMC commentary

The College is in the early stages of addressing this, with one Board so far having a community representative. In the 2015 progress report, the AMC would like further information on how the College intends to address this recommendation and the work plan that is in place for community representatives.

### 2 Significant developments

#### AMC commentary – significant developments against Standard 2

No significant developments noted.

### Summary of College performance against Standard 2

The standard continues to be MET. The training programs will continue to diverge, and the College needs to think further about how to encourage uniformity where it is reasonable, and consumer input, into the training programs.

### Standard 3: Curriculum

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

#### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

#### Accreditation Recommendations – Standard 3

##### Recommendation 11

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

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

##### AMC commentary

This is a long timetable, however it is now in the final two years. It is unclear whether the move to competency-based training will complete within this timeframe.

##### Recommendation 14

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

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

##### AMC commentary

The College reports that this is an issue on which work is continuing at both the College and speciality board levels. The College did not address all programs in its report. In the 2015 progress report, the AMC asks that all training programs are reported on.

#### 2 Significant developments

##### AMC commentary – significant developments against Standard 3

There are no significant developments against Standard 3.

#### Summary of College performance against Standard 3

The Standard continues to be MET.

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## Standard 4: Teaching and learning methods

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

### Accreditation Recommendations – Standard 4

Nil remain.

### 2 Significant developments

#### AMC commentary – significant developments against Standard 4

The College notes an increasing amount of online and course resources being developed.

### Summary of College performance against Standard 4

The standard continues to be MET.

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## Standard 5: Assessment

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

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

### Accreditation Recommendations – Standard 5

#### Recommendation 16

Research thoroughly the strengths, weaknesses, practicalities and generalisability of the Mini-Clinical Evaluation Exercise and Direct Observation of Procedural Skills as assessment tools in the local hospital setting and make public its findings.

The AMC notes that since the 2007 assessment, considerable literature has been written on these tools. The AMC considers that this recommendation is no longer appropriate. It asks that in future reports the college advise the AMC on how it is using the available research findings in making decisions about the assessment tools it employs.

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

AMC commentary
Each program is taking its own approach to this, but most are identifying ways work based assessments can be used.

2 Significant developments

AMC commentary – significant developments against Standard 5
The College has not reported any significant developments against Standard 5. It is noted that Recommendation 17 – report in annual reports to the AMC on procedures for identification and management of under-performing trainees (closed at the last report) continues to be reported against.

3 Statistics and annual updates

AMC commentary – statistics and annual updates
The College provides commentary on their analysis of the poor Fellowship Examination (FEX) result in 2013. Findings indicated that there was no contributing specific factor.

<b>Summary of College performance against Standard 5</b>
The standard continues to be MET.

**Standard 6: Monitoring and evaluation**

Standards cover: program monitoring and outcome evaluation

Summary of accreditation status
In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

Accreditation Recommendations – Standard 6

Recommendation 22				
Introduce procedures to collect feedback on the training program from external stakeholders such as health administrators and health consumer groups.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC	X			
AMC commentary				
The College does not appear to have introduced specific procedures to address this, relying instead on other feedback mechanisms with administrators. Feedback from health consumer groups has not been addressed.				

## 2 Significant developments

### AMC commentary – significant developments against Standard 6

There are no significant developments reported against Standard 6.

## 3 Statistics and annual updates

### AMC commentary – statistics and annual updates

The College has undertaken good work in collecting fellows' feedback on the training program.

### **Summary of College performance against Standard 6**

The AMC would like to see the College devote the same effort in obtaining external stakeholder feedback as it has to obtaining internal feedback. The standard is MET, but this is put at risk by that lack of attention to gaining external stakeholder feedback. The AMC considers that Recommendation 22 is the equivalent to a condition on accreditation under the requirements of the *Health Practitioner Regulation National Law Act 2009*. If the College does not show progress with addressing Recommendation 22 in the 2015 progress report, it may only substantially meet the standard.

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## **Standard 7: Issues relating to trainees**

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

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

## Accreditation Recommendations – Standard 7

Nil remain.

## 2 Significant developments

### AMC commentary – significant developments against Standard 7

The College reported that there are minor improvements in selection processes.

## 3 Statistics and annual updates

### AMC commentary – statistics and annual updates

Statistics for trainees entering training programs, and trainee progression through training was provided in the College's report. The data has been noted by the AMC.

