

# Strategic Plan

2019–2021

Business Plan 2021



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### Further information

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Committed to Indigenous health

*Service | Integrity | Respect | Compassion | Collaboration*



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## Introduction from the President

On behalf of the Royal Australasian College of Surgeons (RACS) it is my pleasure to present the business plan for 2021. This plan is founded on the College's vision and aligns with our strategic plan for 2019–2021.

Our strategic plan defines our approach in view of this ambition. It is developed on a three-year cycle and reviewed regularly, informing an annual business plan in which we prioritise initiatives. This in turn informs the annual budget process.

Positive relationships and the value of collaboration remain central to our approach in 2021. United together — the College, specialty societies and associations, along with other key stakeholders — we can act in the best interests of patient care and the wider community. We want to capitalise further on the gains hard-won in 2020 during the disruption of COVID-19. While none of us can predict what 2021 will bring, we will continue to foster the spirit of resilience and camaraderie.

This year we have three flagship initiatives as part of our business plan.

1. Educational innovation for a sustainable future will maintain the position of RACS and our partners as world leaders in surgical education designed to benefit our diverse communities through exceptional surgical care.
2. Through our Rural Health Equity Strategic Action Plan, we will fulfil our social responsibility to address health inequity for our underserved communities living in rural, provincial, regional and remote locations in Australia and New Zealand.
3. Our new continuing professional development program and online platform will provide greater flexibility and scope for surgeons to direct their own learning.

I recommend our strategic plan and business plan to you.

**Dr Anthony Sparnon**  
President

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## About RACS

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. We have a proud history of facilitating the training of new surgeons, ensuring the support and development of existing surgeons and leading advocacy around standards and patient care. Our College represents the collective and national interests of Australian and New Zealand surgeons and the specific needs and opportunities within the eight states and territories of Australia. Importantly, the targeted, localised functions are managed through the Australian states, territories and New Zealand offices.

### **Mission**

The leading advocate for surgical standards, education and professionalism in Australia and New Zealand

### **Vision**

Leading surgical performance, professionalism and improving patient care

### **Values**

Service, respect, integrity, compassion and collaboration



## Health sector context

Australia and New Zealand provide some of the best health systems in the world. There are, however, significant challenges facing healthcare. As people live longer and the incidence of non-communicable diseases increases, pressure intensifies and costs rise. Patient and community expectations are changing, shaped by seamless, digital experiences in other sectors. People want to be able to access healthcare in the way that best suits them – and have rapid access to the latest medical advances. There is recognition of the institutionalised inequities within the health system and the need to drive change at the system level. Current trends shaping the delivery of healthcare include:

1. Patient empowerment, education and transparency
2. Wellness and prevention
3. New models of integrated care driven by outcomes-based funding and management, enabled by digital health networks and delivered by a health workforce that has the right capabilities.

A key focus for the sector is to develop innovative, cost-effective ways to deliver patient-centred, technology-enabled healthcare, both within and beyond hospitals. We are in the midst of exponential disruptive change. To ensure Australia and New Zealand remain at the forefront of excellence in healthcare, we must ensure our surgeons are equipped to create the future, rather than simply react to it.

## Strategy 2019-2021

Our strategic plan identifies three essential areas of purpose for our College:

- Standards and Professionalism – leading surgical practice through training, education and research
- Enduring Value – creating opportunity for the surgical profession
- Membership – sustaining and supporting Fellows, Trainees and Specialist International Medical Graduates throughout their careers

Underpinning these pillars are three key focus areas:

- Indigenous health by better meeting the health needs of Aboriginal and Torres Strait Islander and Māori people
- Collaborating effectively with our partners, including our key partners, the specialty societies
- Through all of our endeavours, supporting the communities we serve

The strategy is graphically represented in the diagram on page 9.

