THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

ANNUAL REPORT TO THE AUSTRALIAN MEDICAL COUNCIL

2002

1. COLLEGE DETAILS:

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INTRODUCTION

In the 12 months since the Australian Medical Council granted the Royal Australasian College of Surgeons accreditation the College has developed a comprehensive Strategic Plan covering the time frame from 2003 - 2007 (attachment 1).

The Strategic Plan was drafted by Professor John Hall FRACS, the College's Interim Dean of Education. The Strategic Plan was the result of an extensive review process undertaken by Professor Hall and guided by member of the College's Education Policy Board chaired by the Censor-in-Chief to oversee all educational activities within the College.

Following presentation to the College's Education Policy Board (EPB) in April 2002, the draft Strategic Plan was forwarded to all Trainees and Fellows, and targeted feedback was sought from the College's Board of Basic Surgical Training, the Board of Advanced Surgical Training, the Board of Continuing Professional Development, and the Presidents of the Specialist Societies and Associations within Australia and New Zealand. The document was also forwarded to various government health authorities for information and comment. The major themes arising out of this broad-based consultative process have been incorporated into the final document that comprises a series of goals representing major areas for action. Responsibility for undertakings has been allocated and specified, time-lines devised, and expected outcomes documented.

The Strategic Plan directly addresses the issues that have been raised in the Accreditation Report from the Australian Medical Council and proposes an implementation mechanism with a recommended time frame.

The remainder of this report addresses the specific questions from the Australian Medical Council regarding College activities in the preceding 12 months.

2. PROCESS OF SPECIALIST EDUCATION AND TRAINING

Details of any changes to the education and training programmes and any significant changes planned within the next 12 months, together with a brief statement of reasons and evidence for the change. This should include changes to:

- The goals of education and training
- Structure and duration of training
- Formal educational courses
- The discipline specific or the generic component of education and training

Details of any changes planned to the range or the organisation of sub-specialist education and training programmes should also be reported.

Basic Surgical Training

Since 2001, the College has been developing an interactive, on-line learning directory for basic surgical trainees which is called *BST Online*. Key features of BST Online are:

- An explanation of the philosophy and goals of basic surgical training. The learning directory utilises concepts from theories on problem based, adult and vocational learning
- Details of the curriculum objectives for BST
- Learning materials for self-directed learning (modules and other resources) including links to useful sites
- An extensive image bank database
- A database of over 2,000 multiple choice questions for trainee self-assessment
- Newsletters and discussion forums for trainees.
- Details of trainee assessments, and
- Details of and feedback on evaluations of the BST curriculum. Feedback on the results of the evaluation will be published.

During 2002 *BST Online* provided trainees with nineteen surgical resource units, a database of over 2,000 multiple choice questions for self-assessment and a trainee discussion forum. Trainees are provided with statistical feedback on their performance in the multiple-choice questions. Once they have completed the full set of multiple-choice questions, trainees can reset their statistics and commence another revision. They may do this several times prior to sitting the Part 1 examinations. Trainees also have opportunities for interactive learning by participating in a discussion forum, where they can discuss educational and other issues with trainees, clinicians and other experts.

In 2003 *BST Online* will be expanded by the addition of 30 detailed surgical case studies. Each case study will use clinical scenarios to relate learning objectives in the basic sciences to the clinical setting. Each case study will also include an on-line forum where trainees can engage in discussions about the case with experts. As new

educational materials are constructed specific learning objectives are mapped against the overall BST curriculum objectives to ensure that the curriculum is integrated.

In 2002 the College commenced evaluation of BST Online. All first year trainees were surveyed and asked to complete a questionnaire on BST Online. The data is currently being analysed. All curriculum development is being undertaken in conjunction with curriculum development for Advanced Surgical Training so that the two training programs are aligned.

Also in the Basic Surgical Training Programme the College has introduced a flexible evaluation of the Intensive Care Unit and Accident and Emergency rotations. Trainees are now allowed to have split rotations on the proviso that the total number of weeks meets the requirements for the programme.

