



Specialist Education Accreditation Committee

Royal Australasian College of Surgeons
2013 Progress Report - Review

Progress Reports Working Party Meeting: 8 October 2013

Specialist Education Accreditation Committee Meeting: 28 October 2013

<p>Royal Australasian College of Surgeons</p> <p>Date of last AMC assessment: 2011</p> <p>Periodic reports since last AMC assessment: 2012</p> <p>Re-accreditation due: 2017</p>
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Explanation of ratings:

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

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
<p>In 2012, this set of standards was found to be Met.</p> <p>The governance of the training program is continuing to evolve. The College has negotiated new surgical training agreements with 13 specialty societies. These agreements show the societies continue to take increasing responsibility for oversight of advanced surgical training in their fields of specialty practice, but within governance structures agreed with RACS. Overall, the College is satisfactorily managing a complex transition.</p>

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.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
Commentary				
There are a number of changes, most of which are specific to a particular subspecialty. There are still some generic components, but these seem to be reducing in importance. The increased availability of the generic SSE to trainees prior to entry into SET is commendable. The changes in the length of training programs need to be monitored, particularly where it is technically longer (such as Neurosurgery and Paediatric surgery) but may be offset by other efficiencies. There may also be concerns that the reduction in the length of training of Urology and the transfer of some SET1 positions into unaccredited (“service”) positions will delay entry into the training program without any credit for that delay.				

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.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
Commentary				
The full numbers for calendar year 2012 (latest available) confirm the increases in most surgical specialties, as well as an ongoing increase in female participation. There are few IMGs applying, and the acceptance rate is less than a third of applicants for most specialties. This demonstrates the popularity of surgical specialties, but does lead to questions around the choices of applicants and the capacity of the training program.				

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.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
SEAC		X		
Commentary				
While the report lists lots of interaction, there is limited evidence of its relevance to the recommendation which requires agreement with jurisdictions on mechanisms to facilitate resolution of issues of concern, including workforce numbers.				

Significant developments

Commentary – significant developments

There are ongoing changes as the competency-based program is developed. Their impact on length of training and success of training will need monitoring.

The College has renegotiated the Memorandum of Understanding and Service Agreements that support the delivering of the nine Surgical Education and Training programs. With the increased autonomy and capability of the Specialty Societies these are being reconfigured as Partnering Agreements. These agreements now vary between the specialty societies but continue to focus on the accreditation requirements and standards of the AMC. The majority of the agreements are now finalised and either have been signed or await signing.

Statistics and annual updates

Commentary – statistics and annual updates

College provided an update on interactions with the jurisdictions with examples of types of interactions, e.g. workshops, meetings, consultations. A good range of interactions is demonstrated.

Standard 2: The outcomes of the training program

Standards cover: purpose of the training organisation and graduate outcomes

Summary of accreditation status

In 2012, this set of standards was found to be Met. It remains met. Some progress is noted.

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.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

Commentary

On the website, there appears to be limited uniformity of presentation.

With the move to a “principles-based” system, increasing divergence is likely. However the intent of the recommendation that the College oversee and moderate the information presented on the training programs in the nine surgical specialties remains.

Recommendation 10				
Involve health consumers and patients in any future consultation about the goals and objectives of surgical training.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
Commentary				
This is at an early stage, but progress is evident. The College indicates on-line surveys are being developed to invite feedback from the wider community of 'consumers'. The AMC will be interested in the College's progress in this area.				

Significant Developments

Commentary – significant developments				
As above.				

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 2012, this set of standards was found to be Met. In 2013 it continues to be met. The moves on flexible training are commendable. There is uncertainty about the aspiration for congruence of assessment processes.				

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.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	
Commentary				
Different subspecialties are on different timetables, but all appear to be progressing. The timetable goes out to 2016 in Appendix 2 and is progressing at a reasonable pace. This recommendation will need to be ongoing in terms of monitoring progress against this timetable. Evidence is presented of both shortening and lengthening of training based on the competency assessment. This is to be expected, and it is good to see examples of its effect.				

Recommendation 13				
Define the educational objectives of the research components of training and review requirements against these objectives.				
Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X

Commentary

There are differing approaches by subspecialty, and they are within the spirit of this recommendation.

Recommendation 14

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

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

Commentary

The College has identified flexible training as an issue to be addressed under the umbrella of 'Advocacy' in the 2012 Strategic Plan. The College paper describes concepts, which will need to be implemented once the consultation process is complete.

Recommendation 15

Seek congruence of assessment processes between the specialties except when differences can be justified for educational reasons.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		

Commentary

Whilst using the same marking scale, there appears to be limited congruence otherwise. The AMC seeks advice from the College on the level of congruence it thinks is appropriate and how it aims to achieve that.

Significant Developments

Commentary – significant developments

None reported.

Standard 4: Teaching and learning methods

Summary of accreditation status

In 2012, this set of standards was found to be Met. It continues to be met.

