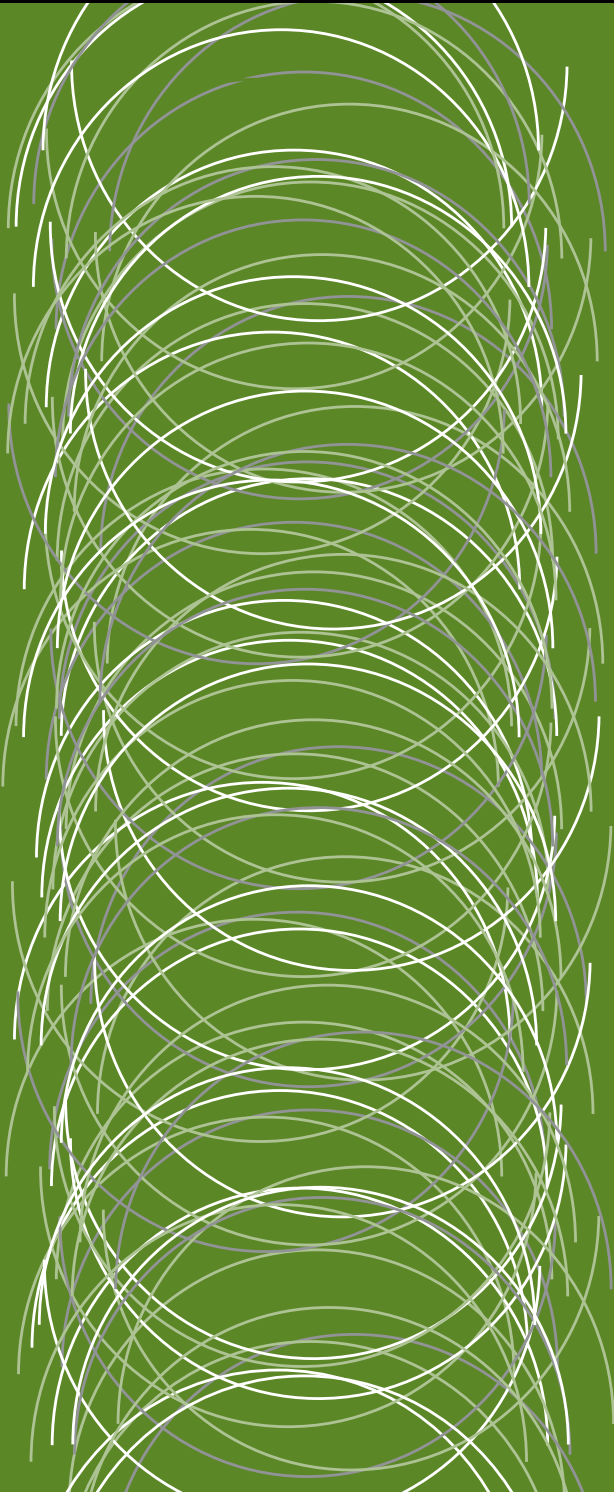


Australian Medical Council Limited

# Accreditation Report: The Training and Education Programs of the Royal Australian and New Zealand College of Ophthalmologists

# AMC



Specialist Education Accreditation Committee  
August 2016

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November 2016

Edition 1 – First Printing

ABN 97 131 796 980

ISBN 978-1-938182-68-6

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## **Executive Summary: Royal Australian and New Zealand College of Ophthalmologists**

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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 2015*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) in 2006. The 2006 assessment resulted in accreditation of RANZCO for a period of five years, until December 2011. In 2011, the AMC assessed the College's comprehensive report for extension of accreditation. On the basis of this report, the AMC found that the College met the accreditation standards and extended accreditation to the maximum term of ten years, until December 2016.

In 2016, an AMC team completed a reaccreditation assessment of the training, education and continuing professional development programs of RANZCO.

In the period late 2015 to May 2016, the AMC received a number of complaints by current trainees and supervisors, and former trainees about the College and its training program. The AMC considered these submissions under its complaints process. Where it determined that the complaint was a systemic matter, likely to evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards, the AMC addressed the matter in the accreditation assessment.

The team reported to the 18 August 2016 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 20 October 2016 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 that 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 training, education and the continuing professional development programs of RANZCO substantially meet the accreditation standards.

The College's training and education programs deliver high-quality training that effectively equips graduates for the independent specialist practice of general ophthalmology. In recent years, the College has demonstrated a commitment to adapting its governance, management and program structures in order to meet current and anticipated challenges. The College recently completed a governance review which

resulted in a revised Constitution and revised Vocational Training Program curriculum standards.

The College is committed to the further development of its training, education and continuing professional development programs. However, a number of projects were still in planning and others not fully implemented at the time of the accreditation visit. As a matter of urgency, the College must review and consistently implement its reconsideration, review and appeals policy, as well as its complaints policy and processes. The College must also address the issue of discrimination, bullying and sexual harassment in its training program.

The AMC has applied a number of conditions to the training, education and continuing professional development programs under all accreditation standards that must be addressed by the College. The AMC will monitor that the College is meeting the conditions on its accreditation through progress reports and a review visit in 2017.

The October 2016 meeting of the AMC Directors resolved:

- (i) That the Royal Australian and New Zealand College of Ophthalmologists' specialist medical program and training and continuing professional development program in the recognised medical specialty of ophthalmology are granted accreditation for three years to 31 March 2020, 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 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:
    - 1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College's training and education functions, governance and decision making. (Standard 1.1.6)
    - 2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publically available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)
    - 3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)
    - 4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)
    - 6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)
    - 25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that

- deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)
- 27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)
  - 28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)
  - 29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)
  - 33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)
  - 37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)
  - 41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)
  - 42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)
  - 51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)
  - 52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)
- (b) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)
  - 7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)
  - 8 Engage other eye care providers, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)
  - 16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)

- 17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)
- 19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)
- 20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)
- 21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)
- 24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)
- 26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)
- 30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)
- 31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)
- 32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)
- 34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)
- 35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)
- 36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)
- 38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)
- 39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)
- 40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)



- 43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)
  - 45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)
  - 47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)
  - 48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)
  - 49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)
  - 50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)
  - 53 Communicate to Specialist International Medical Graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)
- (c) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)
  - 10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)
  - 11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)
  - 12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)
  - 13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)
  - 14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)

- 15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)
- 18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)
- 22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)
- 23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)
- 44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)
- 46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)

(iii) That in October 2017, and at a time suitable to the College, a small AMC assessment team will undertake a review visit and report on the College's progress in addressing the 2017 conditions on its accreditation.

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

Standard	Condition	To be met by
Standard 1	1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College's training and education functions, governance and decision making. (Standard 1.1.6)	2017
	2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publically available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)	2017
	3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)	2017

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
	4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)	2017
	5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)	2018
	6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)	2017
	7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)	2018
Standard 2	8 Engage other eye care providers, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)	2018
	9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)	2019
Standard 3	10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)	2019
	11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)	2019

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
	12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)	2019
	13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)	2019
	14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)	2019
	15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)	2019
	16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)	2017
	17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)	2018
Standard 4	18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)	2019
	19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)	2018
	20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)	2018
	21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)	2018

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
	22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)	2019
	23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)	2019
Standard 5	24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)	2018
	25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)	2017
	26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)	2018
	27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)	2017
	28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)	2017
	29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)	2017
	30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)	2018

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
Standard 6	31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)	2018
	32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)	2018
	33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)	2017
	34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)	2018
	35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)	2018
	36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)	2018
Standard 7	37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)	2017
	38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)	2018
	39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)	2018
	40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)	2017
	41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)	2017

<b>Standard</b>	<b>Condition</b>	<b>To be met by</b>
	42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)	2017
Standard 8	43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)	2018
	44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)	2019
	45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)	2018
	46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)	2017
	47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)	2018
	48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)	2018
	49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)	2018
Standard 9	50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)	2018
	51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)	2017
	52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)	2017
Standard 10	53 Communicate to Specialist International Medical Graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)	2018

By March 2020, before this period of accreditation ends, the College will undergo a follow-up assessment. If the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of three years, to March 2023.

## 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 6). The team's commendations in areas of strength, conditions and recommendations for improvement are given below for each set of accreditation standards.

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)	This set of standards is <b>NOT MET</b>
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Standard 1.1.6 (governance) is not met.

Standard 1.2.1 (program management) is substantially met.

Standard 1.3.1 (reconsideration, review and appeal processes) and standard 1.3.2 (process for evaluating de-identified appeals and complaints) is not met.

Standard 1.4.2 (educational expertise and exchange) is substantially met.

Standard 1.6.1 (effective relationships with health-related sectors) and standard 1.6.3 (work with training sites and jurisdictions on matters of mutual interest) are substantially met. Standard 1.6.4 (effective partnerships in Indigenous health sector) is not met.

Standard 1.7 (continuous renewal) is substantially met.

## Commendations

A The College's commitment to adapting its governance, management and programs to meet the current and anticipated challenges in medical education and eye health.

B The support given to the College's education, training and continuing professional development programs by the Board, fellows and staff.

## Conditions to satisfy accreditation standards

1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College's training and education functions, governance and decision making. (Standard 1.1.6)



- 2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publicly available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)
- 3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)
- 4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)
- 5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)
- 6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)
- 7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)

#### *Recommendations for improvement*

- AA Appoint a trainee with voting rights to the Council and/or Board to provide a substantive trainee perspective at a strategic level. (Standard 1.1.3)
- BB Appoint lay members (consumer, community and/or skills-based) to the Council and/or Board and/or other committees to facilitate more diverse perspectives at a strategic level. (Standard 1.1.3)
- CC Increase the use of staff and/or contractors with educational qualifications and expertise in continued curriculum review, assessment standard setting, and monitoring and evaluation of College programs. (Standard 1.4.1)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)	This set of standards is MET
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Standard 2.1.3 (consulted stakeholders in defining its educational purpose) is substantially met.

Standard 2.2 (program outcomes) is substantially met.

#### *Commendations*

- C The high-quality training that equips graduates for the independent specialist practice of general ophthalmology in both metropolitan and regional/rural settings.

- D The College's facilitation of subspecialty training in the final year of the program and through continuing professional development provides appropriately specialised services in Australia and New Zealand.

*Conditions to satisfy accreditation standards*

- 8 Engage other eye care providers and professions, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)
- 9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)

*Recommendations for improvement*

- DD Develop and implement strategies to engage with key stakeholders on the need to develop medical ophthalmology as a graduate and program outcome. (Standard 2.2 and 2.3)
- EE Monitor and evaluate the impact of increasing subspecialisation on workforce requirements in Australia and New Zealand. (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 NOT MET
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Standard 3.1.1 (curriculum framework) is substantially met.

Standard 3.2.5 (curriculum prepares for roles as professionals and leaders) and 3.2.7 (curriculum prepares for role of teacher and supervisor) are substantially met. Standard 3.2.8 (curriculum includes formal learning about research methodology, critical appraisal and evidence-based practice), standard 3.2.9 (curriculum develops understanding of Aboriginal and Torres Strait Islander and Māori health, history and cultures) and standard 3.2.10 (curriculum develops understanding of relationship between culture and health) are not met.

Standard 3.3.1 (curriculum design demonstrates horizontal and vertical integration) is substantially met.

Standard 3.4.1 (curriculum articulates what is expected at each stage) is substantially met. Standard 3.4.3 (program allows for part-time, interrupted and other forms of flexible training) is not met.