Advanced Surgical Training

Advanced Surgical Training involves 9 specialties. In 2002 the College commenced the process of mapping the AST curriculum and reviewing trainee assessment. Specialties are moving towards development of a core curriculum that links learning objectives with specific forms of assessment. As with basic surgical training, the College is also developing on-line resources for Advanced Surgical Trainees. These resources when completed will be called *AST Online* and will contain details of the curriculum for each surgical specialty specifically:

- An explanation of the philosophy and goals of the training courses
- Learning materials for self-directed learning (modules and other resources). These will incorporate CanMED recommendations and will clearly state learning objectives and provide opportunities for self-assessment to guide trainees in their learning.
- An extensive image bank database
- Newsletters and discussion forums for advanced surgical trainees. In conjunction with two surgical colleges in the UK, RACS is developing a pilot for an international workshop forum.
- Details of trainee assessments, and
- Details of and feedback on evaluations of the AST curriculum.

In 2002, the Board in General Surgery implemented the General Surgery Provisional Fellowship Training (PFT) Programme, offering third-year advanced surgical trainees the option of PFT in one of ten sub-specialties including General Surgery. To date, trainees have been placed in sub-specialties including Breast/Endocrine, Colorectal, Endocrine, General, Head and Neck, Rural, Transplantation, and Upper GI/HPB Surgery.

A working party consisting of representatives from the specialties of General Surgery, Otolaryngology, Head and Neck Surgery, and Plastic & Reconstructive Surgery has subsequently been set up to fully explore training in head and neck surgery.

In accordance with the Strategic Plan for Education, the Boards and Societies have begun mapping the core components of the specialty curricula. As these curriculum maps are completed they will be placed on-line as a resource for Fellows and

Trainees. Curriculum maps for Neurosurgery, Orthopaedics, Paediatrics and Urology are well under-way, and on-line modules are currently being developed.

A '2 + 4' Paediatric Surgery Advanced Surgical Training programme, with trainees undertaking two years in adult general surgery followed by four years of paediatric surgery has been approved. Trainees will be able to attempt the anatomy examination from the end of the second year of the general surgery component, and paediatric pathology may be undertaken from the first half of the fourth year of advanced training. The Part 2 Examination would normally be undertaken in the sixth year of training and include two written papers and two vivas, and additional assessment, once determined, may be undertaken by completing paediatric surgical modules throughout training. The template on curriculum development has guided the module content and a marking template is in place.

3. ASSESSMENT AND EXAMINATION

Details of any significant changes to assessment and any changes planned within the next 12 months, together with a brief statement of reasons and evidence for the change, including:

- Changes to assessment policy or principles
- Introduction of new methods of formative and/or summative assessment
- Changes in response to changes in educational objectives and/or learning goals and methods

One of the issues for Advanced Surgical Training concerns the emphasis on examinations at the end of training. Some specialties are considering introducing continuing assessments throughout the earlier stages of AST to test core knowledge. Consequently, some specialties are developing a core curriculum, which will be assessed in years 1 or 2. The specialties are also investigating ways to incorporate CanMED recommendations concerning professional behaviour into trainee assessment.

- Changes to the process for identifying unsatisfactory performance

The College has developed general guidelines entitled "Monitoring and Managing Trainee Performance in Advanced Surgical Training". The guidelines outline a process of managing trainee progression through their training programme. The guidelines propose a three monthly face to face meeting with the trainee coordinated by the Head of the Unit. The meeting is intended to provide the trainee with performance feedback both positive and negative. The process is still being finalised however there has been significant progress in the development of the guidelines.

Details of any significant changes to the process or methods for assessing the equivalence of the education, training and experience of overseas-trained specialist to that of Australian-trained specialist. Please comment briefly on the reasons for the changes.

The College has revised its information to Fellows involved in the oversight of an overseas-trained doctor's professional practice. Information is provided clarifying the respective roles and responsibilities of the College, the Medical Boards and the hospitals as employers of overseas trained doctors prior to progressing applications for a RACS Specialist Assessment.

The College also undertakes specialist assessments within the framework of the Assessment Process for Area of Need Specialists User's Guide. The Guide has been developed by the Australian Medical Council, Committee of Presidents of Medical Colleges, State and Territory Medical Boards, Commonwealth Department of Health and Ageing, State and Territory Health Departments and the Health Industry. This was implemented in June 2002.

