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### **RACS Surgical Education Training (SET) programs and the challenges of the COVID-19 pandemic.**

As a doctor on the front line of Australia's and New Zealand's effort to minimise the health impacts of this worldwide crisis, you do not need me to tell you that these are extraordinary times.

All of us are severely impacted, both personally and professionally. There is fear for our families and friends all over the world while at the same time we are coping with the impact COVID-19 in our places of work.

Elective surgery has, in the main, been cancelled. Many of you will be starting to undertake different roles within your hospitals, some of which will take you out of your comfort zone.

In these unprecedented times, RACS has had to make difficult decisions. We started by developing a set of core principles. The overarching principle is that *RACS will act in the best interests of patient care and the community*. The following is that *RACS will act in the best interest of all stakeholders and the healthcare systems in which they work*; stakeholders very importantly include you as a trainee. However, you will recognise that there is a potential tension between these two principles.

In the big picture, we are all in a privileged position as part of a self-regulated profession. At the heart of this privilege lies a social contract. The College is allowed to select, train and sustain surgeons against RACS Standards because the peoples of Australia and New Zealand, via their governments, give us permission to do so. The heart of the social contract is that we put patients and our communities first. Now, more than ever, is the time to demonstrate our side of that social contract.

I am very conscious of the impact these difficult decisions will be having on you. I know that you will have significant concerns about your ability to achieve the requirements of your SET program for progression. However, this does not mean that training has been 'cancelled' in 2020.

Within current limitations, clinical training activities at a local level should continue. Where issues significantly affect your surgical experience (e.g. logbook case numbers and competency assessments, prescribed courses), RACS Specialty Training Boards will consider your circumstances on a case-by-case basis. An extension of training may be necessary in some instances to allow mandatory requirements to be met. Should an extension of training be necessary, the maximum time to complete SET will also be extended.

It is important to remember that surgical training and being a surgeon of the future is not just about surgical knowledge and technical skill. There are nine [RACS competencies](#) that include: Collaboration and teamwork; Communication; Health advocacy; Judgement - decision making; Management and leadership; Professionalism and; Scholarship and teaching.



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Working as a doctor during this pandemic will probably prove to be the most important opportunity in our working lives to practice and perfect these vital non-technical competencies. Try to capture how and what you are learning in these domains and reflect on how these experiences are helping to shape you more holistically. This challenging time will have a positive impact on many of us in terms of what we learn about our approach to patient care, our ability to communicate and work in teams, our management and leadership style and, ultimately about ourselves. Many of the Workplace Based Assessments (WBA) at least in part, focus on these foundational professional skills. Ask your trainers and supervisors, where possible, to record and provide feedback for you.

You will be aware that all RACS face-to-face events, including selection and examinations, have been suspended until further notice. We will provide sufficient notice (minimum 3 months) of resumption of major activities. These decisions were made early on to stop us all spreading the virus between countries, states/territories, hospitals and units, but also to relieve you and your supervisors, trainers and examiners of some of your responsibilities. We will need to judge carefully when all of us and our healthcare systems are ready to host selection, examinations and courses again.

In the meantime, we, as *One College* working with the Specialty Societies, will act consistently, transparently and fairly in all our communications with you. The RACS Education Board has had to make decisions that we believe are for the best. We do not have all the answers but please be reassured that senior colleagues and I are regularly meeting and seek to make informed decisions in the midst of uncertainty. We will communicate them as and when we know more.

For more information about our response so far to COVID-19, please visit the [RACS Coronavirus Information Hub](#).

We recognise that this crisis may have significant impacts on your physical and mental health and wellbeing, with increased risk of illness and burnout. Please look after your own health. If you need confidential support, please access the [Converge](#) service provided by RACS. Alternatively in Australia, you may wish to access confidential advice provided by the [AMA](#) and in New Zealand through the [NZMA](#).

With best wishes to you and your families

Yours sincerely



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