THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SUPPLEMENTARY REPORT

TO THE AUSTRALIAN MEDICAL COUNCIL

2003

COLLEGE DETAILS:

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INTRODUCTION

The College is pleased to provide this supplementary report to the Australian Medical Council (AMC) addressing the issues as raised in the letter to Dr David Hillis dated 17 May 2004.

As noted in your letter there are some common characteristics between the AMC submission and the Australian Competition and Consumer Commission (ACCC) reviews. The latter two sections of this report (pp 7 - 9 inclusive) address the specific areas relating to the assessment of overseas trained specialists and hospitals and hospital post inspections. These areas are the focus of the two ACCC reviews which are currently in progress.

The College has prepared a detailed submission to the ACCC which can be viewed on our website www.surgeons.org under "What's New".

That trainees would benefit from being allowed to delay their selection into Basic Surgical Training until PGY 3

The College accepts applications for Basic Surgical Training from doctors who are currently undertaking the intern year or a later year of their medical career. The College believes it is the right of the individual doctor to apply at any time for surgical training providing that they have completed the intern year.

The decision to undertake surgical training is up to each individual doctor and the College believes it would be unnecessarily restrictive to delay entry until PGY3. The College accepts applications for surgical training from doctors in PGY3 or later.

The structure of surgical training is a minimum of two years in Basic Surgical Training followed by a minimum of 4 years and a maximum of 6 years in Advanced Surgical Training, according to the chosen Specialty. Surgical training is lengthy and complex. The College considers it to be inappropriate to impose a further delay of one year on doctors who have clearly decided that surgery is their chosen vocation.

The College has not received feedback from trainees that there is any perceived benefit through delaying entry into Basic Surgical Training until PGY3.

That the RACS considers mechanisms for incorporation of the views of trainees in education and training policy development

There are a number of mechanisms by which the views of trainees are incorporated into education and training policy development. They are as follows:

1) The College website:

There is an on-line evaluation form at:
http://www.bst.racs.edu.au/racs/evaluation/bst_eval_form.html
BST trainees can complete this form at any time, in response to each on-line case-study. This is an optional evaluation and may be submitted at the discretion of the trainee

The BST online forum provides trainees with an avenue to obtain rapid feedback to any questions or suggestions that they put forward. Whilst these are largely in relation to the MCQ examination they can also encompass any other issues of concern to trainees, e.g training fees.

BST trainees have also been invited to participate in an on-line survey.

There is a BST representative site on BST on-line with an interactive forum.

As each AST website is developed the trainees in each specialist area are invited to give feedback to the Executive Officer and/or the Chairperson of the respective Board.

2) Committee representation:

Trainees are represented on a number of College committees.

There are two BST trainee representatives on the Curriculum Review Committee (CRC). Following a CRC meeting the trainee representatives use the online interactive forum to advise their colleagues about the items discussed at the meeting.

In New South Wales there is a BST trainee who attends the State BST Supervisors Committee. This was introduced in mid 2003 and the role of the trainee is to present any concerns or suggestions from other trainees as received through the BST website. This is a pilot programme and anecdotal evidence indicates that it is highly effective and will therefore be introduced in other States.

There are two advanced surgical trainees on the Board of Advanced Surgical Training.

3) Alternate consultation processes

Trainees in General Surgery were invited to fill in questionnaires as part of the process of canvassing views about their satisfaction with, and proposed changes to, the 5 year General Surgery programme. This ultimately lead to the restructure of the General Surgery training programme.

BST trainees are consulted as to the most effective method to receive constructive feedback on their performance in examinations.

Trainees are routinely interviewed during re-accreditation inspections of hospitals and/or hospital posts.

4) Participation in the development of the training programme

The Younger Fellows group (a Younger Fellow is defined as one within 10 years of having been awarded Fellowship) in General Surgery have developed a method to clearly track a trainee's clinical experiences. Their recommendations have been accepted by the Board and will be trialled in a small number of hospitals later in 2004, and in 2005.

In some of the Specialty areas AST trainees and/or Younger Fellows have been invited to participate in some of the module writing workshops, contributing to the development of the curriculum material for the new on-line courses. The specialties are at varying degrees of curriculum development but there has been participation by trainees or Younger Fellows in General Surgery, Neurosurgery, Otolaryngology - Head and Neck Surgery, Cardiothoracic and Vascular Surgery.