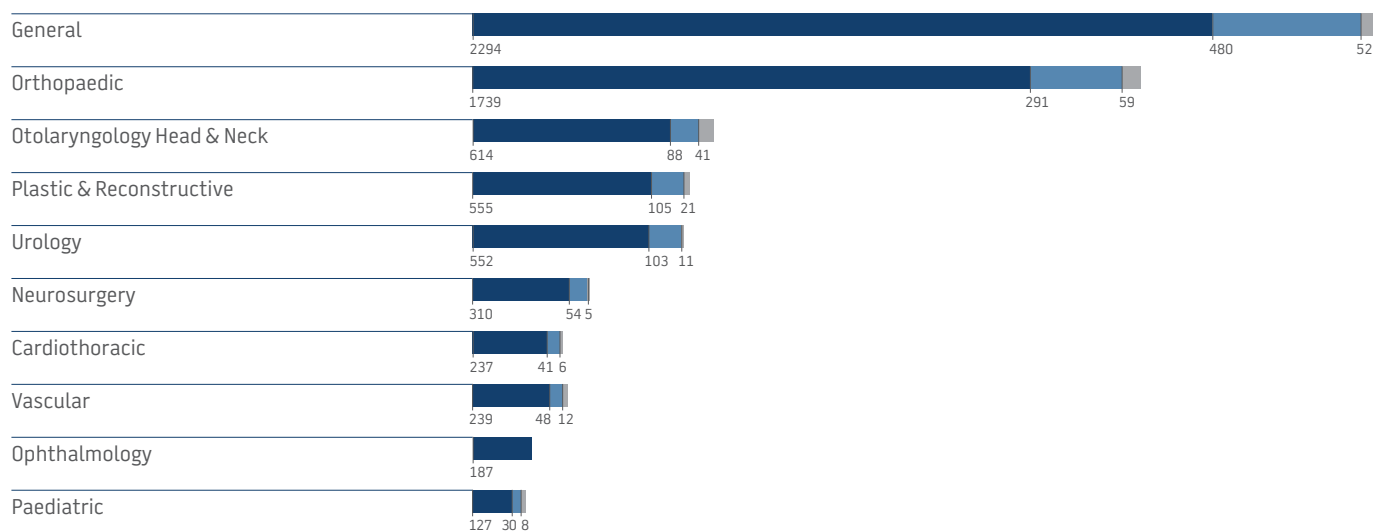
## Business plan 2021

Our business plan profiles key priorities for 2021, by pillar, across portfolios. Greater detail is provided on three flagship priorities. We will measure our success through regular reporting against key performance indicators.

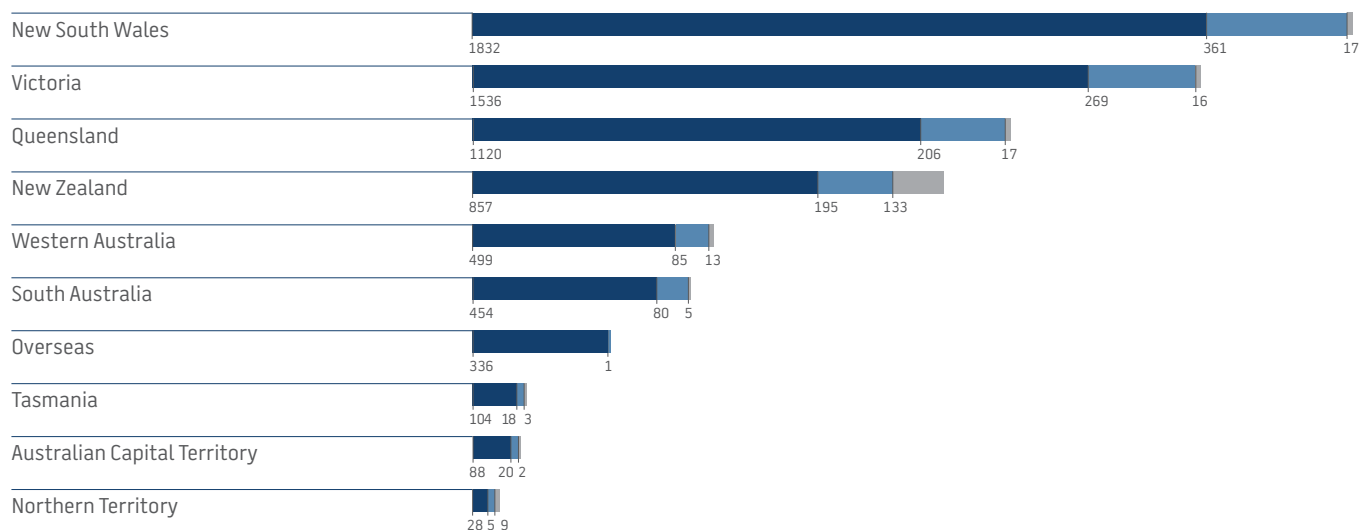
## Our surgeons

We are focused on supporting our current and future surgeons with a sustainable, respectful and innovative healthcare environment.

