SEAC COMMENTS ON 2004 ANNUAL REPORT BY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Significant developments

- Dean of Education appointed in 2004 to provide educational advice and strategic policy leadership, to collaborate closely with the Censor in Chief and the Chairs of the various College Boards, and to represent the College on key external groups relating to surgical education.

Comment on AMC accreditation conditions

1. *Development of a Heads of Agreement/Memoranda of Understanding with the special societies covering all aspects of selection, training and assessment.*

The College reports that the roles of the College and specialty societies and associations in surgical education and training have been changing during 2004. Specialty Service Agreements assigning responsibilities for education and training were signed in late 2003 and early 2004 by 12 societies representing the nine specialties in Australia and New Zealand. Of the 13 recognised societies and associations only General Surgeons Australia (GSA) has not signed an agreement with the College due to representation and legal structure issues. Surgical education and training is now delivered through six service activities which are split between the College and the specialty society.

2. *The further development and specification of the College's educational programs, including continuing professional development programs.*

The College reports that it is continuing to develop explicit definitions about the levels and range of competencies required at the completion of Basic and Specialist Surgical Training. It has provided its definition of surgical competence.

The College through the Skills Laboratory Working Party is the agent in the development of an Eastern Seaboard Masterplan for Skills Laboratories, which aims to ensure that the best possible linkages exist between eastern seaboard skill centres and to form a framework through which to accommodate the training needs of all medical and allied health professionals.

The Committee noted in last year's annual report it was observed that more sophisticated curriculum development was underway. This report again indicates that developments are underway. The Committee would welcome the opportunity to review some specific aspects of this development.

3 *Integration of the non-technical aspects of surgical practice, such as those set out in the CanMEDS document, in training and assessment.*

The RACS surgical competencies are adapted from the CanMEDS principles. The College has reported that it intends to align Basic Surgical Training objectives need to be aligned with the RACS competencies. This will be carried out early in 2005. It reports that mapping the BST objectives to the RACS competencies will provide the benchmarks for effective evaluation of all the components and activities of the BST Program.

4 *Development of systems for program monitoring and evaluation.*

The Accreditation Report recommends the College incorporate systems for program monitoring and evaluation, including feedback from trainees and supervisors, into program design.

An Evaluation Coordinator has been appointed. The College reports that it has decided to pay specific attention to the following evaluation activities:

- development of robust systems for the collection, recording and reporting of training data, including trainee cohort data
- improved methods for collecting and reporting trainee assessment data
- development of mechanisms to gain regular feedback from trainees and supervisors regarding the evaluation process
- audit the Fellowship Examination
- detailed analysis of repeated examination failure.

The Committee would welcome the opportunity to review a report on progress in these activities.

5 Requirements for selection consistent with the Medical Training and Review Panel Report (the Brennan Principles).

No changes to selection process in 2004 but College is developing an "Eight Point Plan" for selection of basic surgical trainees

1. Jurisdictions with advice of AMWAC and College establish workforce requirements,
2. SST positions, needing to be funded and accredited, to be recognised by the Jurisdictions and the College,
3. BST intake each year, aligned with AST entry numbers, be agreed by Jurisdictions and the College,
4. College with advice of the Jurisdictions to establish criteria for selection / eligibility,
5. College with appropriate jurisdictional involvement to run national selection / eligibility process,
6. Jurisdictions develop a national allocation methodology (for States and Territories) for the BST trainees,
7. Jurisdictions establish administration of trainee allocation and appointment process to health services in consultation with College
8. The model to properly incorporate New Zealand workforce and training imperatives.

The College reports that the Board of Specialist Surgical Training conducted a workshop in 2004 to discuss the principles and processes of selection. The workshop covered all aspects of the selection process and the expected criteria to be used by all specialties.

The College reports on concerns about the growing number of transitional surgical trainees, that is applicants who has met the eligibility and selection criteria as outlined by the Specialty Boards and whose application was unsuccessful due to the limited number of available training positions. The College has extended TST arrangements until sufficient accredited AST positions have been established to meet projected workforce requirements.

The AMC Accreditation Report contained a number of suggestions for attracting female trainees to surgery. The last annual report to the AMC had commented on the trial of a mentoring program. The AMC had asked the College to provide information in its next report on any further action since the pilot. This has not been provided, although the College reports that it has implemented a Facilitated Personal Mentoring Scheme for trainees in the restructured Basic Surgical Training Program, and that this Scheme was implemented as a result of the findings from a pilot study conducted by the Women in Surgery Group of the College.

6 Further attention to the issues relating to 'non-accredited training posts'.

The College has indicated that it is looking at hospital rather than post accreditation. Area is under review as a condition of ACCC authorisation. A report from this review is presently being finalised.

7 Improved mechanisms for formative assessment of trainees.

The AMC accreditation report on the Royal Australasian College of Surgeons made a number of recommendations concerning assessment, including

1. That the system of standard setting used in the BST examinations should be reviewed by a medical educationalist who specialises in testing and measurement.

   The Committee received a report on the review of psychometric aspects of the summative assessment with last year's annual report, but asked for a plain English guide to this. The Committee would welcome a report on developments in this.

2. Methods for formalised performance feedback to trainees should be developed

   The annual report contains information on the formative assessment formats used.

8 Review of the criteria and processes for accreditation of training post and institutions.

The Committee noted that this is currently being reviewed as one of the ACCC authorisation conditions. A formal report on that review is currently being prepared.

The AMC accreditation report had recommended that the College needed to influence the return of teaching outpatient clinics to teaching hospitals. The report observed that the College did not appear to have a clear strategy for attempting to address the effect of these system-wide issues on opportunities for training. This issue has not been addressed.

9 Review of the strategies and mechanisms for communication to and from the College, trainees, supervisors, mentors and trainers.

The College has reported several mechanisms. It is increasing its use of the College website, www.surgeons.org, for online curriculum access and dissemination of information. The use of the website is a feature of College development and allows both trainees and Fellows immediate access to the latest information, policies and curriculum materials.

The College reports that it does not have a trainee association, and on the limited trainee representation on College committees.

The Committee would welcome a list of College committees with trainee members. It is noted that the College is slow to set up a trainees association, and comments on this would be welcome.

11 Further attention to the issues relating to assessment of overseas trained surgeons.

The Committee noted that this issue is being reviewed as one of the ACCC authorisation conditions. A formal report on that review is currently being prepared.

Other issues for reporting

The AMC accreditation report stated that "The Team believes that trainees would benefit from being allowed to delay their selection into Basic Surgical Training until PGY 3."

The Team had commented that:

- the College had indicated its wish that basic surgical training commence with the second postgraduate year, which meant that candidates must apply for basic surgical training half way through the first postgraduate year (intern year).

- Although many newly graduated doctors will have identified surgery as their chosen vocation early in their career, many will not have had an experience of a surgical term by the time they are expected to make a decision about basic surgical training.

- The College may also find it difficult to assess candidates properly in the absence of a range of surgical referees and may be discouraging some junior doctors from applying for training.

The Committee noted that following last year's annual report by the College, the Committee had advised RACS, the intent of these comments was not to impose a further delay on those committed to surgical training but to facilitate opportunities for those who wished to delay training.

The Committee noted that there is no new information in this year's annual report.