### *Commendations*

- E Graduates from the training program who are widely recognised by institutions in Australia, New Zealand and internationally as having very sound knowledge of ophthalmic basic sciences and a high level of competence in clinical ophthalmology.
- F Curriculum standards for ophthalmic sciences and subspecialty areas that represent a thorough and comprehensive exposition of the specialty of ophthalmology.

### *Conditions to satisfy accreditation standards*

- 10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)
- 11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)
- 12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)
- 13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)
- 14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)
- 15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)
- 16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)
- 17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)

### *Recommendations for improvement*

- FF Restructure the separate curriculum documents to form an integrated curriculum that functions as a guide to training rather than an examination syllabus. (Standard 3.1.1)
- GG Develop learning outcomes to enhance trainee understanding of the impact of highly specialised, high-cost procedures on the healthcare system. (Standard 3.2.6)

- HH Revise the College's policy and procedures on recognition of prior learning to recognise relevant prior training and experience locally and overseas. (Standard 3.3.2)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)	This set of standards is <b>SUBSTANTIALLY MET</b>
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Standard 4.1.1 (teaching and learning approach) is substantially met.

Standard 4.2.1 (training is practice-based), standard 4.2.2 (appropriate adjuncts to learning) and standard 4.2.4 (increasing degree of independence) are substantially met.

#### *Commendations*

- G The high-quality work-based teaching delivered by enthusiastic and committed supervisors in the training networks.
- H The high-volume and diverse case-load for experiential learning available in the training networks.

#### *Conditions to satisfy accreditation standards*

- 18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)
- 19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)
- 20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)
- 21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)
- 22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)
- 23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)

#### *Recommendations for improvement*

- II Develop and implement a structured teaching and learning program covering key paediatric skills to ensure trainees are adequately equipped with the skills required to manage paediatric patients before starting remotely supervised rotations. (Standard 4.1.1)
- JJ Support training networks to integrate simulation with live patient surgery as a mandatory part of meeting the curriculum. (Standard 4.2.2)
- KK Develop a formal program of interdisciplinary and interprofessional learning. (Standard 4.2.3)

- LL Introduce a process for signing off trainees with a level of competency in the wet-labs before operating on patients and consider whether this should be a College induction standard to be applied universally. (Standard 4.2.4)

5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality)	This set of standards is NOT MET
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Standard 5.2.1 (assessment methods that are fit for purpose) is substantially met. Standard 5.2.3 (using valid methods of standard setting) is not met.

Standards 5.3.1 (regular and timely feedback to trainees on performance) and standard 5.3.2 (informs supervisors of the assessment performance of their trainees) are substantially met.

Standard 5.4.1 (regularly review the quality, consistency and fairness of assessment methods) and standard 5.4.2 (maintains comparability in the scope and application of assessment practices) are substantially met.

#### *Commendations*

- I The College's significant effort in implementing a range of assessment methods, including eight examinations, a suite of work-based assessments including a new multisource feedback tool, and a formal research project.
- J The examination program which is widely acknowledged as being thorough and fair.
- K The introduction of a multisource feedback tool to assess trainee performance in the non-medical expert roles which will include feedback from practitioners from other medical disciplines and health professions.

#### *Conditions to satisfy accreditation standards*

- 24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)
- 25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)
- 26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)
- 27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)
- 28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)

- 29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)
- 30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)

*Recommendations for improvement*

- MM Monitor the impact of the examination workload on trainee progress in meeting the clinical and surgical learning outcomes. (Standard 5.1.1)
- NN Develop assessments for elements 1 and 2 of the Evidence-based Ophthalmic Practice Curriculum standard. (Standard 5.1.1)
- OO Re-evaluate the balance between multiple-choice questions and other question formats in the written examinations. (Standard 5.2.1)
- PP Monitor, evaluate and report the effect on trainee progression of the limit of three attempts at each examination. (Standard 5.2.1)
- QQ Monitor supervisor satisfaction with information provided about trainees under their supervision, in light of revisions to the End of Term Assessment process. (Standard 5.3.2)

6. Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action)	This set of standards is NOT MET
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Standard 6.1.1 (regularly reviews its training and education programs) is substantially met. Standard 6.1.2 (supervisors contribute to monitoring and program development) and standard 6.1.3 (trainees contribute to monitoring and program development) are not met.

Standard 6.2.1 (develops standards against which its program and graduate outcomes are evaluated) is not met. Standard 6.2.2 (collects, maintains and analyses both qualitative and quantitative data) and standard 6.2.3 (stakeholders contribute to evaluation) is substantially met.

Standard 6.3 (feedback, reporting and action) is not met.

*Commendations*

- L The contribution of trainees and supervisors to monitoring of the training program and their input into program development in a variety of ways, including through the governance structure, interviews, surveys, workshops and the College's complaints process.
- M The health insight mapping project which will identify patterns of specialist practice bi-nationally and identify opportunities for additional training posts in regional and rural areas.
- N The appointment of a manager with expertise in monitoring and evaluation to develop this function for the College.

### *Conditions to satisfy accreditation standards*

- 31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)
- 32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)
- 33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)
- 34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)
- 35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)
- 36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)

### *Recommendations for improvement*

- RR Monitor the effects of changing practice patterns and training arrangements, such as the move of uninsured patients into the private sector and the rotation of trainees to private practice settings. (Standard 6.1)

7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)	This set of standards is <b>SUBSTANTIALLY MET</b>
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Standard 7.1.1 (clear and documented selection policies), standard 7.1.2 (processes for selection) and standard 7.1.5 (monitors consistent application of selection policies) are substantially met. Standard 7.1.3 (supports increased recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees) is not met.

Standard 7.2.1 (trainee participation in education provider governance) is substantially met.

Standard 7.4 (trainee wellbeing) is substantially met.

Standard 7.5 (resolution of training problems and disputes) is not met.

### *Commendations*

- 0 The College's Mentorship Scheme which provides beneficial outcomes for many trainees.

### *Conditions to satisfy accreditation standards*

- 37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)

- 38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)
- 39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)
- 40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)
- 41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)
- 42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)

*Recommendations for improvement*

- SS Facilitate the enhanced functioning of the Trainee Representative Group:
- develop standard governance structures such as positions of Chair and Secretary elected from within the Trainee Representative Group. (Standard 7.2.1)
  - establish more regular meetings including face-to-face meetings. (Standard 7.2.1)
  - implement leadership and governance training for trainee representatives. (Standard 7.2.1)
- TT Review methods of data management and the tracking of trainee progression and consider the development of a trainee e-portfolio. (Standard 7.3.3)
- UU Develop an online trainee forum to facilitate direct communication from the Trainee Representative Group and disseminate information about the training program. (Standard 7.3.1)

8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)	This set of standards is <b>SUBSTANTIALLY MET</b>
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Standard 8.1.3 (selects supervisors who have demonstrated appropriate capability for the role) is substantially met. Standard 8.1.4 (routinely evaluates supervisor effectiveness) is not met.

Standard 8.2.1 (clear processes and criteria to assess, accredit and monitor training sites), standard 8.2.2 (criteria for the accreditation of training sites), standard 8.2.3 (works with jurisdictions to effectively use the capacity of the health care system), and standard 8.2.4 (engages with other providers to support common accreditation processes) are substantially met.



### *Commendations*

- P The College's efforts in developing a robust and dedicated network of Clinical Tutors, Term Supervisors, and Directors of Training across its networked training sites.
- Q The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.

### *Conditions to satisfy accreditation standards*

- 43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)
- 44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)
- 45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)
- 46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)
- 47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)
- 48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)
- 49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)

### *Recommendations for improvement*

- VV Improve communication to supervisors regarding their roles and responsibilities and important changes in the training program. (Standard 8.1.2)
- WW Assess the educational training of the supervisors and the support that is available to supervisors through the process of accreditation of training sites. (Standard 8.1.3 and 8.2.2)
- XX Map the College's accreditation standards against the accreditation domains as outlined in the Accreditation of Specialist Medical Training Sites Project Final Report. (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 SUBSTANTIALLY MET
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Standard 9.1.3 (continuing professional development requirements) is substantially met.

Standard 9.2.1 (further training of individual specialists) is substantially met.

Standard 9.3.1 (remediation) is substantially met.

*Commendations*

- R A continuing professional development program that is based on self-directed learning and has been designed to meet the requirements of relevant authorities.
- S The continuing professional development online tool which is user friendly, has domains that are aligned with the training curriculum standards, and requires participants to engage in a variety of activities including practice improvement.
- T The readiness for the vertical integration of the continuing professional development program with practice improvement elements in the training program, such as multisource feedback and audit.

*Conditions to satisfy accreditation standards*

- 50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)
- 51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)
- 52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)

*Recommendations for improvement*

Nil

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 MET
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Standard 10.4.2 (provide timely and correct information to specialist international medical graduates) is substantially met.

*Commendations*

- U The comprehensive and well-documented processes for assessing the qualifications, training and experience of specialist international medical graduates seeking specialist registration in Australia or vocational registration in New Zealand.

*Conditions to satisfy accreditation standards*

- 53 Communicate to specialist international medical graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)

*Recommendations for improvement*

- YY Provide more specific information to specialist international medical graduates on the criteria it uses and the related weightings to assess applications for all phases of the assessment process. (Standard 10.1.3)

## **Introduction: The AMC accreditation process**

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The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

### **The process for accreditation of specialist medical education and training**

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. The AMC and the Committee of Presidents of Medical Colleges (CPMC) established a working party to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties
- a new national process for reviewing and accrediting specialist medical education and training programs
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers – the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The AMC is the accreditation authority for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the MBA's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the MBA. MBA approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

### **Assessment of the programs of the Royal Australian and New Zealand College of Ophthalmologists**

The AMC first assessed the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) in 2006. The 2006 assessment resulted in accreditation of the College for a period of five years, with a requirement for satisfactory annual reports to the AMC.

In 2011, the College submitted a comprehensive report to the AMC seeking extension of accreditation. In a comprehensive report, the AMC seeks evidence that the accredited college continues to meet the accreditation standards and information on plans for the next four to five years. If the AMC considers that the college continues to meet the accreditation standards, it may extend the accreditation. On the basis of the RANZCO comprehensive report, the AMC extended the accreditation until December 2016, taking accreditation to the full period of 10 years.

Between accreditation assessments, the AMC monitors developments in education and training and professional development programs through progress reports. The College has provided progress reports since its accreditation in 2006. These reports have been reviewed by a member of the AMC team that assessed the program in 2006, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. Through these reports the AMC has been informed of developments in the College's educational strategy, and education and training policies and programs. The AMC has considered these reports to be satisfactory.

In 2015, the AMC began preparations for the reaccreditation assessment of RANZCO's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Kate Leslie AO to chair the 2016 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to

achieving fellowship of RANZCO; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.

- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix 1.
- The team met on 9 and 10 March 2016 to consider the College's accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas-trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by teleconference on 5 May 2016 to finalise arrangements for the assessment.
- The team held meetings during the College's Annual Scientific Congress in Wellington in November 2015 and conducted site visits in New South Wales, Queensland, Victoria and New Zealand in May 2016. The AMC held teleconferences with trainees and supervisors in the Northern Territory, South Australia and Western Australia.

The assessment concluded with a series of meetings with the College office bearers and committees from 23 May to 26 May 2016. On the final day, the team presented its preliminary findings to College representatives.