4. ACCREDITATION OF HOSPITALS/TRAINING POSITIONS

Brief statement on any significant developments in the organisation's relations with the State, Territory or New Zealand health care services.

Details of any significant changes to arrangements for the accreditation of hospitals or training posts, such as:

- Changes to accreditation policy or principles
- Changes to the criteria for accreditation

The College is currently collating the RACS accreditation submission to the New Zealand Medical Council. The New Zealand accreditation is undertaken through each specialty rather than the overall College view as per the Australian accreditation. The Censor-in-Chief met with the Director General of the New South Wales Department of Health and discussed the provision of further funding to allow accreditation of more Advanced Surgical Training posts. Five posts in Otolaryngology, Head and Neck Surgery have been identified in New South Wales and with attention to appropriate structural and other issues, could be accredited. The Censor-in-Chief has also sought cooperation in accrediting a number of Orthopaedic and other posts.

There have been no significant changes to the arrangements for the accreditation of hospitals or training posts. However, as a measure of efficiency, the College is considering the possibility of amalgamating the specialty inspection teams of Advanced Surgical Training together with hospital inspections for Basic Surgical Training with a view to undertaking a concurrent inspection of hospital facilities.

Provide a short report on the accreditation activities undertaken in the last 12 months.

In 2002 the College Council approved the following hospital posts:

Australia

General Surgery	18
Orthopaedic Surgery	10
Otolaryngology Head and Neck Surgery	24
Urology	36
Vascular Surgery	8
Plastic and Reconstructive Surgery	7
Paediatric Surgery	3
Cardiothoracic Surgery	2
Neurosurgery	7
TOTAL	115

It is worth noting that some specialties undertake the majority of their hospital inspections on a quinquennial basis as has occurred with Urology in 2002.
These figures do not include New Zealand which had a total of 32 posts approved and Singapore and the United States of America with one each.

Provide a short report on developments concerning the clinical experience available to trainees, such as:

- Access to outpatient and ambulatory experience
- Mechanisms for monitoring the adequacy, supervision and organisation of clinical placements
- Changes to the range of hospitals/institutions accredited for training

The College reviewed the Australian Health Ministers Advisory Council discussion paper on "Issues relevant to Specialist Medical Training outside Teaching Hospitals". The discussion paper identifies a number of important points including training in ambulatory care services, training in private hospitals and day procedure centres and the Censor-in-Chief provided input to the discussion paper.

The Board of Basic Surgical Training has implemented an annual workshop for Chairmen of State and Regional Supervisors of Basic Surgical Training. The workshop has focussed on issues of selection, supervision and hospital inspections. The proposal that the College should continue to consider a wide range of training posts such as private hospitals and training outside hospitals is also addressed in the Strategic Plan.

5. SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

Provide details of any significant changes to the process of appointment or the roles of supervisors, assessors, trainers and/or mentors.

The College has not made any significant changes to the method of appointment or the roles of supervisors, assessors or trainers.

The College is actively pursuing a cultural change to the term "mentor". In the past the term supervisor and mentor were interchangeable and the supervisor was also the mentor. The College has implemented a voluntary "mentoring programme" aimed at Basic Surgical Trainees. The programme is designed to match a trainee with a Fellow who is not their Supervisor. The Fellow would be able to provide guidance and advice to the trainee on a range of issues but would not assume the responsibilities of a Supervisor. Further information on this programme can be found in "Section 6 Issues Relating to Trainees".

Details of any significant activities to support supervisors, assessors, trainers and mentors, such as training activities or written manuals.

The College has produced two separate guide books for Basic Surgical Training Supervisors and Advanced Surgical Training Supervisors. These were distributed in 2002 and include information pertinent to either Basic or Advanced Surgical Training. Information in the Guides include the roles of the Boards and Committees, duties of a Supervisor of Advanced Surgical Training, Regulations, key dates and a range of additional material. The guide books have been well received and the College intends to update the Guides as required. The Board of Neurosurgery has also produced a "Board Members and Supervisors Manual", covering a range of information including training posts, the selection process and the Part 2 Examination.

In addition to the guide books the College is well advanced in the production of the updated Guide to Surgical Training. This publication will be available early in 2003.