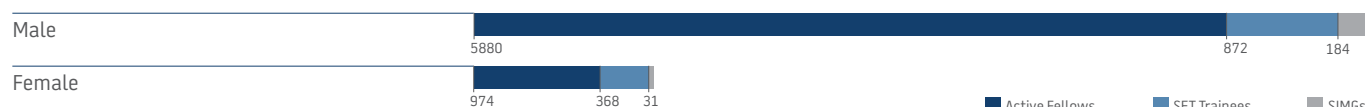
### BY SPECIALTY



### BY LOCATION



### BY GENDER



Active Fellows SET Trainees SIMGs

As at 31 December 2020

## Our staff

The College comprises four portfolios, which work closely with the specialty societies to ensure positive outcomes for the surgical profession:

### Education:

- Supports, shapes and directs the development of world-class curricula in conjunction with specialty societies to select, train and sustain surgeons to provide the best patient care
- Supports the delivery of high impact learning outcomes, built on current best practice in, for example, simulation, assessment and evaluative learning cycles
- Works in partnerships with stakeholders, training boards, hospitals and global technology providers, to ensure the highest standard of safe, respectful and comprehensive surgical care through excellence in training and professional development and continuous education

### Fellowship Engagement:

- Leads and oversees the maintenance and improvement of surgical standards, including continuing professional development for Fellows and a range of other engagement activities, including research and evaluation and clinical audits
- Promotes professionalism and standards through communication and evidence-based advocacy with government and relevant stakeholders

### Operations:

- Ensures the efficient management of all internal operations and resources of the College
- Manages the business resources of the organisation including:

- Governance & Risk (which includes General Counsel)
- the President's office
- Complaints
- Business Transformation, Technology and Data
- Finance
- Global Health
- Foundation for Surgery
- Conference & Events

### People & Culture:

- Leads and oversees the Human Resources functions (including payroll) and leads engagement programs to improve organisational culture and the wellbeing of its people
- Supports leadership and culture change in the surgical workplace amongst Fellows, Trainees and Specialist International Medical Graduates through the Building Respect, Improving Patient Safety initiative
- Includes the Marketing and Communications team, which focuses on member engagement through multiple communication channels
- Works with the Internal Services team, including reception, facilities, archives and the museum



## Surgical expertise

The pro bono contribution of Fellows continues to be the College's most valued asset and resource. Involvement in committees has become one of the key mechanisms for Fellows to participate in the College however this can be made more effective and rewarding. We are actively exploring new ways to broaden member engagement, including facilitating a contribution from a more diverse pool of subject matter experts in standards.





## THE FOUNDATIONS OF THE RACS STRATEGY

### Mission and Vision

#### MISSION

The leading advocate for surgical standards, education and professionalism in Australia and New Zealand

#### VISION

Leading surgical performance, professionalism and improving patient care

### Our three pillars

#### STANDARDS AND PROFESSIONALISM

Leading surgical practice through training, education and research

#### ENDURING VALUE

Creating opportunity for the surgical profession

#### MEMBERSHIP

Sustaining and supporting Fellows, Trainees and Specialist International Medical Graduates throughout their careers

#### Indigenous health

Aboriginal, Torres Strait Islander and Māori

#### Collaboration

Specialty societies

#### Community

Improving health outcomes

### Values

#### SERVICE

#### RESPECT

#### INTEGRITY

#### COMPASSION

#### COLLABORATION

### Governance

#### CONSTITUTION

#### REGULATIONS

#### POLICIES

### Principles

Treat others as its Members would wish to be treated

Be open to, and informed by, the views of others

Develop expertise to act in areas of importance

Do no harm and act for the common good

Be transparent, fair and responsive

Preserve and enhance the sustainability of the College and its Members

## Standards and professionalism

### Leading surgical practice through training, education and research

#### Surgical education

By placing outstanding patient care at the centre of our training pathways, RACS will ensure that all innovation helps to serve our diverse communities.

- Continue to strengthen and nurture the working relationships with the Specialty Training Boards, our Trainees' Association and specialty societies, to deliver exceptional governance across all specialties, leading to exemplary training programs and outcomes for all Trainees and Specialist International Medical Graduates. The Specialty Society Chief Executive Officer Forum, now well established, has strengthened collaboration and deepened our mutual understanding.
- Deliver a strategy to enable a forward- looking education portfolio, equipped to build the training programs of the future. Our growth strategy will include continuing to leverage off our intellectual property to ensure patient safety through the quality assurance and sustainability of the College's educational offer.
- Implement an overarching evaluation and monitoring framework of all training and educational activities, in line with Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) requirements, ensuring alignment with specialty societies.

