**Executive Summary: Royal Australasian College of Surgeons**

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2017*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The Royal Australasian College of Surgeons (RACS) was first accredited by the AMC in 2001. In 2002, the AMC granted accreditation to the College and its programs for the maximum period of six years, until July 2008.

In its 2006 progress report to the AMC, RACS outlined plans for a new Surgical Education and Training (SET) program to be phased in from 2008. The AMC decided SET was a major change to the accredited education and training program of RACS, and therefore the plans for the SET program required a review by an AMC accreditation team before its introduction. An AMC assessment of the College’s plans was completed in July 2007 and the SET program and continuing professional development program was granted accreditation until December 2011, subject to a satisfactory report responding to recommendations in the accreditation report related to implementation activities for the SET program. The assessment of the College’s report was to include a follow up visit by an AMC review team. In 2008, the AMC conducted the follow-up visit and confirmed accreditation to December 2011.

In 2011, the College submitted its comprehensive report for extension of accreditation. The AMC found that the College met the standards, and extended the accreditation of the College for six years until December 2017, taking accreditation to the full period of ten years.

In 2017, an AMC team completed a reaccreditation assessment of the specialist medical programs and continuing professional development programs of the Royal Australasian College of Surgeons, which lead to the award of fellowship of RACS.

The AMC team reviewed the College’s education, training and continuing professional development programs in the specialty of surgery and the fields of specialty practice in cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology – head and neck surgery, paediatric surgery, plastic surgery, urology and vascular surgery.

The team reported to the 12 October 2017 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee’s recommendations, presented to the 24 November 2017 meeting of AMC Directors, and the detailed findings against the accreditation standards.

**Decision on accreditation**

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC’s finding is that it is reasonably satisfied that the education, training and the continuing professional development programs of the Royal Australasian College of Surgeons substantially meet the accreditation standards.
The College is commended for its achievements in relation to its education and professional development programs since the last AMC assessment. These achievements are especially notable considering the size and complexity of the College. The College’s significant investment in its educational programs, and the expertise supporting them, is delivering considerable results. However, the College recognises that further work is required in several other aspects of its education programs, resulting in a range of initiatives that are either in development or in planning. The team notes that some of the areas identified in the report for further development and consideration are underway and the team’s observations are to be seen as encouragement in these areas.

The College has considerable respect locally, regionally, nationally and internationally for its standards and training. Overall, the College’s graduates are well-trained and surgically capable and are recognised as such across the healthcare community as well as the wider public.

The College showed courage and leadership in 2015 by establishing a broadly constituted Expert Advisory Group to undertake the substantial review of concerns relating to discrimination, bullying and sexual harassment. This resulted in the development and implementation of the Building Respect, Improving Patient Safety (BRIPS) Action Plan. There is evidence from multiple sources that the BRIPS program is an excellent initiative and the culture of surgical training is changing. The College is commended on its leadership with this initiative. The team recommends that each Specialty Training Board, with the support of the College, maintain momentum with the BRIPS Action Plan, by promoting the program and the positive participation of all fellows and trainees, including supporting all surgeons to “call out” bad behaviour in work and training. The College must also develop and implement completely confidential and safe processes for obtaining—and acting on—regular and systematic feedback from trainees on the quality of supervision, training and clinical experience.

The College is commended for the good progress that has been made with the Surgical Education and Training (SET) program since its introduction in 2007. Further work is required by the College through the Specialty Training Boards to clearly articulate program and graduate outcomes for all specialties which are publicly available and reflect community needs. The College should also work to improve the uniformity of presentation of the training program and graduate outcomes for surgical specialties, taking into account feedback from trainees, supervisors and key stakeholder groups.

The College must define how its educational purpose connects to its community responsibilities. The specific health needs of Aboriginal and Torres Strait Islanders and/or Māori peoples, along with cultural competence training, should also be included and have ongoing emphasis in the curricula for each surgical specialty.

The issue of diversity of trainees and flexibility of training was a recurrent theme across all specialties. Very few trainees have worked part-time, with a few more having interrupted their training. The College has a policy that is applicable to all specialty training programs to remove the overt and hidden barriers to flexible forms of training. RACS must build on the existing policy and processes and liaise with hospitals to implement flexible training.

It is recommended that the College further develop its selection policy, particularly with regard to the transparent scoring of each element in the curriculum vitae and standardisation in the structure of referee reports. This policy must be implemented across all nine surgical specialties. The College should examine what are the key discriminators (e.g. academic record, research, experience, interview performance) in the current selection process and whether these are the most relevant for predicting performance both as a trainee and as specialist.