6. ISSUES RELATING TO TRAINEES

Information on the number of trainees entering training programmes.

In Basic Surgical Training the intake for 2002 was 180. The intake in Australia was 153 distributed across the following States:

Australian Capital Territory	4
New South Wales	55
South Australia/Northern Territory	12
Western Australia	12
Victoria	42
Tasmania	3
Queensland	29
TOTAL	153

The intake in New Zealand was 27.

In Advanced Surgical Training the intake for 2002 follows:

General Surgery	86
Orthopaedic Surgery	37
Plastic Surgery and Reconstructive Surgery	9
Cardiothoracic Surgery	6
Otolaryngology Head and Neck Surgery	12
Neurosurgery	6
Paediatric Surgery	2
Urology	13
Vascular Surgery	8
TOTAL	179

Provide a brief summary of:

- Changes to the policy and procedures for trainee selection
- Changes to the organisations role in selection

In 2002 national selection, but not including New Zealand, was implemented for the Orthopaedic Surgery intake for 2003. The College, through the Censor-in-Chief, is actively promoting and implementing a uniform national selection process. Finding the right balance between the requirements for a national selection process and meeting the projected workforce needs of individual States presents an ongoing challenge.

The Board of Basic Surgical Training introduced a competitive selection process in 2001 for the 2002 intake. One of the outcomes of the annual Board of Basic Surgical Training workshop was a refinement of the selection process. The Board undertakes an annual review of its selection procedures and tools. Competitive selection will be a

feature in all future selection rounds. In addition to competitive selection the 2002 and 2003 intakes were ranked nationally and then allocated according to State/Region quotas. The Board also undertook a review of the Basic Surgical Training Regulations during the year and the revised version applies to the 2003 intake.

The Board of Basic Surgical Training has been working closely with the Board of Advanced Surgical Training and the Specialty Boards particularly in regard to the closure of the "old" Basic Surgical Training programme at the end of 2003. Options for trainees are being investigated and communication efforts have been extended to a maximum. This is being assisted by holding discussions with the AMA Council of Doctors in Training in the hope that a collaborative approach may deliver some solutions and increase the number of advanced surgical training posts through lobbying health authorities and hospitals.

A further area that is being explored is the possible development of a more flexible surgical training pathway to address issues which arise for Surgical Trainees who are Australian Defence Force Medical Officers. Initial discussions have been positive.

- Changes to arrangements for trainee support and counselling and/or mentoring programmes

The Facilitated Personal Mentoring Scheme was introduced in 2001.
The Mentoring Scheme for trainees in the restructured BST programme has attracted a high level of interest from first year trainees in 2002 with approximately 60 mentoring pairs successfully matched throughout the year.

The opportunity to be matched to a personal mentor through the RACS Facilitated Mentoring Scheme was offered to any basic surgical trainee for the first time in 2001. Feedback received from that group of participants indicates that trainees significantly appreciate the personal interest in their surgical careers from a more senior colleague, as well as the opportunity to benefit from the wisdom of another's experience when thinking about exam preparation, career choices and balancing personal and professional life.

Personal mentors are volunteers from the RACS Fellowship who offer their own time and personal support to assist a basic trainee.

The scheme will be evaluated at the conclusion of 2003 and the direction of the programme will be assessed following this evaluation.

The Board of Advanced Surgical Training has altered its membership to include two trainee representatives. The trainees are a female from General Surgery and a male from Plastic and Reconstructive Surgery. The College recognises the importance of trainee representation throughout its governance structure and the Censor-in-Chief is actively promoting trainee representation on all major fora within the College.

7. OUTPUTS AND OUTCOMES OF TRAINING

Please provide information on the following in the last 12 month period:
- The number of trainees who completed training by programme
- The percentage of trainees who completed in the minimum time

Following is the number of trainees who were admitted to Fellowship in 2002:

General Surgery	68
Orthopaedic Surgery	39
Plastic Surgery and Reconstructive Surgery	17
Cardiothoracic Surgery	6
Otolaryngology Head and Neck Surgery	18
Neurosurgery	3
Paediatric Surgery	4
Urology	13
Vascular Surgery	1
TOTAL	169

The College is developing a comprehensive data base that will be able to provide a range of information including timely completion of trainees. Currently the existing data base is unable to provide such information.