- Establish an assessment commission to undertake a review of the interrelated selection, workplace assessment and examination processes throughout the Trainee journey to ensure that our assessment methodologies remain cutting edge for our developing competency-based curricula.

#### KEY PERFORMANCE INDICATORS:

- Continue to strengthen partner relationships
- Deliver education growth strategy through innovation
- Implement evaluation and monitoring framework for training and educational activities
- Establish assessment commission
- Successful re-accreditation by AMC and MCNZ



## Flagship initiative: Educational innovation for a sustainable future

Educational innovation will maintain RACS, with its partners, as world leaders in surgical education.

- Establishing enhanced audiovisual (AV) features across the RACS binational offices will provide high-end hardware that will facilitate synchronous education – live but remote teaching – for the first time. New AV equipment will allow the development of the live classroom experience.

This will facilitate: Faculty being able to be in different RACS offices across Australia and New Zealand while their course participants can either be in other RACS offices or studying remotely; extend the reach of RACS' educational offer into remote and rural settings; extend the reach of RACS' educational offer internationally, providing new revenue streams; provide high-quality recording (video and audio) facilities; and protect the College from further disruption to interstate or trans-Tasman travel in light of ongoing issues with COVID-19.

- Working in partnership with the Specialty Training Boards and specialty societies and associations, RACS will develop a Trainee ePortfolio. The new ePortfolio will be a multiplatform suite of tools supporting the delivery of the specialty curricula throughout clinical

settings. The technology will support the Trainee learning journey, including through the delivery of online workplace-based assessments and entrustable professional activities. Investment in this technology will also support the fundamental role of RACS Supervisors by providing real-time data of Trainee performance, ready access to the curricula, related forms, and online support.

### KEY PERFORMANCE INDICATORS:

- Install new AV hardware throughout the RACS binational offices
- Integrate new AV hardware with the Microsoft Dynamics Education environment
- Build and pilot a new Trainee ePortfolio with our partners, starting in the Plastic and Reconstructive, Paediatric and Cardiothoracic training programs



## Indigenous health

In 2021, our College is implementing key priorities in support of our strategic commitment to Aboriginal, Torres Strait Islander and Māori health in Australia and New Zealand.

The College's Indigenous Health Committee has responsibility to oversee New Zealand and Australian initiatives in support of Aboriginal, Torres Strait Islander and Māori health and reports directly to Council. RACS' broad priorities are highlighted below:

### RACS INDIGENOUS HEALTH POSITION PAPER

Outlines RACS' ongoing obligations under the Treaty of Waitangi (in New Zealand), the Close the Gap Statement of Intent (in Australia) and the United Nations Declaration on the Rights of Indigenous People.

### MĀORI HEALTH

Te Rautaki Māori (Māori Health Strategy and Action Plan) provides the strategic framework in support of RACS' position that it is not acceptable that Māori suffer far worse health outcomes than non-Māori.

### ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

RACS' Innovate Reconciliation Action Plan outlines our pursuit for ensuring no health discrepancies continue to exist between Aboriginal and Torres Strait Islander and non-Indigenous populations of Australia.

Full details are available at [www.surgeons.org/about-racs/indigenous-health](http://www.surgeons.org/about-racs/indigenous-health)

### KEY PERFORMANCE INDICATORS:

- Increase numbers of Indigenous doctors in surgical training
- With the update of RACS' Surgical Competence and Performance Guide, increase opportunities for Fellows to undertake Aboriginal, Torres Strait Islander and Māori health and cultural competence and cultural safety training

## Global health

We will adapt global health activities in response to COVID-19 with more remote education and training opportunities.

We will monitor our impact and, informed by these insights, determine how best to assist the development of in country capability to improve population health. We will also explore different ways to engage with more communities, building on and maintaining the College's strong clinical reputation.

### KEY PERFORMANCE INDICATORS:

- Establish the new Global Health Section
- Revise and update the RACS Global Health Strategy in preparation for 2022
- Increase funding diversification with the acquisition of an additional government/institutional donor

## Flagship initiative: Rural Health Equity Strategic Action Plan

In 2020 our College approved its inaugural Rural Health Equity Strategic Action Plan. We are committed to our social responsibility and mission to address health inequity for our underserved communities living in rural, provincial, regional and remote locations in Australia and New Zealand.