Recommendations concerning the mentoring of female trainees.

In 2000 the College undertook "A Pilot Study of Facilitated Person Mentoring Scheme for Female Basic Surgical Trainees" (copy at attachment 1).

This was an in depth study guided by prominent women across several branches of medicine, with strong representation from female Fellows of the RACS.

The study was predicated on the recognition that academic and technical aspects of surgery are not the sole aim of training and that other aspects are generally provided in an ad hoc fashion. The main issue was the under representation of women as surgeons and the need to provide training in professional behaviour, ethical, cultural and lifestyle issues.

The project aims were:

a) To survey both surgeons and trainees on a range of attitudes, opinions and experiences which may impact on mentoring in the RACS, with particular reference to female basic surgical trainees

b) To identify and train suitable mentors within the RACS.

c) To conduct a pilot study of a personal mentoring scheme for female basic trainees of the RACS

d) To compare aspects of the training experience in two groups of basic surgical trainees in the pilot study, one of whom had been mentored and the other of whom had not.

e) To use this information to develop a strategy for a quality personal mentoring scheme for all trainees in the RACS.

The study ultimately identified that there was a "personal cost" associated with a surgical career and noted that there needed to be a fundamental cultural shift for surgery to be an attractive option for future medical graduates regardless of gender.

The need to strike a balance between the demands of career and family life were found to be equally important for both genders.

The College recognised that there was a need for a universal mentoring scheme for Basic Surgical Trainees that traverses gender. The Facilitated Personal Mentoring Scheme for Basic Surgical Trainees was introduced in 2001 and currently has an average of 30% of trainees registering each year.

Review of the system of standard setting used in the BST examinations by a medical educationalist who specialises in testing and measurement.

In 2003 the Board of Basic Surgical Training convened a Working Party to undertake a pilot project to review the Multiple Choice Question (MCQ) Examination.

The Working Party developed a position paper on "Best Practice MCQ Standard Setting" (copy at attachment 2). This paper reviewed the options to improve the processes for scoring and standard setting of the BST MCQ Examination. The paper reviewed the current measurement theories that could be applied to analyse results of the MCQ examinations for indices of test quality and difficulty.

The paper concluded that the Rasch analysis of examination data could produce more consistent indices of item difficulty and discrimination across examination events and create greater opportunity for criterion referenced standard setting. A table outlining the comparative summary of Classical Test Theory vs Rasch Analysis (IRT) for the BST MCQ Examination is found at attachment 3.

The paper was accepted by the Board of Basic Surgical Training in and it was agreed that there should be a public call for submissions to develop Rasch analysis to the BST basic sciences MCQ examination.

Following the call for submissions the Assessment Research Centre at the University of Melbourne was successful and confirmed as the project provider in February 2004. The Assessment Research Centre conducted a pilot project of the Rasch analysis as applied to the MCQ examination. The ACER provided a report to the College confirming that the Rasch analysis produced more consistent indices of item difficulty and discrimination across examination events and created greater opportunity for criterion referenced standard setting.

The College's efforts to influence State Governments over the problem of the decreasing clinical experience of trainees.

The College is acutely aware of the State Governments imperatives towards funding hospitals and has actively lobbied to improve funding allocations for the betterment of the community and surgical training. The diminishing number of out patient clinics in the large metropolitan hospitals has been a concern for the College for a number of years.

The College recognises that this has an impact on all specialist medical colleges, hospitals and patients. This is a very complex issue which requires a unilateral and focussed approach from all areas of the medical community. It is not the sole province of a single specialist medical college to approach State Governments. Nevertheless the College continues to lobby both State and Federal Governments on a variety of issues affecting surgical training.

The College has included in its proposal to the ACCC alternate methods of obtaining clinical experience for Advanced Surgical Training. The development of training networks across a range of posts within a specified region, and not necessarily in a hospital setting, is one of the proposals before the ACCC. This could involve training in a rural clinic or private hospital.

These are the sort of initiatives that the College is exploring in order to ensure that surgical training remains a complete and consistent experience and not inappropriately subjected to politically motivated change

The College's report identified a number of issues that are under review by the ACCC.