The College is commended for the Diversity and Inclusion Plan and the intention to explore both the real and perceived impediments to diversity of applicants for the training programs. The planned survey of final year medical students, and PGY1 and PGY2 doctors may be key to learning why current applicants are predominantly male. The team recommends that the College promote
and monitor its Diversity and Inclusion Plan through the College and all Specialty Training Boards to ensure there are no structural impediments to a diversity of applicants for the training programs, and applicants selected into each program, as well as participation in the practice of surgery.

All College and Specialty Training Boards' specialist international medical graduate assessment processes and associated documentation must reflect the Medical Board of Australia’s Good Practice Guidelines for the Specialist International Medical Graduate Assessment Process, as well as Medical Council of New Zealand Guidelines. This will ensure that both training and post-training experience are appropriately considered in the assessment of comparability, and not in any way suggest that vocational training and examination should each be independently comparable (without considering the additional impact of post-training experience and further training in mitigating any deficiencies in initial training and examinations). Alternative assessment processes such as workplace-based assessment must be developed and adopted as an alternative to the Fellowship Examination for selected specialist international medical graduates.

The November 2017 meeting of the AMC Directors resolved:

(i) That the Royal Australasian College of Surgeons’ specialist medical programs and training and continuing professional development programs in the recognised specialty of surgery are granted accreditation for four years until 31 March 2022, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:

3 Develop a common policy that makes it explicit that all Specialty Training Boards must develop and implement defined reconsideration, review and appeals policies which clearly outline the processes for each of the three phases. (Standard 1.3)

13 RACS has a policy that is applicable to all specialty training programs to remove the overt and hidden barriers to flexible forms of training. RACS must build on the existing policy and processes and liaise with hospitals to implement flexible training. (Standard 3.4.3)

15 Respond to the 2016 Review of Assessments Report by Cassandra Wannan by noting whether recommendations have already been implemented, require implementation or are rejected, including a rationale for the latter. (Standard 5.2 and 5.4)

18 In conjunction with the Specialty Training Boards, develop a policy to manage the situation whereby a trainee has been inadvertently identified as a result of providing feedback. (Standard 6.1.3)

25 Clearly document and make publicly available the standard of entry into each surgical training program. (Standard 7.1)

(b) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:

1 Review the relationships between Council, the Education Board, the Board of Surgical Education and Training and the Specialty Training Boards to ensure that the governance structure enables all training programs to meet RACS policies and AMC standards. (Standard 1.1)
Implement appropriate standard setting methods for all specialty-specific examinations (The AMC recognises that at least three specialties are already compliant in this respect). (Standard 5.2.3)

Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)

Establish methods to seek confidential feedback from supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2)

Develop and implement completely confidential and safe processes for obtaining—and acting on—regular, systematic feedback from trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3)

Develop and implement an action plan in response to the 2016 Leaving Surgical Training study. (Standard 6.2)

Develop a policy that leads to the increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in each surgical training program. (Standard 7.1.3)

Promote and monitor the Diversity and Inclusion Plan through the College and Specialty Training Boards to ensure there are no structural impediments to a diversity of applicants applying for, and selected into all specialty training programs. (Standard 7.1)

Increase transparency in setting and reviewing fees for training, assessments and training courses, while also seeking to contain the costs of training for trainees and specialist international medical graduates. (Standard 7.3.2 and 10.4.1)

Address trainee concerns about being able to raise issues and resolve disputes during training by ensuring there are mechanisms for trainees to do so without jeopardising their ongoing participation in the training program. (Standard 7.5)

Promote the Building Respect, Improving Patient Safety (BRIPS) program and encourage the positive participation of all fellows and trainees, including supporting all surgeons to “call out” bad behaviour in work and training. (Standard 8.2.2)

In the hospital and training post accreditation standards for all surgical training programs include a requirement that sites demonstrate a commitment to Aboriginal and Torres Strait Islander and/or Maori cultural competence. (Standard 8.2.2)

All College and Specialty Training Board specialist international medical graduate assessment processes and associated documentation must reflect the Medical Board of Australia and Medical Council of New Zealand guidelines by ensuring that both training and post-training experience are appropriately considered in assessments of comparability. (Standard 10.1)

(c) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:

2 RACS must develop and implement a stronger process for ongoing evaluation as to whether each of the specialty training programs remain consistent with the education and training policies of the College. (Standard 1.2)

5 Define how the College’s educational purpose connects to its community responsibilities. (Standard 2.1)
In conjunction with the Specialty Training Boards, develop a standard definition across all training programs of ‘competency-based training’ and how ‘time in training’ and number of procedures required complement specific observations of satisfactory performance in determining ‘competency’. (Standard 3.4.2)

Develop formal consultation methods and regularly collect feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)

Report the results of monitoring and evaluation through governance and administrative structures, and to external stakeholders. It will be important to ensure that results are made available to all those who provided feedback. (Standard 6.3)

Further develop the selection policies for each surgical training program, particularly with regard to the provision of transparent scoring of each element in the curriculum vitae and the standardisation in the structure of referee reports. (Standard 7.1)

Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1.3, 8.1.5 and 8.2.2)

Develop and adopt alternative external assessment processes such as workplace-based assessments to replace the Fellowship Examination for selected specialist international medical graduates. (Standard 10.2.1)

(d) By the 2021 progress report, evidence that the College has addressed the following conditions from the accreditation report:

4 Provide evidence of effective implementation, monitoring and evaluation of the:
   (i) Reconciliation Action Plan
   (ii) Building Respect, Improving Patient Safety (BRIPS) Action Plan
   (iii) Diversity and Inclusion Plan. (Standard 1.6 and 1.7)

6 Broaden consultation with consumer, community, surgical and non-surgical medical, nursing and allied health stakeholders about the goals and objectives of surgical training, including a broad approach to external representation across the College. (Standard 2.1)

7 Clearly and uniformly articulate program and graduate outcomes (for all specialties) which are publicly available, reflect community needs and which map to the nine RACS competencies. (Standard 2.2 and 2.3)

8 Enhance and align the non-technical competencies across all surgical specialties including a consideration of the broader patient context. (Standard 3.2)

9 As it applies to the specialty training program, expand the curricula to ensure trainees contribute to the effectiveness and efficiency of the healthcare system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of settings within the Australian and/or New Zealand health systems. (Standard 3.2.6)

10 Document the management of peri-operative medical conditions and complications in the curricula of all specialty training programs. (Standard 3.2.3, 3.2.4 and 3.2.6)

11 Include the specific health needs of Aboriginal and Torres Strait Islanders and/or Māori, along with cultural competence training, in the curricula of all specialty training programs. (Standard 3.2.10)
For all specialty training programs develop curriculum maps to show the alignment of learning activities and compulsory requirements with the outcomes at each stage of training and with the graduate outcomes. This could be undertaken in conjunction with the curricular reviews that are currently planned or underway. (Standard 4.1.1)

In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training programs. (Standard 8.1)

The accreditation conditions in order of standard are detailed in the following table:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Condition</th>
<th>To be met by</th>
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<tbody>
<tr>
<td>Standard 1</td>
<td>1 Review the relationships between Council, the Education Board, the Board of Surgical Education and Training and the Specialty Training Boards to ensure that the governance structure enables all training programs to meet RACS policies and AMC standards. (Standard 1.2)</td>
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<td>3 Develop a common policy that makes it explicit that all Specialty Training Boards must develop and implement defined reconsideration, review and appeals policies which clearly outline the processes for each of the three phases. (Standard 1.3)</td>
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<td>4 Provide evidence of effective implementation, monitoring and evaluation of the: (i) Reconciliation Action Plan (ii) Building Respect, Improving Patient Safety (BRIPS) Action Plan (iii) Diversity and Inclusion Plan. (Standard 1.6 and 1.7)</td>
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<td>Standard 2</td>
<td>5 Define how the College’s educational purpose connects to its community responsibilities. (Standard 2.1)</td>
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<td>6 Broaden consultation with consumer, community, surgical and non-surgical medical, nursing and allied health stakeholders about the goals and objectives of surgical training, including a broad approach to external representation across the College. (Standard 2.1)</td>
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This accreditation decision relates to the College’s continuing professional development programs and its specialist medical programs in the specialty of surgery and the fields of specialty practice in cardio-thoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology – head and neck surgery, paediatric surgery, plastic surgery, urology and vascular surgery.

In March 2022, before this period of accreditation ends, the College will undergo a follow up accreditation assessment. The AMC will consider if the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of two years (to March 2024).