Summary of College performance against Standard 4

A series of useful projects are described against this standard, including a RACS Indigenous Health eLearning module launched in 2013 to promote a multi-disciplinary approach for surgeons in rural and remote locations who care for Indigenous patients, the Surgical Teachers course has been revised, the Academy of Surgical Educators is developing a new one day 'Foundation Course' focusing on workplace assessment and feedback, for senior SET Trainees, trainers and supervisors. Trainee version of the SAT SET course (TSET) is currently being developed to be published on-line.

Standard 5: Assessment

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

Summary of accreditation status

In 2012, this set of standards was found to be Met. It continues to be met. Overall, satisfactory progress is demonstrated in this area.

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.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

Commentary

There is a variety of approaches by subspecialty, and the evidence presented is of changes made in response to feedback rather than research findings.

Recommendation 17

Report in annual reports to the AMC on the procedures for identification and management of under-performing trainees.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X

Commentary

The progress is satisfactory. As ongoing reporting will be covered in the standard annual progress report to the AMC, there is no need to continue to report separately on this recommendation.

Significant Developments

Commentary – significant developments

No significant changes

Statistics and annual updates

Commentary – statistics and annual updates

Pass rates in the generic SSE and the cumulative pass rate in the Fellowship exam are good, but performance in specialty specific SSEs is more variable, and the pass rate in individual FEx sittings is also variable. The College has recognised this, and is taking steps to address.

Standard 6: Monitoring and evaluation

Standards cover: program monitoring and outcome evaluation

Summary of accreditation status

In 2012, this set of standards was found to be Met. It continues to be met. Lots of ongoing work in this area.

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.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC			X	

Commentary

In development, but progress seems to be taking a long time.

Recommendation 23

Report in annual reports to the AMC on plans for trainee and supervisor evaluation of SET.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X

Commentary

Addressed in AMC standard progress reporting requirements so a separate report on this recommendation is no longer required.

Recommendation 24

Report to the AMC on the evolution of the selection process, taking account of feedback from the specialty societies, the applicants and other stakeholders.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC				X

Commentary

Again, a variety of processes by subspecialty, responding appropriately to feedback and results. There is no need for further reports on this recommendation, since the standard

AMC progress report requires reporting on changes in the selection process.

Recommendation 25

Continue to collaborate with the jurisdictions to increase the output of well-trained surgeons.

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
AMC		X		

Commentary

There is still some work to achieve the best outcome for this recommendation.

Significant Developments

Commentary – significant developments

College reports on evaluation surveys to collect data on the introduction, implementation and impact of SET. These surveys have been sent to: every supervisor and trainer, every recently graduated Fellow, and all current trainees.

An additional survey is being designed to invite feedback from the wider community

The College indicates that it will collate this information and use it as the basis for a planning workshop involving a wide range of stakeholders in 2014. An update in the 2014 report is requested.

Statistics and annual updates

Commentary – statistics and annual updates

College indicates that the Education Development and Research Department evaluates annually the selection process for most surgical specialties providing feedback on the effectiveness of the various selection tools and suggestions for improvements.

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 2012, this set of standards was found to be Met. It continues to be met.

3 Statistics and annual updates

Commentary – statistics and annual updates

Provided.

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 2012, this set of standards was found to be Met. It continues 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?

Rating	Unsatisfactory	Not progressing	Progressing	Satisfied and closed
SEAC	X			

Commentary

The issue of workload for supervisors has not been addressed in the last two reports.

The extra question relating to NSW has been answered by a report on access for each surgical specialty.

There are useful procedural developments about training for supervisors, and feedback from trainees is being developed.

Significant Developments

Commentary – significant developments

As above

Statistics and annual updates

Commentary – statistics and annual updates

A list of hospital posts accredited / reaccredited in Australia and New Zealand in 2012 by specialty was provided.

Standard 9: Continuing professional development

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

Summary of accreditation status

In 2012, this set of standards was found to be Met. It continues to be met.

Significant Developments

Commentary – significant developments

The College reviewed its CPD program in 2012 and in 2013 moved away from the traditional triennium model to an annual program. The College indicates this will simplify CPD participation as all Fellows now have an annual requirement rather than a combination of annual and triennial requirements. The change also requires Fellows to participate consistently in CPD. The mandatory requirement to attend a College Annual Scientific Congress has also been removed. The College has also changed and reduced the number of categories of recognised CPD activities. The new categories are:

Category 1: Surgical Audit

Category 2: Clinical Governance – Quality Improvement, Evaluation of Patient Care and Professional Advocacy

Category 3: Performance Review is a new category for 2013

Category 4: Maintenance of Knowledge and Skills

It has increased the % of Fellows required to verify their CPD participation from 3.5% to 7%.

Statistics and annual updates

Commentary – statistics and annual updates

Figures on the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs were provided. As of 16 August 2013 the overall compliance rate (Fellows with a requirement/ Fellows compliant) was **84.5%**.

Summary of College performance against Standard 9

CPD program continues to evolve. Developments in the orthopaedic program were also reported.

Overall Summary of RACS 2013 progress report

RACS programs continue to meet the accreditation standards and the programs managed by RACS continue to evolve.

Whilst there continue to be some common elements across the nine fields of specialty practice earlier in training, there is some real and appropriate separation of programs.