Royal Australasian
College of Surgeons

2026 - 2030

Surgical Pathways Strategy

Leading surgical education that is trusted, accountable and delivers safe, high-quality surgical care responsive to community need.

Message from the President and CEO

This strategy asks us to do something difficult, to look honestly at how we train surgeons and to change what isn't working. It asks us to open pathways without lowering standards. It asks us to strengthen governance and accountability together with our specialty societies. And it asks us to confront the reality that too many communities across Australia and Aotearoa New Zealand still lack access to the surgical care they need. I don't see these as compromises. I see them as the natural evolution of a profession that has always held itself to the highest standards. Excellence isn't static, it demands that we adapt.

This strategy gives us the framework to do that together, with our specialty society partners, patients, communities, health networks and surgical specialists who make training possible.

I'm committed to leading this work openly, collaboratively and with the profession's trust at its centre.

Dr Philip Morreau
President, Royal Australasian College of Surgeons

This strategy reflects a deliberate shift toward a more coherent and sustainable model of surgical training. It places accreditation excellence at the centre of our work and strengthens the systems, governance and partnerships that support high-quality surgical training.

The Royal Australasian College of Surgeons has a long history of delivering surgical education that is respected nationally and internationally. Through clearer governance, fairer selection processes, stronger data and monitoring capability, and closer alignment with health services and specialty expertise, this strategy provides a stable foundation for the future.

It reinforces our commitment to Fellowship standards while ensuring our surgical pathways remain responsive to future workforce and regulatory needs. It commits us to one program with multiple streams, reliable operations and visible outcomes, so our training remains trusted, resilient and aligned to community need.

Stephanie Clota
CEO, Royal Australasian College of Surgeons

Surgical education across Australia and Aotearoa New Zealand is in the midst of significant change.

Community expectations of healthcare are shifting. Patients and communities expect access to high-quality surgical care regardless of where they live. Populations are growing, ageing and dispersing, and health systems face increasing pressure to deliver surgical care where it is needed most. Rural, regional and underserved communities experience persistent gaps in access, driven in part by broader workforce distribution patterns and health service funding models.

Within the profession, expectations are also shifting. In the delivery of surgical education, RACS supervisors, trainers and specialty groups, carry an increasing load with limited formal recognition or support.

For Trainees and those seeking to enter surgical training, the pathway can feel uncertain, lengthy, variable across settings, and unevenly supported. There is growing recognition that surgical training must reflect the communities it serves, in who is selected, how pathways are structured, and what kinds of surgical roles are available.

Non-traditional pathways, earlier entry and workforce-aligned training models are emerging across comparable jurisdictions internationally.

The regulatory environment is also evolving. Governments, health services and the public expect greater transparency in how training standards are set, how trainees are selected, and how outcomes are reported. Accreditation bodies are required to demonstrate not only compliance, but impact.

RACS has a long track record of delivering high-quality surgical training. This strategy builds on that foundation, responding to the sector shifts above while reinforcing the standards, partnerships and governance structures that have underpinned surgical education for decades.

RACS recognises these emerging sector challenges, and within this context presents the Surgical Pathways Strategy 2026 - 2030.

Royal Australasian College of Surgeons

Surgical Pathways Strategy 2026 - 2030

Vision: Leading surgical education that is trusted, accountable and delivers safe, high-quality surgical care responsive to community need.

Governance and Accountability

Clear governance that builds trust and accountability with patients, health systems and communities

Accreditation excellence

Lead regulatory reform

Integrated governance

Hospital site accreditation

Strategic Partnerships

Stronger partnerships with those who train, teach and shape surgical education

- Rebuild and deepen partnerships with specialty societies, channelled through effective governance structures and surgical expertise
- Strengthen supervision and elevate the culture of surgical teaching, including culturally safe and responsive training environments
- Develop strategic alliances with health sector partners to advance surgical education
- Work with governments and health services to ensure training pipelines meet community need

Selection, Pathways and Workforce

Transparent selection, broader pathways, workforce matched to need

- Establish a cohesive, transparent and trainee-centred selection system reflective of workforce need
- Enable earlier training access for appropriate candidates
- Build culturally safe and responsive engagement pathways that support Aboriginal and Torres Strait Islander, Māori and Pacific peoples into surgical training while maintaining standards of excellence
- Develop non-FRACS surgical pathways that broaden workforce capability and capacity in hospital and clinical settings while preserving the distinct role and standards of Fellowship

Operational Excellence and Sustainability

Efficient operations, built collaboratively, delivered in sequence

Training systems

Digitally connected

Monitoring & evaluation

Financially sustainable

Strategic Pillar 1

Governance and Accountability

Clear governance that builds trust and accountability with patients, health systems and communities

RACS serves surgical communities and the public across Australia and Aotearoa New Zealand. RACS safeguards the standards of surgery through education, training, accreditation and the award of Fellowship. Its governance and operational architecture is informed by deep specialty expertise channelled through its constituent training boards. This structure ensures that specialty-specific knowledge and clinical insight are embedded in the College's governance frameworks, enabling delivery of surgical education that is professionally grounded, culturally safe and responsive to evolving community need.