In March 2024, the College may submit a comprehensive report for extension of accreditation. The report should address the accreditation standards and outline the College's development plans for the next four years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to March 2028), taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.
Overview of findings

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 1 to 9). The team’s commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

<table>
<thead>
<tr>
<th>1. The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
</tr>
</thead>
</table>

Standard 1.2 (program management), standard 1.3 (reconsideration, review and appeals processes), standard 1.6 (interaction with the health sector), standard 1.7 (continuous renewal) is substantially met.

Commendations

A  The strong policy framework within which the College operates, including principle-based service agreements with Specialty Societies and Associations.

B  The College’s contemporary and appropriate educational resources, in particular the Digital College initiative.

C  The Reconciliation Action Plan, and the Diversity and Inclusion Plan and progress made to date with regard to their implementation.

D  The enormous courage and leadership shown by the College in 2015 in establishing a broadly constituted Expert Advisory Group to undertake the substantial review of concerns relating to discrimination, bullying and sexual harassment. This resulted in the development and implementation of the Building Respect, Improving Patient Safety (BRIPS) program which is an excellent initiative and is evidencing a change in the culture of surgical training.

Conditions to satisfy accreditation standards

1  Review the relationships between Council, the Education Board, the Board of Surgical Education and Training and the Specialty Training Boards to ensure that the governance structure enables all training programs to meet RACS policies and AMC standards. (Standard 1.2)

2  RACS must develop and implement a stronger process for ongoing evaluation as to whether each of the specialty training programs remain consistent with the education and training policies of the College. (Standard 1.2)

3  Develop a common policy that makes it explicit that all Specialty Training Boards must develop and implement defined reconsideration, review and appeals policies which clearly outline the processes for each of the three phases. (Standard 1.3)

4  Provide evidence of effective implementation, monitoring and evaluation of the:
   (i) Reconciliation Action Plan
   (ii) Building Respect, Improving Patient Safety (BRIPS) Action Plan
   (iii) Diversity and Inclusion Plan. (Standard 1.6 and 1.7)
Recommendations for improvement

AA Broaden the definition of conflict of interest to include reflection on an individual’s demography, committee roles, public positions or research interests that may bias decision making in areas such as selection or specialist international medical graduate assessment. (Standard 1.1.6)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes) This set of standards is SUBSTANTIALLY MET

Standard 2.1 (educational purpose), standard 2.2 (program outcomes) is substantially met. Standard 2.3 (graduate outcomes) is not met.

Commendations

E The College’s commitment to producing surgeons who are viewed by supervisors, hospital administrators and other health professionals as being well-trained and surgically capable.

Conditions to satisfy accreditation standards

5 Define how the College’s educational purpose connects to its community responsibilities. (Standard 2.1)

6 Broaden consultation with consumer, community, surgical and non-surgical medical, nursing and allied health stakeholders about the goals and objectives of surgical training, including a broad approach to external representation across the College. (Standard 2.1)

7 Clearly and uniformly articulate program and graduate outcomes (for all specialties) which are publicly available, reflect community needs and which map to the nine RACS competencies. (Standard 2.2 and 2.3)

Recommendations for improvement

BB Benchmark the graduate outcomes of each of the surgical training programs internationally. (Standard 2.2 and 2.3)

CC Improve the uniformity of presentation of training program requirements and graduate outcomes for each of the surgical specialties (particularly on the website), taking into account feedback from trainees, supervisors and key stakeholder groups. (Standard 2.2 and 2.3)

DD In conjunction with the Specialty Training Boards, review and report on the reasons for the pervasiveness of post fellowship training and any potential impact on the appropriateness of the Surgical Education and Training (SET) program. (Standard 2.3)

3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum) This set of standards is SUBSTANTIALLY MET

Standard 3.2 (content of the curriculum), standard 3.4 (structure of the curriculum) is substantially met.

Commendations

F The progress that has been made with the Surgical Education and Training (SET) program since its introduction in 2007.
The formal surgical competency framework in the form of the nine RACS competencies for use across all surgical specialties.

Ongoing desire for improvement as indicated by a number of surgical specialties undertaking curriculum review, as well as the move by the College and some surgical specialties to introduce curricula based on competencies expected at each stage of training.