Development of the action plan was primarily led by our Rural Surgery Section Committee. The action plan is the result of collaboration across College portfolios and our surgical specialty societies and associations. It focuses on building partnerships and raising awareness with our stakeholders to ensure inclusivity and a shared understanding of health equity for our rural, provincial, regional and remote communities.

The Rural Health Equity Strategic Action Plan identifies four key strategies and aims to:

1. increase the rural surgical workforce and reduce workforce maldistribution, through the **Select for Rural**, **Train for Rural** and **Retain for Rural** strategies.
2. build sustainable surgical services in Australia and New Zealand, through the **Collaborate for Rural** strategy.

A culture that fosters a rural positive ethos will underpin successful implementation of these four strategies. Rural representation in all RACS activities and in decision-making processes will be essential. A Rural Health Equity Steering Committee will oversee the implementation to ensure our commitment to rural health equity is maintained across the College.

### Select for Rural

Three factors are known to strongly increase rural recruitment and long-term retention of rural doctors: rural

origin, rural medical school, and positive postgraduate and prevocational rural work experience. Surgical Education and Training (SET) selection requirements and scoring criteria should be expanded to award points for demonstrating any of those factors. This will help counter the perception that junior doctors need to stay in urban hospitals to be successful in SET applications. Virtual interviews for selection can also reduce barriers for rural SET aspirants. Actions that encourage more rural SET aspirants to apply for surgical training will have the longest timeframe to assess whether there has an impact on increasing the rural workforce in the long term.

### Train for Rural

Expanding opportunities for rural experience during SET will ensure Trainees develop the generalist broad scope of skills and knowledge to work where they are most needed. A rural facing surgical curriculum will enhance the competencies, capability and skills of health professionals working in rural areas. Accreditation standards for training posts should be flexible and include holistic criteria in recognition of the unique value of rural training.

### Retain for Rural

Rural surgeons must have ongoing educational, professional, financial and personal support. Specialist International Medical Graduates are an essential, welcome and valued part of rural surgical care. The College recognises it is imperative to set them up for success in patient care, and professional and personal life. Funding grants and remote access to participate in continuing professional development activities will be more inclusive to rural surgeons. Safe working environments for rural

staff specialists must be safeguarded. Clinical peer relationships aligned with referral and transfer networks need to be developed and formalised.

### Collaborate for Rural

It is vital the College works with the various stakeholders involved in the rural health space. We recognise that remote centres especially in Australia rely on fragile surgical services. The development of a Northern Australia surgical training network and selection initiative would help to deliver a sustainable remote surgical workforce in the long term.

Effective collaboration with the Australian National Rural Health Commissioner, Federal and State Government Departments of Health, regional training hubs, medical colleges (including the Council of Presidents of Medical Colleges) and rural interest groups (National Rural Health Alliance and Rural Doctors of Australia Association) will be key to developing systems for rural interdisciplinary surgical services and training including general practitioners with extended scopes of practice in surgery.

#### KEY PERFORMANCE INDICATORS:

- Implement the Rural Health Equity Strategic Action Plan
- Foster a culture of collective responsibility within the surgical community for rural health equity
- Establish new selection criteria to enable local rural placements
- Develop training pathways to promote generalism and positive rural surgical experience
- Strengthen engagement and collaboration with stakeholders in the rural health space through forums, submissions and meetings



# Enduring value

## Creating opportunity for the surgical profession

### One College Transformation – Governance, Policy and Procedure

‘We will be One College to serve all members (Fellows, Trainees, Specialist International Medical Graduates) and staff.’

The Governance, Policy and Procedure stream of the One College Transformation will reduce complexity and duplication, enabling increased agility and more effective strategic oversight.

**KEY PERFORMANCE INDICATORS:**

- Continue to rationalise our governance structure, ensuring committees are fit for purpose, and improve member engagement

### One College Transformation – People and Culture

The People and Culture stream will continue to embed new ways of working, ensuring that employees are supported to work flexibly whilst delivering exceptional service to members.

**KEY PERFORMANCE INDICATORS:**

- Maintain high levels of staff engagement
- Develop a strategy to ensure key staff are retained and developed

### Foundation for Surgery

The Foundation for Surgery will continue to increase its reach and impact, ensuring enduring positive value in the community through building the corpus funds and Foundation supporters.

**KEY PERFORMANCE INDICATORS:**

- Increase donor engagement
- Implement new approach and system for scholarships



## Membership

### Sustaining and supporting Fellows, Trainees and Specialist International Medical Graduates throughout their careers

#### Building Respect, Improving Patient Safety

2021 marks the commencement of the sixth year of activity to achieve the goals outlined in our first Action Plan to address discrimination, bullying and sexual harassment (DBSH) in the practice of surgery.