### **Australian Medical Council and Medical Council of New Zealand relationship**

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand-specific information.

### **Appreciation**

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the

support of fellows and staff in Australia and New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations and individuals that made a submission to the AMC on the College's training programs. These are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

As detailed on page 1 of this report, the AMC received a number of individual complaints by current trainees and supervisors, and former trainees about the College and its training program. These complaints are not recorded in the list of submissions provided at Appendix 2.

# 1 The context of training and education

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## 1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is the specialist medical college that conducts the training, education and continuing professional development (CPD) programs required for registration as a specialist ophthalmologist in Australia, and vocational registration in ophthalmology in New Zealand.

The College started as the Ophthalmological Society of Australia of the British Medical Association (BMA), which was founded in March 1938, and held its first annual scientific meeting and released its first publication in 1939. The Society became the Australian College of Ophthalmologists in 1969 and received its Royal Charter in 1977. A separate Ophthalmological Society of New Zealand was formed due to existing BMA rules, but this developed into a New Zealand Branch of the College in 1997, leading to a name change to include New Zealand in 2000.

RANZCO is a membership-based organisation whose mission is: 'to drive improvements in eye healthcare in Australia, New Zealand and the Asia-Pacific region through continuing exceptional training, education, research and advocacy'. The College has only one category of voting membership as outlined by the College Constitution, and this is the fellow. Only fellows are entitled to vote at general meetings and in Council elections of the College. To be admitted as a fellow, a person must satisfy the qualification requirements set out in the By-Laws, and agree to be bound by the Constitution and *Professional Code of Conduct*. The *Professional Code of Conduct* is consistent with the Health Practitioner Regulation National Law Act of Australia, and the Medical Board of Australia's Code (Good Medical Practice) and the Medical Council of New Zealand's Code (Good Medical Practice) with a focus on ophthalmic practice.



There are also two other categories recognised by the College:

- Associate Members - consisting of trainees and non-fellow CPD participants; and
- Non-medical professionals - such as practice managers and other non-medical ophthalmic practitioners.

At the time of accreditation, the College had 1,225 fellows, made up of 854 Australian fellows, 114 New Zealand fellows, 53 overseas fellows, 89 part-time fellows, 104 retired fellows, and 19 honorary fellows. There are also Associate Members, made up of 171 trainees (144 from Australia and 27 from New Zealand), 22 CPD participants, and 169 non-medical professionals.

The College is currently registered as an Australian public company limited by guarantee, operating under the Corporations Act 2001, with its registered office located in Surry Hills, New South Wales. The College's governance is defined in its Constitution and By-Laws. The current Constitution was adopted on 13 June 2015 after an extensive review, leading to the addition of adherence to the College *Professional Code of Conduct* being a requirement of fellowship, an expanded Council to better represent the broader fellowship, clearer delineation of powers between the Board and Council, allowing Directors to be elected from all fellows and not just from Council, and improved election processes.

The College is governed by a Board of Directors, supported by a Council. The Board manages the business of the College and exercises all powers of the College except those that are required to be exercised by Council or the College at a general meeting. All Council and Board members must be fellows of the College. Board processes are generally governed by the College Constitution while the Council is governed by the College By-Laws. Council members are either elected by fellows to be jurisdictional representatives for the different state training programs, or appointed from specified groups or organisations relating to ophthalmology. The Council also includes a trainee representative elected by trainees, although this is a non-voting position. Councillors are elected for three years and may remain for two terms. After six consecutive years, Councillors may be re-elected or re-appointed after a one-year break. The Council meets twice a year and is chaired by the President of the College.

The Board comprises the President, Vice-President, Censor-in-Chief (ex-officio), and other fellows elected to the office of Director, with the total number of Directors between three and eleven. There are eleven Directors on the current Board, with a recently elected Censor-in-Chief who will commence in the position in late 2016. Board members are elected by the Council from among all the fellows. Appointment to the Board is skills-based, not jurisdictional or representative. Board members are elected for three years, with the total not exceeding nine consecutive years, which necessitates a one-year break before re-election. The President and Vice-President on the other hand can only be elected for a term of two years each, with the President not able to be re-elected after that term, whilst the Vice-President can be re-elected for two additional terms. The Board meets at least four times annually and out-of-session where required. Neither Board nor Council members are paid. There is no trainee representative on the Board.

The Censor-in-Chief is appointed by the Qualification and Education (QEC) Committee in accordance with terms of reference contained in the By-Laws. The Censor-in-Chief is responsible for the education and training function of the College including

development and delivery of the Vocational Training Program (VTP), the CPD program and the assessment of specialist international medical graduates.

The *RANZCO Strategic Plan 2013–16* articulates the vision, mission and motto of the College. The current vision is ‘Ophthalmologists Leading Eye-Care’ which sets the direction for growth and improvement in services to its members and the public. The College’s mission remains: ‘To drive improvements in eye healthcare in Australia, New Zealand and the Asia-Pacific region through continuing exceptional training, education, research and advocacy’. There are five objectives that reflect the priorities of the College during the life of the plan:

- Best patient outcomes: aiming to ensure equitable access to the highest quality eye health for all
- Education and training: providing contemporary education, training and CPD
- Evidence-based decision making: using research to underpin improvements in education, training and eye health care
- Collaboration: working with others involved in the delivery of eye health care nationally and internationally
- Collegiality: supporting trainees and fellows through all stages of their career.

Various committees support the Board and Council in carrying out their duties. The committees of the College provide oversight of the training and education programs, specialist international medical graduate assessment processes and CPD program, as well as trainee affairs, membership affairs, research, quality and safety, Indigenous health, international development and the corporate governance of the College. The By-Laws list the following directors’ committees as standing committees: QEC; Finance and Risk Management Committee; CPD Committee; International Development Committee; Human Research Ethics Committee; Nominations Committee; Membership Committee; Awards Committee; Appeals Committee; Code of Conduct Committee; and Executive Management Committee. Each committee has its own terms of reference and some include members other than specialist ophthalmologists. The Board has also established special interest groups as outlined in the By-Laws.

The College has established regional committees (sometimes called Branches) in the Australian states and territories and in New Zealand whose members are elected by fellows in those regions. These committees deal with membership affairs, including CPD. Regional QECs oversee state-based training networks and are responsible for the delivery of the College’s specialist training program in the regions.

As part of the structure of the College, the College has a Trainee Representative Group (TRG) which represents all trainees’ interests within the College and the training environment and provides information and advice to various committees and working groups. The TRG comprises one advanced trainee from each of the seven training networks (who, where possible, have successfully completed the RANZCO Advanced Clinical Examination (RACE)). The trainee representatives are appointed by their Regional QEC Chair, on advice from the Regional QEC.

The College has a Lay Reference Group which allows for ad hoc input as may be needed from lay individuals to support the College’s objectives and operations. The membership of the Group includes up to five individuals who have the capacity to reflect on and present community issues, rather than focusing on personal concerns or

individual issues. Members are not ophthalmologists or allied ophthalmic professionals, and act as individuals rather than on behalf of external organisations or peak bodies. Nominations are considered and appointments are made by the Board following advertisement in an Australian national newspaper.

The College has an informal process for the declaration and management of conflicts of interest; no formal policy is in place.

### **1.1.1 Team findings**

The team acknowledges the long and successful history of the College over the past 78 years.

The College is a mature organisation with governance and management structures that are appropriately aligned to its educational functions. The College's governance structures give clear priority to its educational role.

The College has established appropriate committees for the oversight of training and education programs, specialist international medical graduates' assessment processes and the CPD program. However, the team considers that the College would benefit from engaging other individuals or organisations with relevant qualifications to participate in its committees, such as practitioners from other medical specialties and health profession groups, and increase community and consumer representation. There are community representatives on the College's Lay Reference Group but there is no community representation on the College's principal education and training committees including the Federal and Regional QECs and the CPD Committee. The team also noted that members of the Lay Reference Group do not appear to be embedded in any of the other College committees.

In addition, the trainee member on Council is unable to vote, and there is no trainee or non-fellow on the College Board of Directors, which is something the College may wish to consider.

The team noted the absence of a formal conflict of interest policy, although a draft policy has been developed by the College legal counsel, to be approved by the Board at its October 2016 meeting. This policy should include guidance on conflict of interest management in relation to all activities of the College.

The current strategic plan is the first one to be made publicly available. It is a high-level document, with no business plan sitting below it outlining how the strategies will be operationalised. The College has developed a draft strategic plan for 2017–2020, which will be considered by the College Council in July 2016. It is anticipated that this new strategic plan will have clear business plans to support it.

## **1.2 Program management**

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
  - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
  - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities

- o setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- o certifying successful completion of the training and education programs.

The College's education, training and CPD programs are overseen by a range of committees. Each of the committees, or individual positions if relevant, have either terms of reference or a statement of roles and responsibilities. The principal committees relevant to education, training, and CPD are as follows:

The **Federal QEC** is the peak educational body for the College, and is responsible for setting the educational direction of the College by devising, implementing and reviewing the effectiveness of policy, procedures and curriculum relating to all education, training and assessment conducted by the College. It is chaired by the Censor-in-Chief, a Board member, and the Board signs off on its decisions. The Federal QEC members are appointed by the Board based on recommendations by the QEC itself. Its membership is jurisdictionally based, with at least one member, usually the Regional QEC Chair, representing each of New South Wales, Queensland, South Australia, Victoria, Western Australia, Tasmania and New Zealand. There are also additional members who are chairs of other committees that represent each of the portfolios that make up the educational structure of the College. A member of the TRG attends Federal QEC meetings. A new position of a Curriculum Portfolio Representative has been created on the Federal QEC to ensure ongoing review of the ophthalmology curriculum.

In addition, there is a **Regional QEC** in each training region (New South Wales, Queensland, South Australia, Victoria, Western Australia and New Zealand) that manages education and training at the local level on behalf of the College. These committees are made up of members of the College who are involved in education and training in each of the jurisdictions, including the Director of Training for the training region, Term Supervisors, Clinical Tutors, and a trainee representative. The Chair of each Regional QEC is a member of the Federal QEC, representing the training region, and is appointed by, and reports to, the Censor-in-Chief and the Federal QEC about regional training issues involving local health jurisdictions. The Censor-in-Chief, on advice from the Regional QEC Chair, appoints the Director of Training for each training network. The Directors of Training attend and contribute to all Federal QEC meetings but are not voting members.

The **CPD Committee** is responsible for setting and implementing policy on CPD on behalf of the College. Its membership is made up of representatives from each state of Australia and one from New Zealand. The Chair of the CPD Committee is a member of the Federal QEC. The CPD Committee evaluates the College CPD program every three years, with the Board signing off on any decisions for changes in process or policy.

The **SIMG Committee** is responsible for setting, implementing and evaluating policy on specialist international medical graduates, and assessing the training and qualifications of overseas-trained ophthalmologists for comparability with the training and qualifications of ophthalmologists trained in Australia. Its membership is made up of the Chair, three younger fellows, two fellows who have been through the College VTP, three fellows who have been through the SIMG assessment process, and an external member. The Chair of the SIMG Committee is a member of the Federal QEC. The Board signs off on any significant changes in process or policy.