Two of these issues are also the subject of recommendations in the AMC Accreditation report, namely:

Issue 1: ***Review of the criteria and processes for accreditation of training posts and institutions.***

The College has submitted to the ACCC three major initiatives outside of the traditional training post network. These include the following:

1) Training Networks

The College is considering the possibility of accrediting training networks across a range of approved posts within a specified region and not necessarily in a hospital setting. This would provide increased flexibility and potentially enhance the training experience for trainees. The College wishes to become more active with respect to these opportunities.

A training network requires clearly articulated and equitable working conditions across all accredited posts and would need to be able to provide backfilling placements to ensure that the network chain is not broken (e.g. through the absence of a trainee on leave). When a post is established in a non teaching hospital setting, such as a private hospital or a rural clinic, it would be imperative to ensure that these placements are approved as part of the accredited training programme.

These would expose trainees to an increased diversity of experiences, including pre and post-operative care of patients in different environments and geographic locations.

The diminishing number of outpatient clinics in the large metropolitan hospitals is a concern for the College as this limits the trainee experience of ambulatory patient care, which has become such an integral feature of contemporary surgical practice.

2) Part time and interrupted training

The College introduced a policy on part time and interrupted training in the late 1990's. This is sometimes taken up by trainees. The College is supportive of the

accreditation of AST posts that are deemed 'less than full time'. These posts could be constructed, according to the hospital requirements, as reduced number of hours per day or a specific number of days a week. These posts could be incorporated in the training networks and would suit both male and female trainees who are seeking part-time training and may help to alleviate stresses, which might arise from parental responsibilities, study or other requirements.

The feasibility of these posts will be increased by the development of competency-based learning. Partnership with jurisdictions is critical for the success of such initiatives to ensure adequate and supportive employment conditions as well as suitable training.

3) Private sector training initiatives

During 2004-5, in collaboration with the Federal Government, the College is piloting a program called the 'Outer Metropolitan Specialist Training Programme'. The objective of this programme is to provide advanced surgical trainees with the opportunity to undertake training in the private sector, thereby increasing the exposure of trainees to a broader range of surgical conditions and procedures than currently exists in the public hospital sector. The same criteria should be used to assess the suitability of a specialist training post whether it is in a public or private hospital.

The Board of Basic Surgical Training is currently reviewing their requirements for accreditation of hospitals. It is not anticipated that there will be significant changes in the criteria however the Board is mindful that it needs to keep a watching brief on developments particularly with regard to the ACCC review.

In addition to the above three initiatives the College has included Jurisdictional Representatives on the inspection of hospitals and hospital posts. The Jurisdictional Representatives are drawn from a pool of nominees provided by the Minister of Health in each State.

Issue 2: ***Further attention to the issues relating to assessment of overseas trained surgeons***

The College has reviewed a number of elements in the assessment of overseas trained specialist with a view to enhancing the procedures and outcomes. Included amongst the College's recommendations to the ACCC are:

1) Duration of assessment

The College is mindful of the length of time taken to complete the College-based assessment process and will define a clear articulation of overseas qualifications that it recognises as substantially comparable to Australasian trained specialist.

This would go hand in hand with the refinement of the paper-based assessment procedures at the College. Implementation of such improvements would reduce the financial costs to the overseas trained specialist.

2) Training and Education proposals

The College has proposed a formal Overseas Trained Specialists Education and Training Programme be developed collaboratively with the College and employers. This programme would target areas where an Overseas Trained Specialist is considered deficient or requires enhancement in surgical expertise. This could be coupled with the existing College procedure of oversight and supervision.

The College has recommended that Overseas Trained Specialists avail themselves of College skills laboratories to improve their surgical competence, where appropriate. Modular programmes should be used to provide opportunities for education and self-testing, e.g. identification of risk and risk management.

3) Liaison with external organisations

The College is working with the appropriate authorities, to improve the alignment of the sequence of immigration, registration, training and assessment processes.

The College has also become involved in the assessment of the infrastructure available to Overseas Trained Specialists placed in Area of Need positions.

4) The College and the AMC

The College has suggested that a centralised body, such as the AMC, be given authority to monitor the registration of all Overseas Trained Specialists practicing in Australia and ensure that proper assessment procedures are maintained.

Also, following an assessment from the College, it has been recommended that an Overseas Trained Specialist found to be substantially comparable to Basic Surgical Training, should be granted full registration.

In addition to the above initiatives the College has also included Jurisdictional Representatives on the Overseas Trained Specialist interview panels.