**Conditions to satisfy accreditation standards**

8. Enhance and align the non-technical competencies across all surgical specialties including a consideration of the broader patient context. (Standard 3.2)

9. As it applies to the specialty training program, expand the curricula to ensure trainees contribute to the effectiveness and efficiency of the healthcare system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of settings within the Australian and/or New Zealand health systems. (Standard 3.2.6)

10. Document the management of peri-operative medical conditions and complications in the curricula of all specialty training programs. (Standard 3.2.3, 3.2.4 and 3.2.6)

11. Include the specific health needs of Aboriginal and Torres Strait Islanders and/or Māori, along with cultural competence training, in the curricula of all specialty training programs. (Standard 3.2.10)

12. In conjunction with the Specialty Training Boards, develop a standard definition across all training programs of ‘competency-based training’ and how ‘time in training’ and number of procedures required complement specific observations of satisfactory performance in determining ‘competency’. (Standard 3.4.2)

13. RACS has a policy that is applicable to all specialty training programs to remove the overt and hidden barriers to flexible forms of training. RACS must build on the existing policy and processes and liaise with hospitals to implement flexible training. (Standard 3.4.3)

**Recommendations for improvement**

EE. Develop explicit criteria to consider whether training periods of less than the standard six months can be approved, and ensure that prior learning, time and competencies acquired in non-accredited training are fairly evaluated as to whether they may count towards training. (Standard 3.1)

FF. Make available to all trainees the learning modules under the Building Respect, Improving Patient Safety (BRIPS) program, once most or all College fellows are trained. (Standard 3.2)

<table>
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<tr>
<th>4. Teaching and learning</th>
<th>This set of standards is</th>
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<tbody>
<tr>
<td>(teaching and learning approach; teaching and learning methods)</td>
<td>MET</td>
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</table>

Standard 4.1.1 (teaching and learning approaches mapped to the curriculum) is substantially met.

**Commendations**

I. All specialty training programs are based firmly in relevant clinical practice with trainees experiencing a wide range of acute and elective cases.

J. The growing array of courses and resources with an increasing number of these available online, as well as the development of an appropriate suite of basic courses, such as Early Management of Severe Trauma (EMST), Care of the Critically Ill Surgical Patient (CCrISP), and Critical Literature Evaluation and Research (CLEAR).
The College’s support for the increasing use of simulation in surgical training.

Conditions to satisfy accreditation standards

14 For all specialty training programs develop curriculum maps to show the alignment of learning activities and compulsory requirements with the outcomes at each stage of training and with the graduate outcomes. This could be undertaken in conjunction with the curricular reviews that are currently planned or underway. (Standard 4.1.1)

Recommendations for improvement

GG Consider options to mitigate the lack of training in some parts of Australia and New Zealand such as in outpatient settings, endoscopy and aesthetic surgery. (Standard 4.2.1)

5. Assessment of learning

This set of standards is

(assessment approach; assessment methods; performance feedback; assessment quality) SUBSTANTIALLY MET

Standard 5.2 (assessment methods and standard setting), standard 5.4 (assessment quality) is substantially met.

Commendations

L The overall conduct of the Fellowship Examination including its careful moderation and blue printing which serves to integrate standards across surgical specialties and satisfy external stakeholders of the adequacy of surgical training.

M The commissioning of the 2016 Review of Assessments by Cassandra Wannan.

N The Keeping Trainees on Track program which assists supervisors and trainers in the early detection of trainees in difficulty.

Conditions to satisfy accreditation standards

15 Respond to the 2016 Review of Assessments Report by Cassandra Wannan by noting whether recommendations have already been implemented, require implementation or are rejected, including a rationale for the latter. (Standard 5.2 and 5.4)

16 Implement appropriate standard setting methods for all specialty-specific examinations (The AMC recognises that at least three specialties are already compliant in this respect). (Standard 5.2.3)

Recommendations for improvement

HH Review the compulsory General Surgical Science Examination requirement in terms of usefulness, preparation time and financial burden for those who are not selected for entry into surgical training. (Standard 5.2.1)

II Review whether the Clinical Examination remains an essential assessment task, given that the 2016 Review of Assessment Report notes its poor reliability and trainee feedback questions its validity. (Standard 5.2.1)

JJ For all surgical specialties, adopt behaviour-related reporting (i.e. descriptive of the key features) rather than simple scoring for all work-based assessments. (Standard 5.2.3)

KK Explore the use of multi-source feedback for all surgical training programs at set points throughout training. (Standard 5.3.1)
LL Review whether the term ‘essay-type’ is appropriately used in all its current contexts. Where essay-type questions are used, consideration should be given as to whether they could be replaced with short-answer type questions. (Standard 5.4.1)

<table>
<thead>
<tr>
<th>6. Monitoring and Evaluation</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
</tr>
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<tbody>
<tr>
<td>(monitoring; evaluation; feedback, reporting and action)</td>
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Standard 6.1 (monitoring), standard 6.3 (feedback, reporting and action) is substantially met. Standard 6.3 (evaluation) is not met.