In addition, there are other College committee relevant to training, including the **Progression Committee, RACE Board of Examiners, Ophthalmic Sciences Board of**

**Examiners, Ophthalmic Basic Competencies and Knowledge (OBCK) Board of Examiners, Ophthalmic Pathology Board of Examiners, Training Post Inspection Committee, Human Research Ethics Committee, and the Indigenous Committee.** Details of these committees will be covered in other sections of this report. There are also other committees that are not directly involved in training but nevertheless provide information to the educators, such as the **Clinical Guidelines Committee, the Workforce Committee, and the Medicare Advisory Committee.**

The programs offered by the College are supported by a staff of around 30 full-time equivalents located at the head office in Sydney. The College has a Chief Executive Officer reporting to the Board, and staff are allocated across a number of key strategic and operational teams. The staff are organised into six business units aligned with the core functions of the College: Education and Training (the largest unit that supports the College committees); Post-Vocational Education and Standards; Policy and Programs; Membership Services; Communication and Advocacy; and Finances. The College has recently appointed a staff member with expertise in evaluation.

### **1.2.1 Team findings**

The College has established multiple committees, subcommittees and working parties, the majority of which are associated with education, training and CPD. Some of these committees include trainee and jurisdictional representatives, as well as representatives of other relevant organisations. At the time of the team's assessment, the Board was undertaking a review of the terms of reference to ensure that the various committees are aligned with the vision of the College. The AMC looks forward to an update on progress in the College's next progress report.

The educational programs of the College are supported by dedicated and experienced staff in the head office and the regions. The increasing number of staff has meant that staff rather than fellows now take a leading role in the development, implementation and evaluation of the College's programs, which is appropriate in a college of RANZCO's increasing size and complexity. This is particularly evident in the development of online resources and management systems for trainees and participants in the College's CPD program and the planned establishment of an evaluation unit.

During the accreditation visit, the team received feedback from internal and external stakeholders that the role of the Regional QEC in key training and education decision making was not always clear. The team recommends that the College undertake further work around clarifying the roles of both the Federal and Regional QECs in decision making.

## **1.3 Reconsideration, review and appeals process**

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

The College has an *Appeals Policy* that is publicly available on the College's website, that outlines the process for managing reconsideration of decisions and appeals processes. Currently there is no review step in place after reconsideration and before appeals. All

reconsideration applications go to the CEO of the College, and if accepted, the determination in question is reconsidered by the original decision-making committee. If the outcome of this reconsideration is unsatisfactory, the applicant can apply to the CEO again for an appeal of the decision, and if this appeal is accepted by the CEO, the CEO convenes an Appeals Committee. The Appeals Committee is comprised of three qualified persons who are not fellows of the College and two fellows of the College (not directly involved in the matter of the appeal). The Chair will be one of the non-fellow members of the Appeal Committee. Appeals Committees are independent of the College and their decisions are final and binding.

There have been two appeals heard in the last three years, both concerning failed assessments and remediation processes, with the first case upheld, and the second dismissed.

The College also has a *Protocol for Dealing with Complaints*. All internal and external complaints go to the CEO, and a database is kept of all appeals and complaints.

### **1.3.1 Team findings**

The team formed the view that the College's *Appeals Policy* requires review. The College has a two-step appeals process that involves a reconsideration of the original determination by the original decision maker, and an appeal that goes to an independent Appeals Committee. Both steps involve application to, and approval by, the College CEO. In contrast, most other specialist medical colleges have a three-step process as recommended by the accreditation standard, which involves a reconsideration by the original decision maker, a review by the body to which the original decision maker reports, and an appeal to an independent panel. The team recommends that a three-step process be adopted.

The membership of the independent Appeals Committee should also be reviewed to ensure that potential conflicts of interests are assiduously avoided. The College should also consider including a trainee and/or lay representative. The fee for applying for an appeal is high when compared to the fee prescribed by other specialist medical colleges, and should be reviewed. The team acknowledges that the cost of an appeal for the College is much higher than the fee, but also wishes to ensure that potential appellants are not unduly discouraged from commencing an appeal.

The team considers that the College must also revise its reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to its training and education functions.

Although the College has a protocol for dealing with complaints, all complaints also go to the College CEO, and there is a lack of additional avenues for internal and external stakeholders to raise concerns. In light of the outcomes of the 2015 College survey on discrimination, bullying, and sexual harassment, the current *Protocol for Dealing with Complaints* is not satisfactory. The fact that all reconsiderations, appeals and complaints end up at the single point of accountability, in this case the CEO, is not demonstrative of best practice and good governance. The College must review its complaints policy and processes to ensure safety and consistency with other relevant policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policy) and to ensure consistency in application.

The revised appeals and complaints policies must be publicly available on the College's website. It is also recommended that any changes to these policies are clearly communicated to trainees and fellows.

The College does not have a process for evaluating de-identified appeals and complaints to determine if there are system problems. The team recommends that the College develops an internal review mechanism to help to identify any system issues.

#### **1.4 Educational expertise and exchange**

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

The College has employed staff located in its headquarters in Sydney with qualifications and significant experience in education and administration, with strong networks with their peers in the higher and professional education communities for benchmarking and sharing to ensure current best practice. The College staff members are active participants in the College's various learning and teaching workshops, and provide support for all the College's professional development activities.

The College has also engaged external consultants with specific expertise in required fields. For example, the College has recently engaged external educational experts to support the review of its training program curriculum, work-based assessments (WBAs) and recording tools. In addition, the College has engaged software experts to assist in developing its learning management system used for the delivery of online learning and assessments which is based on Moodle. The College has engaged external experts to assist in developing a Clinical Audit Tool to be used by trainees and fellows.

In addition to the staff, the fellows themselves, especially those involved in training and education, have relevant educational experience, if not qualifications. There is a Professors' Group within the College, which includes fellows who have substantive academic appointments at universities at a professorial level, who are involved in various training committees. In addition, there are many fellows involved in undergraduate, prevocational and vocational teaching, who volunteer their time as Clinical Tutors, Term Supervisors, and as members of the Federal and Regional QECs.

Although the College does not have any formal arrangements with other education providers, it collaborates with various partners to improve its training program. For example, the College is a member of the various specialist medical colleges' consortia, such as the Network of Medical College Educators (NMCE), the Medical Education E-Learning Network (MEEN), the Examination and Assessment Managers' Committee, the Network of College IMG Managers (NCIM) and the Specialist Training Program (STP) Intercollege Network. In addition, the College has a strong relationship with its United Kingdom counterpart, the Royal College of Ophthalmologists (RCOphth), including benchmarking the respective curriculum and assessments, with a recent visit by senior College officers to the RCOphth examinations. There is ongoing work to compare the curriculum, training program and assessments between the two Colleges, although there is no formal partnership between the two organisations.

### **1.4.1 Team findings**

The College harnesses educational expertise from a variety of sources to support its education, training and CPD programs. The team recommends that the College continue to strengthen and enhance the expertise of its staff and/or engage contractors with educational qualifications and expertise in the continued curriculum review, assessment standard setting, and monitoring and evaluation of its programs.

Whilst the College remains in touch with developments in specialist medical education internationally, its formal engagements with relevant organisations in Australia, New Zealand and overseas are few. The team encourages the College to form more active and formal collaborations with related colleges internationally and with other medical specialties (especially surgery) and other health professions (especially optometrists and orthoptists) locally. In particular, the College should consider collaborating with other specialist medical colleges to draw on existing expertise in the development of training curricula, workplace-based assessments and examination standards. In submissions to the AMC, a number of the specialist medical colleges indicated their interest in collaborating with RANZCO in areas of mutual interest, such as developing processes to address issues of discrimination, bullying and sexual harassment.

## **1.5 Educational resources**

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

The majority of College fellows involved in supervisory roles (Directors of Training, Term Supervisors and Clinical Tutors) are employees of health services in Australia and New Zealand. They contribute to the College's training and education functions during this employment and in their own time, and are not paid by College. Tutorials, didactic lectures, practical simulation workshops such as 'eye schools' or wet-labs are provided in the different regions by local fellows and their colleagues. The College itself has a formalised accreditation framework to ensure all regional training programs and local training positions are appropriately resourced to ensure consistency of training experience and adequate support and supervision.

In addition, a large number of College fellows volunteer to participate in the various College committees, for which they are supported by College staff members. The College has an established Leadership Development Program that targets young fellows to ensure that there is continuous building of capacity within the College into the future.

The General Manager of the College's Education and Training department attends all QEC and Board meetings. Each staff member within the Education and Training department, which is the largest business unit in the College, has a distinct position description and portfolio of responsibilities, which are reviewed regularly. There is a deliberate strategy to rotate the different staff members in that department through different roles to build capacity within the team, create a more interesting working environment for individuals, expose staff to different areas of the College and to develop individual staff expertise and competencies in different areas.



### **1.5.1 Team findings**

The team found that the College has adequate resources and management capacity to sustain and, where appropriate, deliver its training and education functions. The College is well supported by sufficient administrative and technical staff.

The team encourages the College to continue to work with its representatives in the state-based training networks through the Regional QEC to ensure that the role and responsibilities of the College and its staff are well delineated and made clear to the fellows who are voluntarily supporting the College with their time and effort through training and supervision of trainees. During site visits, the team heard from various sources about recent issues in the Queensland training program where there was a perception of lack of educational support from the College, which suggests a need for the College to improve its communication and engagement of its jurisdictional Branches to ensure a unity of vision and an understanding of the roles of the Federal and Regional QEC, and the College staff and its fellows. The team recommends that the College, Federal QEC and Regional QECs work together to ensure trainees are receiving high-quality training.

## **1.6 Interaction with the health sector**

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

The College is engaged with health departments, training sites, and other health-related agencies in the development, delivery and evaluation of its education, training and CPD programs. The College's Lay Reference Group represents the lay opinion on various components of the training program but there is no community representation on the College's principle education and training committees.

The College has also responded to calls from government agencies for submissions on medical education and eye health.

In Australia, the College has fostered productive relationships with the Australian Government Department of Health, especially in relation to the Specialist Training Program (STP). It has worked closely with the MBA on issues relating to CPD and the assessment of specialist international medical graduates. In New Zealand, the College has had considerable interaction with the government in relation to workforce planning and eye health issues.

The Federal and Regional QECs maintain strong links with national (in New Zealand) and state/territory (in Australia) departments of health in relation to trainee selection

and the accreditation and reaccreditation of training sites. The committees and departments also liaise on occasion regarding local issues relating to workforce planning and eye health. The College invites jurisdictional representatives to accompany the College on its hospital accreditation visits.

The College participates in intercollege meetings to which the health sector, departments of health and government are involved, such as the Committee of Presidents of Medical Colleges (CPMC). In addition, the College is involved in career information days run by the universities, the Australian Medical Association (AMA) and the Australian Indigenous Doctors Association (AIDA).

Fellows representing the College liaise with senior hospital administrators, generally the hospital CEO, chief medical officer and chief operating officer (or equivalents) in the process of the accreditation of training posts, which occurs every three years. The Regional QECs have responsibility for training at a regional level, and each meet on a regular basis to discuss education and training issues, including how to resolve any problems involved with training sites and accreditation.

The College does not currently have any formal partnerships with the Indigenous health sector in Australia (or New Zealand). The College's Indigenous Committee has been established to progress ongoing relationships with the Indigenous health sector, leading for example to the College offering complimentary registration for the Annual Scientific Congress for two Indigenous doctors keen to pursue ophthalmology training, and to the development of College ophthalmology cultural awareness modules (which are still in progress).

### ***1.6.1 Team findings***

The College has strong brand recognition and networks within the health sector in Australia and New Zealand. Comments to the team from health departments and health services indicated support for the College's selection and accreditation processes and admiration for the quality of its graduates. The College was also noted for its responsiveness with respect to requests for submissions from government agencies.