RACS will strengthen and evolve its governance of surgical education through a cohesive, accountable system that integrates authority, oversight and purpose. Building on its established regulatory role, the College will deepen its position as a sector leader and trusted steward of reform. A centrally governed hospital accreditation system will set clear standards, provide transparent reporting, and align training capacity to community need.

Priorities

- Reinforce accreditation excellence as a core standard
- Champion regulatory reform that strengthens the profession
- Build an integrated governance system with structured specialty leadership
- Modernise hospital site accreditation for transparency and impact

Strategic Partnerships

Stronger partnerships with those who train, teach and shape surgical education

RACS will rebuild and strengthen its relationships with Trainees, Specialty Societies and the broader surgical community, drawing on the deep expertise embedded in RACS. Through genuine partnership and shared purpose, RACS will work collaboratively to strengthen the quality of learning and training environments, recognise educational contribution and ensure trainees are well supervised, supported and heard throughout their training. Strategic partnerships with governments, health services and other stakeholders will ensure training pipelines remain responsive to evolving community need.

Priorities

- Rebuild and deepen partnerships with specialty societies, channelled through effective governance structures and surgical expertise
- Strengthen supervision and elevate the culture of surgical teaching, including culturally safe and responsive training environments
- Develop strategic alliances with health sector partners to advance surgical education
- Work with governments and health services to ensure training pipelines meet community need

Selection, Pathways and Workforce

Transparent selection, broader pathways, workforce matched to need

RACS will evolve selection and training pathways to be transparent, evidence-based and consistent, while aligning more effectively to workforce need across Australia and Aotearoa New Zealand. Trainees will enter a system that is transparent, navigable and designed to support their development from selection through to completion. Selection processes will place greater emphasis on the attributes, capabilities and potential required for success, supporting earlier entry into training where appropriate. Diversified pathways, including routes that may not lead to FRACS, will broaden surgical capability where it is needed most while maintaining Fellowship standards and recognising the different workforce and practice needs served by different training pathways.

Equity in selection sustains the College and quality of the workforce. Australia and Aotearoa New Zealand face persistent workforce distribution challenges, particularly in rural, regional and underserved communities. The College's obligation to those communities and to the peoples whose access to surgical care has been shaped by historical inequity requires action.

Priorities

- Establish a cohesive, transparent and trainee-centred selection system reflective of workforce needs
- Enable earlier training access for appropriate candidates
- Build culturally safe and responsive engagement pathways that support Aboriginal and Torres Strait Islander, Māori and Pacific peoples into and during surgical training
- Develop non-FRACS surgical pathways that broaden workforce capability and capacity in hospital and clinical settings while preserving the distinct role and standards of Fellowship.

Operational Excellence and Sustainability

Efficient operations, built collaboratively, delivered in sequence

RACS will build strong, integrated operations that give the College, and those who rely on its data, a clear view of how surgical training is performing. The College will consolidate systems for quality assurance and trainee progression, working collaboratively with specialty societies where proven platforms already exist. Supported by dependable digital infrastructure and sound financial management, RACS will deliver transparent reporting, monitoring and evaluation that demonstrates workforce outcomes across all specialties. The College will sequence this work carefully, prioritising what matters most, reducing duplication and ensuring each phase is stable before moving to the next.

Priorities

- Build on existing training systems collaboratively to achieve quality assurance and equivalency
- Leverage and connect existing digital platforms as core training enablers
- Develop shared monitoring and evaluation capability across specialties
- Ensure financial sustainability for platforms and services

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We extend our sincere gratitude to all partners whose expertise, insights, and collaborative spirit have been instrumental in shaping this new Surgical Pathways Strategy.

With special thanks to Professor Owen Ung, past RACS President, and the Presidential Working Group for their contributions guiding the development of this strategy.

Many thanks to the contributors to this strategy
Fellows, Trainees and SIMGs
Government and health authorities
Pre-vocational doctors and medical students
RACS committee members
Specialty Societies
Staff

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Committed to Indigenous health

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