## Summary of College performance against Standard 7

The standard continues to be MET.

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

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

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

### Accreditation Recommendations – Standard 8

#### Recommendation 27

Report in annual reports to the AMC on:

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

Supplementary question for future reports (first asked in the 2010 report):

How does the College ensure that trainees receive appropriate experience in ambulatory and consultative surgery in NSW in the absence of outpatient clinics?

Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

#### AMC commentary

The College has provided various updates in regards to this recommendation. There is good support for supervisors through training and workshops, although there is little detail about work based assessment training. Outpatient access continues to be a problem for a number of specialties in NSW. No commentary was provided on trainee evaluation.

### 2 Significant developments

#### AMC commentary – significant developments against Standard 8

There are no significant developments reported against Standard 8.

### 3 Statistics and annual updates

#### AMC commentary – statistics and annual updates

The College has provided a list of hospital posts accredited or reaccredited during 2013/14. The data has been noted by the AMC.

## Summary of College performance against Standard 8

The standard continues to be MET. Outpatient access in NSW may become a significant issue in the future.

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## **Standard 9: Continuing professional development**

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

### Summary of accreditation status

In 2013, this set of standards was found to be Met. In 2014, this set of standards was found to be Met.

### Accreditation Recommendations – Standard 9

Nil remain.

### 2 Significant developments

#### AMC commentary – significant developments against Standard 9

The College reported significant change in the CPD program, and increased verification work. Revalidation is also being considered, and sanctions against CPD non-compliance.

### 3 Statistics and annual updates

#### AMC commentary – statistics and annual updates

For the 2013 CPD year, there were 5,955 active Fellows with a requirement to participate in CPD. 4,763 Fellows had a requirement to participate in the RACS CPD Program with 1,192 reported participating in an alternative approved program. Of the 4,763 Fellows participating in the RACS program, 3951 (83%) have returned their CPD data.

### Summary of College performance against Standard 9

The standard continues to be MET.

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## **Overall Summary of RACS 2014 progress report**

The College's programs continue to develop, and continue to perform well.

The increasing diversity in programs between the specialties presents a challenge. Under standard 6, the College needs to be more specific and focussed on its interaction with external stakeholders.

## Part B – AMC feedback on recommendations which were satisfied and closed in 2014

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

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

Recommendation 4				
Report, as part of its College Activity Report, numbers of entrants into SET1 and SET2+ and the origin of these entrants (by PGY year, whether or not BST, IMG) by jurisdiction and specialty.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				
These figures are provided in the Activities Report. <b>Although this recommendation is satisfied and closed, the AMC asks that the College continue to report on these figures in future progress reports.</b>				

Recommendation 5				
Agree with jurisdictions on mechanisms to facilitate resolution of issues of concern, including workforce numbers. These could include (a) a high-level consultative forum, possibly along the lines outlined in this report, to meet at least twice a year, and (b) consultative arrangements at the jurisdictional level with the relevant Regional Committee (and representatives of the regional sub-committees of specialty boards) to identify appropriate posts for accreditation and to facilitate resolution of issues of concern including issues of workforce availability. Once established, the jurisdiction-regional committee liaison processes be used to track progress on ensuring that all appropriate hospital posts are accredited for SET2+ training and that RACS' central office is advised of progress on this issue.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				
The College is going in a different direction to that specifically outlined in this recommendation however has consultations that are similar to those recommended. The Conjoint Medical Education Seminar seems to act as the high level forum, and the Colleges list a number of discussions with jurisdictions, though not indicating if this is part of an arrangement to specifically deal with the issues in the recommendation. <b>The AMC asks that the College continues to report specifically on jurisdictional discussions regarding workforce issues, in future progress reports.</b>				

### Standard 3: Curriculum

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

Recommendation 15				
Seek congruence of assessment processes between the specialties except when differences can be justified for educational reasons.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				

The College has struck a reasonable balance with its Surgical Sciences Examination (SSE) and its Fellowship examination.

### Standard 6: Monitoring and evaluation

Standards cover: program monitoring and outcome evaluation

Recommendation 25				
Continue to collaborate with the jurisdictions to increase the output of well-trained surgeons.				
Finding	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X
AMC commentary				
The College has addressed this recommendation by engaging in ongoing communication with health care administrators and the jurisdictions, and collaborations between the College, jurisdictions and the wider medical community.				