However, health departments and health services did note that they are afforded little or no opportunity to contribute to the College's training programs nor its policy statements. Likewise, in written submissions to the AMC, other specialist medical colleges and health professional organisations congratulated the College on many aspects of its training programs and graduate outcomes, but noted limited engagement with the College in terms of input into its training curricula including assessments, development of team training and promulgation of joint policies. Feedback from other specialist medical colleges indicate a willingness to collaborate and share, which is something that should be pursued.

The team heard little evidence of a formal and high-level advocacy and government relations program at the College. The team encourages the College to develop such a program in order to increase the profile of ophthalmological education, training and CPD, and eye health.

The team commends the College on the establishment of the Lay Reference Group to engage the lay voice in the review of its training programs. During the assessment visit, the team also received consumer feedback through meetings with peak national consumer organisations. These organisations reported that they had not been given the opportunity to contribute to the training and CPD programs or planning activities of the

College. All organisations indicated their interest in working with the College. Consumer organisations have access to individuals with relevant educational experience, qualifications and/or life experience that could provide valuable perspectives and contributions.

The College should consider formal partnerships with, and/or ongoing committee roles for, representatives from Indigenous health organisations to support its specialist training and education programs. In addition, the College may also wish to consider developing an overarching and comprehensive Reconciliation Action Plan that goes beyond cultural competence to genuine reconciliation and engagement.

The team encourages the College to develop an overarching plan for systematic collaboration with relevant internal and external stakeholder groups on key issues relating to its purpose, training and education functions.

## **1.7 Continuous renewal**

The accreditation standards are as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

The College regularly reviews and updates its governance, management and program structures. As discussed under standard 1.1, the College has recently refreshed its strategic plan, awaiting Council approval at the June 2016 meeting. The College, through its Federal QEC, undertakes comprehensive reviews of the structure of the education and training programs as required, with the last major review in 2011. In addition, the Federal QEC undertakes regular reviews of the function of the education and training programs at its biannual meetings. Recent changes that have improved the education and training outcomes include the appointments of an additional Director of Training in the New South Wales regional training program and an additional staff member at manager level to support the work of the CPD Committee. A new evaluation manager has been appointed to ensure there is improvement in the evaluation capacity and expertise of the College.

The governance review conducted in 2015 led to a change in the Constitution that allowed election of Board Directors from the whole fellowship and not just the Council. The management structure and staffing is refreshed as the demands of the College's programs grow and diversify. In the period 2012–15 the College undertook a curriculum review and update based on the input from an external expert. Similarly, the CPD program has recently been restructured to include more self-reflection and clinical audit as activities. The specialist international medical graduate assessment process is regularly reviewed to maintain alignment with the expectations of regulators in Australia and New Zealand. Recommendations regarding changes to structure, functions and resource allocation are approved by the Board.

### **1.7.1 Team findings**

The College has demonstrated a commitment to adapting its governance, management and program structures in order to meet the current and anticipated challenges, such as the evolution of ophthalmological practice, and the need for strong links between program development, implementation, assessment, monitoring and evaluation. The College is in a continuous state of renewal with many new or revised education,

training and CPD programs in a state of evolution and not fully implemented at the time of the accreditation visit. Constant change is seemingly accommodated without undue difficulty by the Board, committees and management, but is a source of anxiety and confusion for fellows and trainees. A stronger focus on decision making and priority setting within a broad strategic vision and an appropriate environmental context is encouraged.

As discussed above, in the period 2012–15 the College undertook a review of the VTP curriculum. The review was completed by a Curriculum Review Committee which has been disbanded now that the review is complete. The College reported to the team that it will continue to review the curriculum via the examining boards, the QEC and the new Curriculum Representative position on the Federal QEC. As detailed under standard 3, the team considers that curricular development is a continuous process that must keep pace with advancements in medicine, changes in the delivery of health care and with advances in medical education. The team also considered that the current plans to review the curriculum via the Curriculum Representative on the Federal QEC will not enable the College to sufficiently focus on the curricular issues. In order to do this, it is recommended that the College establishes a standing curriculum committee or working party which has responsibility for continual review of the curriculum. The committee must include members with educational expertise, an ophthalmologist with considerable experience in running a remote/rural practice, a member with considerable experience in the management of the eye health of Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand, a lay member and at least two trainees. One member should have considerable experience in, and be able to ‘champion’, the use of simulation in the curriculum. Although input from examiners is important, membership from this group must not predominate.

In feedback to the AMC on this report, the College indicated that the new Curriculum Representative on the Federal QEC will form a curriculum committee or working group to address the conditions in the accreditation report. It is intended that this group will have appropriate representation from relevant stakeholders with relevant expertise. The AMC looks forward to updates from the College in progress reports.

#### *Commendations*

- A The College’s commitment to adapting its governance, management and programs to meet the current and anticipated challenges in medical education and eye health.
- B The support given to the College’s education, training and continuing professional development programs by the Board, fellows and staff.

#### *Conditions to satisfy accreditation standards*

- 1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College’s training and education functions, governance and decision making. (Standard 1.1.6)
- 2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publicly available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)

3	Revise the complaints policy and processes to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)
4	Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)
5	Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)
6	Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)
7	Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)
<i>Recommendations for improvement</i>	
AA	Appoint a trainee with voting rights to the Council and/or Board to provide a substantive trainee perspective at a strategic level. (Standard 1.1.3)
BB	Appoint lay members (consumer, community and/or skills-based) to the Council and/or Board and/or other committees to facilitate more diverse perspectives at a strategic level. (Standard 1.1.3)
CC	Increase the use of staff and/or contractors with educational qualifications and expertise in continued curriculum review, assessment standard setting, and monitoring and evaluation of College programs. (Standard 1.4.1)

## 2 The outcomes of specialist training and education

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### 2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

RANZCO is the body that oversees the training of ophthalmologists, and sets and promotes standards of medical practice in the specialty of ophthalmology in Australia and New Zealand.

As detailed under standard 1, the *RANZCO Strategic Plan 2013–16* articulates the vision and mission of the College. The current vision is 'Ophthalmologists Leading Eye-Care' and the mission is 'to drive improvements in eye healthcare in Australia, New Zealand and the Asia-Pacific region through continuing exceptional training, education, research and advocacy'.

The College's website <https://ranzco.edu/about-ranzco> explains the role of the College and contains useful information on ophthalmology and eye health for the general public.

According to the accreditation submission, RANZCO as a higher educational institution:

- trains future specialists in Australia and New Zealand via its postgraduate VTP, the objective of which is to produce a specialist who, on the completion of training, can undertake safe, unsupervised, and comprehensive general ophthalmological practice
- assists specialists to maintain their skills and knowledge and improve their care of patients through a comprehensive continuing professional development program, including Annual Scientific Congress.

RANZCO as a learned society:

- supports the leadership role of ophthalmologists in influencing the factors that impact upon the eye health and wellbeing of patients, the broader community and the healthcare they receive. Advocacy activities are directed at the improvement of the quality and safety of care for patients, and promoting eye healthcare in the community
- seeks to reduce avoidable blindness in the Asia-Pacific through the education and improvement of local training institutions that will in turn improve the eye health workforce through increased knowledge and expertise
- works in collaboration with other stakeholders to ensure projects are sustainable and accessible to everyone, thereby seeking to contribute to the alleviation of

poverty, improving gender equality, creating education opportunities and empowering local communities.

The Objects of the College are detailed in the RANZCO Constitution as follows:

- to promote the study of the science and practice of ophthalmology and to promote investigation and research in ophthalmology and related sciences and branches of medicine and to bring together ophthalmologists and for scientific discussions and to disseminate knowledge of the principles and practice of ophthalmology by such means as may be thought fit
- to consider establish and conduct courses of study and training and to diffuse information calculated to promote and ensure the fitness of persons desirous of qualifying for membership of the College
- to grant diplomas certificates or similar forms of recognition of knowledge in the field of ophthalmology and related sciences and branches of medicine either alone or in conjunction with other bodies or institutions having similar objects
- to cultivate and maintain high principles and standards of practice and ethics in relation to ophthalmology and related sciences and branches of medicine and to promote fair honourable and proper practice and to discourage and suppress malpractice or misconduct and to settle questions of practice and of professional usage and etiquette
- to consider all questions affecting the interests of the College and to promote or oppose any legislative or other measures affecting such matters or concerned with ophthalmology or related sciences or branches of medicine or as are related to the interests of the College
- to promote and facilitate the development of ophthalmology and the improvement of eye health care internationally, particularly in developing countries, and in relation to Indigenous populations
- to act as trustee and to perform and discharge the duties and functions incidental thereto where this is incidental or conducive to the attainment of these objects
- to invite donations from the public for the purposes of the College, and
- to do such other things as are incidental or conducive to the attainment of these objects.

According to the College's accreditation submission, the College will initiate, participate in and advise on Board-approved College initiatives to help 'close the gap' in Indigenous eye health in Australia and New Zealand. The College's Indigenous Committee meets regularly and contributes to the development of policies relating to eye diseases affecting Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. The College also has representation on Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee along with representatives from 16 other peak eye health member organisations.

The College indicated that it seeks regular feedback from its fellows regarding their educational requirements. The College's CPD Committee is comprised of representatives from each branch to ensure feedback from fellows in both Australia and New Zealand.

### **2.1.1 Team findings**

The College has developed a comprehensive and clear outline of its educational purpose.

This purpose is to produce specialist ophthalmologists capable of independent consultant practice in both urban and rural settings. It includes promoting excellence in training and education, with standards of practice that support safe and high-quality patient care. The purpose incorporates ongoing professional development for the acquisition and maintenance of new skills and knowledge throughout the specialist's professional life.

The educational purpose is grounded in the responsibility to meet community needs especially where identifiable disparities occur: urban/rural, and the inequity of access for Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand.

The team concluded that under-representation of community and professional stakeholders exists in the determination of the educational purpose of the College, and more formal involvement of external groups such as optometry, lay representatives, and health funders/providers should be established at corporate and Federal and Regional QEC levels to ensure community endorsement of its educational purpose. As discussed under standard 1, there are community representatives on the College's Lay Reference Group but there is no community representation on the College's principal education and training committees.

In particular, more explicit involvement of Aboriginal and Torres Strait Islander peoples of Australia, and Māori of New Zealand is required. Organisations such as AIDA, Te Ohu Rata o Aotearoa (TeORA), and Leaders in Indigenous Medical Education (LIME) should be consulted at all levels to ensure genuine participation, partnership, and protection of Indigenous health perspectives and needs.

## **2.2 Program outcomes**

The accreditation standards are as follows:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

The objective of the VTP is to produce a specialist ophthalmologist who, on completion of training, is equipped to undertake safe, unsupervised, comprehensive, general ophthalmology practice. The VTP enables eye specialists to provide the full spectrum of eye care, including the prescription of glasses and contact lenses, medical treatment and complex microsurgery.

The College has engaged recently with Health Workforce New Zealand and the Commonwealth Department of Health in Australia regarding ophthalmology workforce projections. The College also provided data to inform Health Workforce Australia's 2012 report, *Health Workforce 2025, Medical Specialties*.



In 2014 the College conducted a workforce survey, gathering data from both fellows and trainees. The response rate was 61% (846 respondents). The purpose of the survey was to assist the College projecting ophthalmology workforce demand and supply and better manage issues such as: Medicare and health funding policy; scope of practice in eye care; registrar training positions; and how to serve its members better. The College reported that the survey outcomes indicated that the current graduate numbers are meeting workforce need. The survey did highlight the issues of geographical maldistribution of the workforce.