**Commendations**

**O** The significant systems in place for the collection of data from internal stakeholders to monitor programs.

**P** As a result of the findings from the 2016 Leaving Surgical Training study, the College's plans to introduce an annual survey in 2017 of those trainees who leave the training program prior to completion.

**Conditions to satisfy accreditation standards**

17 Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)

18 In conjunction with the Specialty Training Boards, develop a policy to manage the situation whereby a trainee has been inadvertently identified as a result of providing feedback. (Standard 6.1.3)

19 Establish methods to seek confidential feedback from supervisors of training, across the surgical specialties, to contribute to the monitoring and development of the training program. (Standard 6.1.2)

20 Develop and implement completely confidential and safe processes for obtaining—and acting on—regular, systematic feedback from trainees on the quality of supervision, training and clinical experience. (Standard 6.1.3 and 8.1.3)

21 Develop formal consultation methods and regularly collect feedback on the surgical training program from non-surgical health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)

22 Report the results of monitoring and evaluation through governance and administrative structures, and to external stakeholders. It will be important to ensure that results are made available to all those who provided feedback. (Standard 6.3)

23 Develop and implement an action plan in response to the 2016 Leaving Surgical Training study. (Standard 6.2)

**Recommendations for improvement**

**MM** Explore with trainees how response rates to surveys on training posts could be improved. (Standard 6.1.3)

**NN** Implement the planned New Fellows' Survey to evaluate their preparedness to practice and the annual survey of trainees who leave surgery without completing the program. (Standard 6.2.2)
This set of standards is SUBSTANTIALLY MET

Standard 7.1 (admission policy and selection), standard 7.3.2 (clear and accessible information about the training program, costs and requirements), standard 7.5 (resolution of training problems and disputes) is substantially met.

Commendations

Q  The commitment of the RACS Trainees’ Association (RACSTA) in implementing a rolling five-year survey of the trainee experience, and by advocating on behalf of trainees.

R  The College’s clear commitment to trainee participation in governance by dedicating both human and financial resources to ensure the RACS Trainees’ Association (RACSTA) is well supported.

S  The specialties of Otolaryngology Head and Neck Surgery and Cardiothoracic Surgery that reserve a place for an Aboriginal and Torres Strait Islander applicant who reaches the minimum standard for selection.

Conditions to satisfy accreditation standards

24  Further develop the selection policies for each surgical training program, particularly with regard to the provision of transparent scoring of each element in the curriculum vitae and the standardisation in the structure of referee reports. (Standard 7.1)

25  Clearly document and make publicly available the standard of entry into each surgical training program. (Standard 7.1)

26  Develop a policy that leads to the increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in each surgical training program. (Standard 7.1.3)

27  Promote and monitor the Diversity and Inclusion Plan through the College and Specialty Training Boards to ensure there are no structural impediments to a diversity of applicants applying for, and selected into all specialty training programs. (Standard 7.1)

28  Increase transparency in setting and reviewing fees for training, assessments and training courses, while also seeking to contain the costs of training for trainees and specialist international medical graduates. (Standard 7.3.2 and 10.4.1)

29  Address trainee concerns about being able to raise issues and resolve disputes during training by ensuring there are mechanisms for trainees to do so without jeopardising their ongoing participation in the training program. (Standard 7.5)

Recommendations for improvement

OO  In relation to selection into the surgical training programs:

(i)  Evaluate the objectives of the selection process to ensure they are both clear and consistent across all surgical training programs.

(ii) Develop a process to ensure that updates and changes to entry prerequisites undergo a consultation process, and provide appropriate lead time for prospective applicants to meet them.
(iii) Explore the means by which prevocational work performance and technical ability may be more appropriately assessed as part of the selection process.

(iv) Examine the key discriminators (e.g. academic record, research, experience, interview performance) in the current selection process and whether these are the most relevant for predicting performance both as a trainee and as specialist. (Standard 7.1.1)

PP Implement a program to increase awareness of the presence and role of the RACS Trainees’ Association (RACSTA). (Standard 7.2 and 7.3)

<table>
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<tr>
<th>8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
</tr>
</thead>
</table>

Standard 8.1 (supervisory and educational roles), standard 8.2.2 (criteria for accreditation of training sites link to outcomes of the training program) is substantially met.