- Initiatives introduced to determine outcomes/outputs

The complex issue of determining and assessing competency is currently being explored in relation to the College's surgical training programmes and post Fellowship education and recertification. In 2002 the Censor-in-Chief attended a conference on "Developing Competency Challenges for Surgical Education" in the United Kingdom. The Censor-in-Chief also attended a workshop conducted by the Medical Council of New Zealand on the criteria for re-certification of all practitioners holding vocational registration in New Zealand, including assessment of competence.

8. EVALUATION OF THE PROGRAMME

Details of any significant changes to the way in which the organisation monitors and evaluates the quality of its education and training programmes and or/ to methods used to monitor the trainees and the supervisors opinion of the programmes.

Provide information on any of the following activities in the last 12 months:

- New evaluation activities initiated
- Evaluation activities completed
- Changes in the resources available to support the programme.

New evaluation activities initiated in 2002

- Consultation with Fellows and key stakeholders concerning the College's strategic plan for education. The College prepared a strategic plan for education, which was distributed to all Fellows and stakeholders. Responses received were incorporated into the revised strategic plan.
- Education survey: A questionnaire was sent to all active Fellows and trainees in BST and AST. Results will be published.

Evaluation of BST Online: A questionnaire was sent to all first year trainees in BST seeking their feedback on BST Online. Results will be published.

<u>Ongoing evaluation</u>

Curriculum development in the areas of designing core curricula, writing learning objectives, mapping the curriculum and evaluation of the curriculum is informed by current medical academic literature and similar medical curriculum development projects in Australian and overseas.

It should be noted that considerable attention will be focussed on the evaluation of the training and education programmes in 2003 with funding available for the appointment of expert staff.

9. PROFESSIONAL DEVELOPMENT PROGRAMMES

Please provide information on the range of programmes available and participation rates in the preceding 12 month period.

Details of any significant changes to professional development programmes and any changes planned within the next 12 months, together with a brief statement of reasons for the change, including:

- Changes to policy or principles relating to continuing professional development
- Introduction of new programmes or training methods
- Initiatives to evaluate professional development programmes.

The College has mandated that all active Fellows participate in the RACS (or equivalent) CPD programme. Participation data is currently collected retrospectively;

therefore data for 2002 is not yet available. During 2001, 2857 Fellows had a requirement within the RACS programme. The most recent data indicate a participation rate of 87%, and of these participants 96% complied with the programme requisites. The Department of CPD, in conjunction with the specialty societies, have contacted those Fellows who have not participated, or who have participated but not complied, with a view to facilitating compliance.

Competence, recertification and standards are major areas of concern for the future, particularly in the current context of heightened government and community demands. Mindful of this, work has progressed to develop a College position statement on these issues. This will be further refined in collaboration with the specialty societies and associations. The Board is also addressing the complex issue of retraining of under-performing surgeons.

The current CPD recertification programme is in place for 2001 – 2003. There have therefore been no significant changes to policy or principles during the reporting period. The programme will be reviewed during 2003 for the forthcoming triennium (2004 – 2006).

CPD professional development activities

During 2002 there was a significant increase in the number of RACS professional development workshops available for Fellows. The Department of CPD delivered workshops on Leadership, Management and Law (1), Risk Management (14) and Report Writing for Court (1). A total of 210 Fellows attended these programmes.

All of these programmes are evaluated to assess the extent to which learning objectives have been met. This incorporates both end-of-course reflection by participants and presenters, and also a follow-up evaluation of learning that has occurred, and its application in the practice setting.

In late 2002, a comprehensive assessment of learning needs of all active Fellows and trainees was conducted. The results of this survey have helped to inform decision making regarding generic professional development activities for 2003 and beyond. During 2003, the College will review training in management and business for Fellows, hopefully to incorporate the option of postgraduate education leading to an academic qualification. New College courses will also be offered to Fellows approaching retirement and for Fellows' partners who are practice managers. The risk management programme will also be extended to include more intensive workshops targeted at specific craft groups.

Report prepared 19 February 2003