The College is working to identify additional training opportunities, particularly in rural and remote regions. This has been supported through the federal government STP with posts in Port Macquarie, Gosford and Wyong in New South Wales, an outreach post in Western Australia, and an additional paediatric post in Brisbane. The College has accredited additional provincial posts in New Zealand that will be filled over the next couple of years.

The College, in collaboration with external stakeholders, is undertaking a health insight mapping project. This information will be used to inform workforce planning decisions and improve patient access to ophthalmology services in Australia and New Zealand. The web-based mapping tool will also be used to identify additional training opportunities in rural and remote areas. The College reported that the project will be launched in mid-2016.

### ***2.2.1 Team findings***

The College's training program delivers specialist training of high quality that equips trainees to undertake independent specialist practice of general ophthalmology. Graduating trainees are equipped thereby to work in both metropolitan and rural environments.

The team commends the College on its engagement with Health Workforce New Zealand and the Commonwealth Department of Health in Australia on issues relating to workforce planning and on its future plans to gather data through the health insight mapping project. Workforce planning by the College, particularly in Australia since the dissolution of Health Workforce Australia, is not explicit. The team recommends that the College takes a more active leadership role in this area, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. Such leadership would involve wide consultation with other key stakeholders including lay community groups and Indigenous health organisations.

In the 2014 Workforce Survey, two-thirds of the respondents indicated that they expect 'medical retina' (the treatment of retinal disorders in the clinic) to have a major impact on workload in the next ten years. It does not appear that the College has debated the option of a program especially tailored to medical ophthalmology nor the impact of high-volume medical retina practice on the quality and sustainability of surgical practice for individual specialists.

During the assessment visit, the team heard feedback from supervisors that there is a strong case for developing a medical ophthalmology curriculum. This would also increase the options available for trainees who struggle to meet the requirements in intraocular surgery. The possibility of developing a medical ophthalmology curriculum

should be debated widely, not just by those in senior positions in the College. In feedback to the AMC on this report, the College indicated that a non-surgical Diploma of Ophthalmology course is being considered by the College in conjunction with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. The AMC looks forward to updates on this initiative in progress reports.

### 2.3 Graduate outcomes

The accreditation standards are as follows:

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

There are seven key roles of the specialist ophthalmologist that underpin the College's educational strategies, clinical supervision and trainee assessment. These roles are adopted from the Royal College of Physicians and Surgeons of Canada CanMEDS Physician Framework. The roles as defined by the College are as follows:

As **Ophthalmic Experts and Clinical Decision Makers**, ophthalmologists possess a defined body of knowledge and skills, which are used to collect and interpret data, make suitable clinical decisions, and perform diagnostic and therapeutic procedures within the boundaries of their expertise. Their contribution is characterised by up-to-date, ethical, and cost-effective clinical practice and effective communication, in partnership with patients, health professionals, and the community. The role of an ophthalmologist draws on the competencies included in the roles of scholar, communicator, health advocate, manager, collaborator and professional.

As **Communicators**, ophthalmologists provide humane, high-quality care, and establish effective relationships with patients, medical practitioners and other health professionals. Communication skills are essential for the functioning of an ophthalmologist and are needed for obtaining information from, and conveying information to colleagues, patients and their families. These abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses, and for assessing cultural factors that have an impact on a patient's eye health.

As **Collaborators**, ophthalmologists work with others who are involved in the care of individuals or groups of patients. Ophthalmologists must be able to collaborate with patients, carers, families and a multidisciplinary team of health and other professionals to provide optimal patient care, education and research.

As **Managers**, ophthalmologists function as managers when they make daily practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organisations, and in the broader context of the healthcare system. Ophthalmologists should be able to prioritise and execute tasks through teamwork and make systematic decisions when allocating finite healthcare resources. Ophthalmologists take on positions of leadership in the context of professional organisations and the healthcare system.

As **Health Advocates**, ophthalmologists recognise the importance of advocacy activities in responding to the challenges represented by the socio-economic, environmental, and biological factors that determine the health of patients and society. They view advocacy as an essential component of health promotion that occurs at the level of the individual patient, the practice population, and the community. Health advocacy is appropriately expressed both by the individual and collective responses of ophthalmologists in influencing public health policy.

As **Scholars**, ophthalmologists engage in a lifelong pursuit of mastery of their domain of expertise. They recognise the need to be lifelong learners and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of patients, colleagues and others.

As **Professionals**, ophthalmologists are committed to the eye health and wellbeing of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

The College has defined learning outcomes and performance criteria for each role. The role of ophthalmic expert and clinical decision maker is described in the clinical standards, and the roles of communicator, collaborator, manager, health advocate, scholar and professional are described in the Social and Professional Responsibilities Curriculum Standard. All standards are publicly available on the College's website.

In 2015, the College conducted a survey of fellows within 10 years of fellowship to assess whether they considered that the training program prepared them for independent practice as an ophthalmologist. Of the 350 surveyed, 94% indicated that they were adequately trained to be a comprehensive general ophthalmologist. The College has plans to develop a survey asking similar questions of its external stakeholders.

The College has also undertaken surveys of its fellows to gather data on their clinical areas of practice. The College reports that the initial data indicate that a reasonable number of graduates are remaining as generalists.

### ***2.3.1 Team findings***

The purpose of the VTP is to train general ophthalmologists, although the College acknowledges that many fellows on the completion of training move towards a particular area of special interest.

The team heard that subspecialisation is highly regarded by trainees, and modern practice appears to be developing increasingly in this direction. The opportunity for subspecialty training in an area of choice is encouraged in the final year of the program. An emerging trend is for graduating trainees to gain fellowship appointments for extra subspecialisation training following graduation. This development could reduce access to subspecialty training in the final year of the program. Some, but not all, trainees in some, but not all, centres consider that there are training gaps in some of the subspecialties (e.g. glaucoma, paediatrics, and refractive surgery). The College reports that this is assessed by the Training Post Inspectorate, both at the time of the assessment and as an interim assessment if notified of an issue. Even so, the team recommends that the College develop more explicit policies on the educational purpose of such fellowships, especially in relation to the subspecialty content of the existing

curriculum. The potential impact of such fellowships on access to operative and clinical experience for trainees needs to be ascertained and mitigated where necessary.

The possible workforce planning impact of increasing subspecialisation on the practice of general ophthalmology, or ophthalmology in general, needs to be anticipated and plans drawn up for the future provision of training and trainee numbers.

The team commends the College on its initial work to gather data on the preparedness of newly graduated fellows for independent practice as an ophthalmologist. The team encourages the College to consult with other key stakeholders to help determine whether newly graduated fellows are fit for independent practice.

#### *Commendations*

- C The high-quality training that equips graduates for the independent specialist practice of general ophthalmology in both metropolitan and regional/rural settings.
- D The College's facilitation of subspecialty training in the final year of the program and through continuing professional development provides appropriately specialised services in Australia and New Zealand.

#### *Conditions to satisfy accreditation standards*

- 8 Engage other eye care providers and professions, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)
- 9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)

#### *Recommendations for improvement*

- DD Develop and implement strategies to engage with key stakeholders on the need to develop medical ophthalmology as a graduate and program outcome. (Standard 2.2 and 2.3)
- EE Monitor and evaluate the impact of increasing subspecialisation on workforce requirements in Australia and New Zealand. (Standard 2.3)

### **3 The specialist medical training and education framework**

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#### **3.1 Curriculum framework**

The accreditation standard is as follows:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

The ophthalmology VTP is a five-year program divided into two years of basic training, two years of advanced training and one final year of training.

The training program comprises 21 curriculum standards which are referred to as the curriculum. The standards are publicly available on the College's website. These are as follows:

- Social and Professional Responsibilities Curriculum Standard, December 2015
- Basics of Ophthalmic Surgery (BOS) Curriculum Standard, May 2013
- Anatomy Curriculum Standard, May 2016
- Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) Curriculum Standard, May 2013, minor revision November 2015
- Optics Curriculum Standard, May 2015
- Physiology Curriculum Standard, October 2012
- Evidence-based Ophthalmic Practice (EBOP) Curriculum Standard, February 2016
- Ophthalmic Basic Competencies and Knowledge Curriculum Standard, May 2013
- Ophthalmic Pathology Curriculum Standard, August 2012, revised January 2015
- Clinical Curriculum Performance Standards, September 2014 which encompasses the following clinical areas:
  - Cataract Curriculum Standard
  - Clinical Refraction Curriculum Standard
  - Cornea and External Eye Curriculum Standard
  - Glaucoma Curriculum Standard
  - Neuro-ophthalmology Curriculum Standard
  - Ocular Inflammation Curriculum Standard
  - Ocular Motility Curriculum Standard
  - Oculoplastic and Orbit Curriculum Standard
  - Ophthalmic Ultrasound Curriculum Standard
  - Paediatric Ophthalmology Curriculum Standard
  - Refractive Surgery Curriculum Standard
  - Vitreoretinal Curriculum Standard.

As discussed under standard 2, there are seven key roles of the specialist ophthalmologist which underpin the College's educational strategies, clinical

supervision and trainee assessment. The role of the ophthalmic expert and clinical decision maker is described in the clinical standards and the non-technical roles of communicator, collaborator, manager, health advocate, scholar and professional are described in the Social and Professional Responsibilities Curriculum Standard.

### **Basic Training (Years 1 and 2)**

Trainees undertake basic training in structured terms in training hospitals in Australia and New Zealand. The trainee must demonstrate integrated clinical skills and knowledge in the Ophthalmic Sciences and Ophthalmic Basic Competencies and Knowledge (OBCK).

The Ophthalmic Sciences comprise:

- Anatomy
- Physiology
- Optics
- Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM Modules 1 and 2).

Assessment in the Ophthalmic Sciences is by examination. The competencies that relate to each of the ophthalmic sciences are covered in the Clinical Curriculum Performance Standards.

The Ophthalmic Basic Competencies and Knowledge are assessed in a clinical examination which must be attempted within the initial 12 months of training and covers:

- mastery of clinical examination techniques
- mastery of ophthalmic instruments
- interpretation of symptoms
- recognition of common clinical signs
- compulsory wet-lab experience.

Basic training is underpinned by the six non-technical competencies outlined in the Social and Professional Responsibilities Curriculum Standard. Trainees are selected for advanced training in the second half of each calendar year; therefore, they are required to satisfy all requirements within 18 months of the commencement of training to be eligible to apply for advanced training.

### **Advanced Training (Years 3 and 4)**

Advanced trainees are expected to demonstrate integrated knowledge, clinical and surgical skills in the 13 clinical practice areas, as indicated in the Clinical Curriculum Performance Standards:

- Cataract
- Pathology (including Clinical Genetics and Microbiology)
- Clinical Refraction
- Cornea and External Eye

- Glaucoma
- Neuro-ophthalmology
- Ocular Inflammation
- Ocular Motility
- Oculoplastics and Orbit
- Ophthalmic Ultrasound
- Paediatric Ophthalmology
- Refractive Surgery
- Vitreoretinal.

Advanced training continues to be underpinned by the six non-technical competencies outlined in the Social and Professional Responsibilities Curriculum Standard. Formal assessment comprises the Ophthalmic Pathology Examination, the RACE and WBAs.