**Commendations**

T The College’s dedicated, high-quality, paid and pro-bono workforce that is committed to training.

U The large scale implementation of the Foundation Skills for Surgical Educators (FSSE) and Operating with Respect (OWR) courses as part of the Building Respect, Improving Patient Safety (BRIPS) program.

**Conditions to satisfy accreditation standards**

30 Mandate cultural safety training for all supervisors, clinical trainers and assessors. (Standard 8.1.3, 8.1.5 and 8.2.2)

31 In conjunction with the Specialty Training Boards, finalise the supervision standards and the process for reviewing supervisor performance and implement across all specialty training programs. (Standard 8.1)

32 Promote the Building Respect, Improving Patient Safety (BRIPS) program and encourage the positive participation of all fellows and trainees, including supporting all surgeons to “call out” bad behaviour in work and training. (Standard 8.2.2)

33 In the hospital and training post accreditation standards for all surgical training programs include a requirement that sites demonstrate a commitment to Aboriginal and Torres Strait Islander and/or Maori cultural competence. (Standard 8.2.2)

**Recommendations for improvement**

QQ Develop a policy that is adhered to by all Specialty Training Boards which stipulates the minimum advanced notice required prior to requiring commencement of new rotations and which also minimises the number of interstate /international rotations. (Standard 8.2.2)

RR Work with the jurisdictions to assist in preventing the loss of employment benefits when trainees transfer between jurisdictions. (Standard 8.2.3)

SS Consider how to expand the surgical training programs in rural and regional locations. (Standard 8.2.2 and 8.2.3)

TT Support collaboration amongst the Specialty Training Boards to develop common accreditation processes and share relevant information. (Standard 8.2.4)
9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation)  

This set of standards is MET

Commendations

V The CPD program is the means by which mandatory training and greater awareness of discrimination, bullying and sexual harassment has been brought into the ongoing professional lives of all fellows.

W The promotion of the importance of self-reflection through the addition of a Reflective Practice category with all participants required to undertake at least one such activity per year.

X Reducing the burden of reporting for fellows by organising for providers of RACS CPD activities to report attendances to the College which is updated directly onto each fellow’s online CPD profile.

Conditions to satisfy accreditation standards

Nil

Recommendations for improvement

UU Implement a mechanism for the newly established CPD Audit Working Group to provide more robust feedback to fellows with a particular focus on the breadth of surgeon’s individual practice. (Standard 9.1.3)

VV As part of the reflective practice category consider including cultural competence as an area of reflection. (Standard 9.1.3)

WW Explore the College’s role in identifying the poorly performing fellow. (Standard 9.2.1)

10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)

This set of standards is SUBSTANTIALLY MET

Standard 10.1 (assessment framework), standard 10.2.1 (methods of assessment are fit for purpose) is substantially met.

Commendations

Y The recent formation of the College’s International Medical Graduates Committee and the expanded role of the Clinical Director of IMG assessment along with the College’s plans to increase support for specialist international medical graduate (SIMG) surgeons.

Z The quality of the advice provided to the Medical Council of New Zealand (MCNZ) on eligibility for vocational registration, which satisfies the MCNZ guidelines and embodies the principle that fellowship cannot be recommended as a pre-requisite for vocational registration by MCNZ.
Conditions to satisfy accreditation standards

34  All College and Specialty Training Board specialist international medical graduate assessment processes and associated documentation must reflect the Medical Board of Australia and Medical Council of New Zealand guidelines by ensuring that both training and post-training experience are appropriately considered in assessments of comparability. (Standard 10.1)

35  Develop and adopt alternative external assessment processes such as workplace-based assessments to replace the Fellowship Examination for selected specialist international medical graduates. (Standard 10.2.1)

Recommendations for improvement

XX  Provide greater support for specialist international medical graduate surgeons working towards specialist/vocational registration, and including access to educational resources, such as examination revision course, and other resources that are accessible to trainees. (Standard 10.2.1)

YY  Make information available to future applicants that may allow them to assess the likelihood of their application achieving substantially or partially comparable status prior to them making a substantial financial payment that historical evidence might suggest is unlikely to succeed. (Standard 10.4.1)