In line with our three-step evaluation plan, a key priority for 2021 is the implementation of Phase 2 evaluation. Building on the extraordinarily high levels of awareness and support for the Building Respect initiative identified in Phase 1 (2019), Phase 2 presents us with the opportunity to assess the effectiveness of implementation, early outcomes, strengths and barriers to progress. This second phase of measurement will include a repeat of the DBSH prevalence survey conducted in 2015.

Findings from this evaluation will inform recommendations for program adjustment and improvement, to be delivered by a newly convened Expert Advisory Group. Its task will be to articulate a second comprehensive Action Plan, to be delivered over the coming years.

Work will continue to redress the interruptions presented by the COVID-19 operating environment, including a resumption of face-to-face training to mandated and new groups. This will be complemented by new communications reinforcing the need to utilise the important Operating with Respect skills imparted, that is, for senior surgeons who witness unprofessional conduct to take action and speak up in the workplace.

Action at the workplace level necessitates continued work with employers. In 2021, we will widely communicate our Information Sharing Protocol in readiness for implementation in 2022. We will

implement the recommendations of our recently completed independent external review into our feedback and complaints function. We will continue to work with governments and health jurisdictions, in order to create environments and policy to support health system-wide change.

In this way, we will continue to demonstrate our long-term commitment to building a culture of respect, in order to achieve the change we envisage.

#### KEY PERFORMANCE INDICATORS:

- Implement the Phase 2 Evaluation Plan, including DBSH prevalence survey, maximising the participation of Fellows, Trainees and Specialist International Medical Graduates from Australia and New Zealand
- Establish a new, independent expert group, equipped to develop a second Action Plan which builds on progress since the inception of the original Expert Advisory Group
- Foster partnerships, environments and policy to underpin health system-wide change consistent with respect and patient safety
- Deliver RACS Operating with Respect face-to-face course to mandated and new groups, complemented by communications to promote speaking up
- Continually improve RACS feedback and complaints process
- Exemplify collaborative and respectful culture between staff, Fellows, Trainees and Specialist International Medical Graduates



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## One College Transformation – Technology

The College has embarked on a roadmap for the development of improved digital applications for Fellows, Trainees and Specialist International Medical Graduates. This program of work has commenced with the re-build of ageing technology infrastructure using Microsoft as the preferred platform suite of applications and services.

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### KEY PERFORMANCE INDICATORS:

- Maintain core digital capabilities within a secure operating environment
- Release the customer relationship management system that will enable a single view of member interactions

## Advocacy

With increased capability, the College will continue to advocate by advising and influencing health policy and other policy which has a direct impact on surgery and patient care.

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### KEY PERFORMANCE INDICATORS:

- Engagement of specialty societies on key initiatives
- Positive impact on health policy decision-making
- Support our Fellows across Australia and New Zealand to contribute their expertise to advocacy priorities



## Flagship initiative: New continuing professional development program and online platform

Since its inception, the College's continuing professional development (CPD) program has been at the forefront of best practice within Australia and New Zealand. In July 2021, RACS will launch its new CPD program. Underpinned by an individual's area of practice, the program will provide greater flexibility and scope for surgeons to direct their own learning. The new annual program requirements will incorporate a range of activities including a learning plan, surgical audit, performance review and education activities, with an emphasis on encouraging participation across the 10 surgical competencies. To support surgeons completing their CPD, RACS will offer a range of innovative and contemporary education activities that include online, face-to-face and blended learning opportunities.

The new CPD program will be supported by a modernised online platform, including an app for ease of use on tablets and mobile phones. The platform will provide surgeons with a central hub to track and enter their learning activities, supported by recommendations for upcoming education events relevant to their area of practice. Online tools to support CPD participation, including an integrated, semi-automated learning plan, will be available at launch with future enhancements including 'peer connect' following later in 2021. A revamp of the CPD Approval Program will also support the continuation of activities being automatically added to surgeons' records for RACS events in real time and 'CPD Approved' external events.

### KEY PERFORMANCE INDICATORS:

- A CPD program that is relevant to a surgeon's scope of practice
- Greater recognition of the breadth of activities undertaken by a surgeon
- A bespoke offering of activities, support programs and workshops relevant to all surgeons across Australia and New Zealand
- Support for those surgeons having difficulties meeting the standards
- Introduction of new technology to minimise repetitious reporting of CPD activities