### **Final Year (Year 5)**

In the final year, trainees consolidate their learning in preparation for specialist qualification and to function in the community as independent general ophthalmologists. Trainees may commence their final year of training after satisfactorily completing four years of training, passing the Ophthalmic Pathology Examination and the RACE.

The final year may be undertaken in Australia, New Zealand or overseas, preferably in an institution or network other than that in which the trainee completed the basic and advanced in-service component of their training. The College requires detailed reports from the trainee and supervisor(s) on completion of the year.

All trainees must meet the research requirement before applying for fellowship. This can be met by a publication in a peer reviewed journal as first author, or first author of a paper presented to a scientific meeting which is peer reviewed and for which abstracts are available, or an approved period of full-time research or a higher degree gained by research or thesis.

The training program requirements are documented in the *VTP Handbook* and are publicly available on the College's website.

As discussed under standard 1, in the period 2012–15 the College undertook a review of the VTP curriculum standards. The aims of the College's review were to:

- review all curriculum standards in the VTP including updating, consolidating and developing new curriculum standards documents
- include information regarding the assessment and performance criteria for each learning outcome and competency
- include recommendations regarding suitable tools and processes to report, audit and record trainee progress
- include recommendations in the clinical and surgical standards regarding ophthalmology 'practice standards', for procedures such as ophthalmic ultrasound and other ophthalmic imaging techniques, ophthalmic lasers and other subspecialty-specific practices

- ensure all standards are realistic and resilient for a five-year period, following which a review should occur.

As part of the curriculum review, a system of grading the level of mastery required for each competency at the end of training was developed. These were based on ‘the learning opportunities available and the level of expertise expected of a newly appointed consultant.’ For each learning outcome, the level of mastery to be reached is as follows:

- \*\*\* Core knowledge of which trainees must be able to demonstrate understanding. Skills and procedures that trainees must be able to perform autonomously.
- \*\* Knowledge of which trainees must have a good practical understanding. Skills and procedures with which trainees should have assisted, and of which have good practical knowledge.
- \* Knowledge, skills and procedures of which trainees must have some understanding.

### ***3.1.1 Team findings***

Trainees who graduate from the RANZCO VTP are widely recognised by institutions in Australia, New Zealand and internationally as having very sound knowledge of ophthalmic basic sciences and a high level of competence in clinical ophthalmology. The team congratulates the College for developing curriculum standards for Ophthalmic Sciences and subspecialty areas that represent a thorough and comprehensive exposition of the specialty of ophthalmology.

However, the RANZCO curriculum standards are not a true ‘curriculum’ in the modern sense. A modern curriculum provides a high level of integration across all roles and content themes. There is linkage of each learning outcome with teaching and learning resources and specific assessments. The curriculum is divided into learning objectives for each level of training, in order to guide the trainees as they progress through the beginner-to-expert continuum. Many Australian and New Zealand specialist medical colleges have promulgated such curricula. The RANZCO curriculum standards are more like syllabi for examinations and, while trainees and supervisors find them extremely useful in this regard, they do not generally use the standards to guide learning.

The 2006 accreditation team commented on the absence of a standing curriculum committee and in feedback to the College on its 2013 progress report, the AMC recommended that the College engage the community in standard setting and ongoing evaluation of the curriculum. Curricular development should be a continuous process to keep pace with advancements in medicine, changes in the delivery of health care and advances in medical education. The team found that the College is still not sufficiently focused on and engaged with curricular issues as evidenced by:

- the absence of a curriculum committee. In feedback to the AMC on this report, the College indicated that a committee or working group will be formed to take forward the work required on the curriculum
- a lack of representation from lay members, Indigenous health experts and other stakeholders who comprised the former Curriculum Review Committee (2012–15)
- the College’s statement that the revised standards are resilient for a five-year period following which a further review should occur (that is, no significant change for at least seven years)



- issues with the structure and content of the curriculum as outlined in this and other sections of this standard.

All supervisors and trainees have access to the curriculum standards. However, the team found little evidence that the curriculum is used consistently to plan teaching and learning activities (other than those associated with examination preparation). Many trainees and supervisors were unaware that there had been a recent curriculum review and revision.

The team found little evidence of overarching or purposeful curricular design. This reflects the way in which the College developed the curriculum with each subspecialty group writing its own curriculum standard. A central overarching design would have ensured spiral learning, a patient-centred holistic approach and avoidance of duplication and inconsistency, all of which are not achieved in the RANZCO curriculum. It would also have facilitated a rigorous process for deciding what constitutes essential knowledge and skill in ophthalmology.

The team concluded that the College has no realistic expectation that all trainees will be able to cover the curriculum standards. The Clinical Curriculum Performance Standards guide says that ‘some standards may not be achieved by all trainees in all training programs’. In the AMC survey of trainees, 31% of trainees said that they would complete training with major gaps in the outcomes of training (exposure to patients 14%, theoretical knowledge 5%, procedural skills 67%, practical skills 10%, non-medical competencies 10%, other 29%). In the AMC survey of supervisors, one supervisor commented that ‘some registrars may go through the program without undertaking a glaucoma rotation’. Some illustrative examples are provided below as well as under standard 3.2.

The curriculum deals with specific areas of ophthalmic practice, but not with themes that cross the current curriculum standards. For example, there is no integrated curricular section on trauma, and trainees and supervisors would need to refer to the trauma section in each of the curriculum standards for guidance. An opportunity to include learning outcomes about the multidisciplinary care of trauma patients, who often have suffered injury to more than one system in the eye, and other parts of the body, is lost. In addition, there is no curriculum standard that covers the appropriate use of imaging modalities in differing types of ocular trauma. The same comments could be applied to other themes, for example malignancy and infection/inflammation.

The siloed nature of curricular development has led to duplication and inconsistencies. For example, examination of the anterior segment and gonioscopy is repeated three times (in the Cataract, Glaucoma and Clinical Refraction Curriculum Standards) rather than being covered in a single standard, with possible additions in standards where special examination techniques are required. The need for special intraocular lens calculation techniques in patients who have had prior refractive treatment is covered both in the Cataract Curriculum Standard and the Clinical Refraction standard, but in the Cataract Curriculum Standard it is rated as core knowledge whereas in the Clinical Refraction Standard it is rated as knowledge of which trainees must have a good practical understanding.

As well as inconsistency and duplication in content, there is inconsistency of approach in the curriculum. For example, a whole curricular section is devoted to ophthalmic ultrasound yet there are many other imaging and diagnostic modalities used in ophthalmology. The College reported that the ophthalmic ultrasound curriculum was

developed as a stand-alone document to guide other practitioners who require certification of their ultrasound training within their practice settings. Whether the diagnostic modalities should be covered in a curriculum standard of their own or be considered in the curriculum standards for which they have the most relevance is a decision for curriculum developers, but there should be a consistent approach.

Learning outcomes in the non-technical roles are largely confined to the Social and Professional Responsibilities Curriculum Standard. The College has not attempted to integrate the clinical (medical expert) and non-technical (collaborator, communicator, health advocate, manager, professional and scholar) roles across the curriculum standards, and has not considered how non-technical roles might be assessed.

The team considered that the College is yet to achieve many of the objectives of the 2012-15 review, and a more integrated approach would assist in achieving these objectives. The team recommends that ongoing review of the curriculum should address the following issues:

- the learning objectives of basic training, including the level of knowledge and skill in subspecialty areas
- the learning objectives of advanced training, including any requirement to revisit subspecialty areas that have been experienced in basic training
- the assessments used to evaluate clinical and non-clinical skills during basic training, and the burden of such assessments
- the learning, teaching and assessment program that ensures that trainees are safe to start surgical training
- the indicative number of surgical cases required to be covered so that trainees and supervisors have an additional anchor statement by which to judge progress
- the integration of training in Indigenous health into the program
- the integration of the areas covered by the Social and Professional Responsibilities Curriculum Standard across the program
- placing terms in remote and rural areas towards the end of advanced training. The team also acknowledges that some trainees prefer to have the support of fellow trainees in larger centres as they approach sitting the RACE.

### **3.2 The content of the curriculum**

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This

practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care 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 health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

As discussed under standard 2, the purpose of the VTP is to prepare graduates for independent, general ophthalmology practice and this informed the College's last curriculum review.

The Ophthalmic Sciences (Anatomy, Physiology, Optics, Clinical Ophthalmic Pharmacology and Emergency Medicine, and Clinical Genetics and Microbiology) are considered the foundation for learning in the clinical subspecialties. The continued need for this foundation was confirmed by the curriculum review.

The Evidence-based Ophthalmic Practice (EBOP) Curriculum Standard guides the trainee's development of critical appraisal skills. This is also supported by the 'scholar' section of the Social and Professional Responsibilities Curriculum Standard.

The Ophthalmic Basic Competencies and Knowledge (OBCK) and Basics of Ophthalmic Surgery (BOS) Curriculum Standards document the 'threshold' skills that must be attained by basic trainees. These skills are elaborated in the Clinical Curriculum Performance Standards where additional clinical assessment and diagnostic skills in each curriculum standard are required and the emphasis is more on treatment planning and patient management.

In addressing accreditation standards 3.2.2 to 3.2.10, the College states that the Social and Professional Responsibilities Curriculum Standard and the EBOP Curriculum Standard address the competencies expected of a graduate of the RANZCO training program.

The College uses the Social and Professional Responsibilities Curriculum Standard to define the roles of collaborator, communicator, health advocate, manager, professional and scholar.

In the 'collaborator' role trainees are expected to develop their capacity to work with others to assess, plan, provide and review tasks, such as research problems, educational work, program review or administrative responsibilities.

In the 'communicator' role trainees are expected to recognise the cultural dimensions of their practice and act accordingly. The learning objectives are:

- elicit clinical information in a manner that respects the beliefs, culture, concerns, expectations and illness experience
- recognise the range of cultural constructs that may have an impact on beliefs about health, and therefore affect decision making, for example gender, religion, culture
- understanding that cultural difference has an influence on verbal and non-verbal communication
- recognise how his or her own cultural values may influence interactions with patients, carers or family members
- be able to elicit a patient's cultural values that may have an impact on the doctor-patient relationship
- demonstrate an awareness that cultural information may not apply to specific patients and that individual patients should not be thought of as stereotypes.

In the 'health advocate' role, the learning objectives describe:

- the individual – their health needs, and their health awareness
- the community – identification of stakeholders, opportunities for advocacy, competing priorities and active participation
- the environment – the determinants of eye health in Australia and New Zealand
- public policy and the role of the profession.

The health advocate role also addresses the requirement for trainees to develop an understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand (see below).

In the 'manager' role, trainees are expected to develop the capacity to manage their work practices, their personal health care, and risk within their workplace, to learn to serve in leadership roles and to allocate finite resources appropriately.

In the 'professional' role, trainees are expected to develop their capacity for ethical practice, contributing to profession-led regulation, and for high personal standards of behaviour in the ophthalmology context.

In the 'scholar role', the VTP includes a research requirement which all trainees must complete before the end of the final year. For trainees interested in pursuing the clinician-scientist pathway, a combined PhD/Fellowship program is available. The College Board is currently reviewing the regulations that govern this arrangement and has called for feedback from the College's Professors' Group on the draft recommendations. This feedback is still awaited.

The Social and Professional Responsibilities Curriculum Standard includes the following learning objectives in relation to Aboriginal and Torres Strait Islander health, history and cultures in Australia, and Māori health, history and cultures in New Zealand:

- Understand the unique place of Aboriginal and Torres Strait Islander peoples in Australian society and understand issues relevant to their health (Health Advocate 4.3.4)
- Be familiar with the principles of the Treaty of Waitangi, and understand the unique place of Māori in New Zealand society and understand issues relevant to Māori health (Health Advocate 4.3.5)
- Community health (Health Advocate 4.2.4)
- Discrimination (Health Advocate 4.4.5)
- Respect for diversity (Communicator 1.1.3)
- Non-verbal communication (Communicator 1.1.4)
- Intercultural competence – rapport (Communicator 1.1.6; 1.1.7; 1.1.8)
- Intercultural competence – history taking (Communicator 1.2.1; 1.2.2)
- Intercultural competence – communication with patient, family, carers, professional support workers (Communicator 1.3).

The College states that during the course of the VTP, trainees may have the opportunity to train in community, rural or remote locations where knowledge of the particular factors affecting the health of Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand may be applied.

### **3.2.1 Team findings**

There is an extensive curriculum for the scientific foundation of the specialty. The VTP curriculum also provides trainees with the clinical knowledge and skills to undertake independent ophthalmic practice as a general ophthalmologist. However, it could be argued that some areas of the curriculum standards are irrelevant to this goal and that some aspects of general ophthalmic care are missing from the standards.

For example, there is a whole curriculum standard on refractive surgery. Most of the competencies are rated \*\* indicating 'procedures with which trainees should have assisted and have good practical knowledge about'. Trainees commented to the team that it was sometimes difficult to achieve these competencies as refractive surgery is not performed in public hospitals. However, knowledge of the complications of refractive surgery and how to deal with them in the urgent care setting is essential for every ophthalmologist as these patients are not infrequently seen in public hospital emergency departments. However, this part of the curriculum is only graded \* which is 'knowledge, skills and procedures about which trainees must have some understanding' rather than \*\*\* 'core knowledge of which trainees must be able to demonstrate understanding'.

Similarly, the College's Ophthalmic Pathology Curriculum Standard states that trainees must 'practise using a microscope to observe ophthalmic pathology slides'. In meetings with the team, trainees revealed that they know that this is not a skill required by a general ophthalmologist in independent practice and that it will not be assessed. Consequently, this requirement is ignored by trainees and supervisors alike. In an

already busy curriculum it is difficult to understand how this activity was given prominence and allowed to remain a core skill. Conversely, for example, dealing with consent issues in patients without capacity is not covered in the curriculum, and these patients not infrequently present for cataract surgery.

In feedback to the AMC on this report, the College indicated that digital images are used rather than a viva microscope examination to assess each trainee's ability to recognise pathologies of the eye. Nevertheless, the ability to use a microscope proficiently remains a core skill which a trainee is expected to learn.

Few individual learning objectives in any part of the curriculum are linked to assessments, other than by a statement that they will be covered in the examinations or WBAs. Consideration could have been given to the educational and assessment methods that are best suited for differing learning objectives, such as knowledge, problem solving, attitudes, and psychomotor skills and performance, as many of these competencies do not lend themselves to assessment in formal examinations, but are assessed less rigorously or consistently in a WBA. The current situation of disparity in assessment between the Social and Professional Responsibilities Curriculum Standard and the other curriculum standards means that the concern of the 2006 accreditation team remains which is that 'the situation may indicate to trainees that this is an area of less importance'.

The Social and Professional Responsibilities Curriculum Standard covers many of the requirements of accreditation standards 3.2.3 to 3.2.10. However, the team concluded that there was more work to be done in embedding the non-technical roles more broadly across the curriculum.

Senior trainees who met with the team reported that their training had done less to equip them with the non-technical skills required of a specialist than it had to train them in the medical expert role. Almost none had been involved in a quality improvement project nor reflective writing activity despite the fact that Social and Professional Responsibilities Curriculum Standard 5.3.4 requires trainees to evaluate and reflect on a teaching encounter to improve practice and 6.3.3 requires that they take opportunities to reflect and improve on performance. No guidance is given to trainees on how to approach quality improvement nor reflective writing.

The team noted that there were areas of Social and Professional Responsibilities Curriculum Standard that were not translated into practice in the training process. For example, continuous weeks or months on call without a break was not consistent with the standard 3.2.2 'Recognise signs of stress or fatigue in yourself, and how this can affect your care of patients and interactions with other staff' and standard 3.2.3 'Balance personal and professional priorities to ensure personal health and sustainable practice.'

The team concluded that the curriculum revision had missed the opportunity to actively promote patient safety and patient-centred care. For example, the College has an inconsistent approach to introducing trainees to ophthalmic surgery. The College's WBA Assessment Survey and feedback through the team's site visits revealed wide disparity among the Regional QECs in their use of wet-lab training and other simulation techniques prior to live surgery. Trainees commented that some wet-labs were optional, difficult to access, unsupervised and/or did not cover all the necessary items. In New South Wales, the team was told that wet-lab training is not built into the program but is presented as an optional evening class. The situation was different in Victoria where formal surgical training occurs in the wet-lab with sign-off after achieving basic

competencies and before live surgery. In response to the question on the role of the Basic Ophthalmic Surgery Pre-surgical Assessment Record, only 30% of trainees agreed that it facilitates the introduction to surgery.

The team formed the view that there should be greater emphasis in the curriculum on leadership and teamwork in inter-disciplinary and inter-professional teams, and an appreciation of the responsibilities of the ophthalmology trainee and specialist as leaders in the broader health service. Several stakeholders commented about this in written feedback. Some explicit learning outcomes for leadership, with links to teaching and learning resources, are recommended.

In written feedback to, and in discussion with the team, stakeholders commented that there 'appears on occasion to be a lack of appreciation of the impact that some of the highly specialised, high-cost procedures have on the healthcare system, particularly in small jurisdictions or where there are volume quality relationships'. Trainees could benefit from improved understanding of these issues and being introduced to processes established to manage them.

The Social and Professional Responsibilities Curriculum Standard includes learning objectives related to teaching and supervision. However, the team did not find much evidence that these skills were actively taught or assessed. The training program does not facilitate development of trainees as supervisors, because trainees are not consistently assessed in their work of supervising more junior trainees in subspecialty areas where they have had prior experience.

The Evidence-based Ophthalmic Practice Curriculum Standard includes learning objectives in research methodology, critical appraisal of literature and evidence-based practice. However, the team concluded that there was little encouragement in the curriculum to put this learning into practice, through clinical audit and quality improvement exercises, and no formal assessment of these activities. For example, there is no formal requirement for trainees to submit an audit of the outcomes of their cataract surgery despite the Cataract Curriculum Standard requiring an understanding of importance of audit in cataract surgery (4.15.1) and a continuing personal audit as part of the Surgical Logbook (4.15.3). One trainee commented in the College's WBA Survey that the Surgical Logbook urgently needs updating so that trainees can use it as a tool to audit surgical experience, outcomes and complications. Encouragement of audit during training would facilitate vertical integration with the College's CPD program.

Supervisors who met the team were unclear about expectations of training in cultural awareness and Indigenous health, and commented that the curriculum was not helpful in guiding trainees or supervisors through the issues involved. In written feedback to the team, one stakeholder commented that the 'Indigenous health related standards in the Social and Professional Responsibility Curriculum are mostly at the lower order of knowledge, skill or understanding. They refer to involving Indigenous Liaison Officers and ability to communicate in an effective and culturally safe manner. There is a lack of detailed knowledge or meaningful statements about ways of working within Indigenous health contexts and what that might mean. At a specialist level of training, this is below the requirements of the Committee of Deans of Australian Medical Schools (CDAMS) 2004 Indigenous Health Curriculum Framework for medical students. Standards of the College should build on the CDAMS Framework and expect a higher order of achievement and application. It is necessary to extend existing knowledge and to also apply it in the practical / clinical or policy areas.' The team considers this to be useful advice. Any such revision to the curriculum should also include specific teaching and

learning resources, and appropriate assessments related to cultural competence and safety.

### **3.3 Continuum of training, education and practice**

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

The College states that the structure of the VTP might be described as following a 'foundation and capstone' model. The foundation learning in the program builds on existing knowledge, skills and behaviours evidenced at selection to provide the ophthalmic context for the early stages of practice as a trainee.

The on-the-job learning in the VTP is used to address a range of learning needs. The College has curriculum standards that inform the 'hurdle' assessments. These assessments are:

- Clinical Ophthalmic Pharmacology and Emergency Medicine Examinations
- Ophthalmic Basic Competencies and Knowledge Examination
- Basics of Ophthalmic Surgery WBAs.

The College also stated that not all rotations are the same: each trainee's path through the program is unique and active engagement with the curriculum is required. Trainees are guided by the curriculum standards and feedback provided in the workplace. Completion of the RACE demonstrates mastery of the trainee's theoretical and practical learning.

In final year training, the trainee undertakes a College-approved program devised to match their self-identified learning goals. The purpose of the final year program is to broaden the trainee's specialist experience and progress the development of their skills as an ophthalmic practitioner.

The seven key roles of the specialist ophthalmologist (ophthalmic expert and clinical decision maker, collaborator, communicator, health advocate, manager, professional and scholar) as detailed in the curriculum standards are carried through to the College's CPD program.

With regard to the College's processes for the recognition of prior learning (RPL), the main avenue is through the category of Temporary Training Registrar (TTR). A TTR is an unaccredited registrar who relieves in an accredited training post for a trainee on interrupted training. The College's TTR Policy describes the eligibility criteria. If a TTR is selected onto the VTP in the year following their time as a TTR, they are eligible to apply to the Censor-in-Chief for RPL both for examinations and time in the accredited training post. The College reports that there have been no applications for RPL outside the category of TTR in recent years.

Trainees may meet the research requirement of the VTP prior to commencing their training. Trainees can apply for the recognition of this prior learning, which is generally accepted.



According to the College's submission, the number of trainees who had their prior learning accepted in the last three years is as follows:

Year	TTRs appointed	TTRs selected on VTP the following year	RPL accepted
2013	3	3	3
2014	2	1	1
2015	4	3	3
2016	3	0	n/a

### **3.3.1 Team findings**

The College assumes essentially a clean slate at the start of training in view of the paucity of ophthalmology training in both medical school and prevocational training. This seems a sensible approach.

Different regions take a differing approach to the induction of trainees to basic ophthalmological knowledge and skills. In Victoria, first year trainees are all posted to the Royal Victoria Eye and Ear Hospital where they are closely supervised and guided through the year. In New South Wales, first year trainees can be posted in busier and less protected clinical environments. In Queensland, the team was informed that the selection criteria for training include a requirement (overtly or covertly) for previous ophthalmic experience as TTRs (or in other such posts).

Although the College states that it has a period of basic training followed by a period of advanced training, the College also states in its accreditation submission that trainees may undertake the various terms in any order and are not required to repeat terms already completed during basic training in advanced training. The College states that 'it is expected that trainees will be competent for their level of training in whichever terms they undertake', but gives no anchors to guide what is expected, as the levels of mastery pertain only to the end of training. The curriculum documents do not explain how trainees who undertake a sub-speciality area in basic training and achieve a basic level of mastery will reach an advanced level of mastery at the end of the training if they do not do another rotation. For example, in retinal surgery, how will trainees reach a competent level at the end advanced training when retinal surgery had only been experienced early in basic training. Within the constraints of the available training posts in Australia and New Zealand, the team recommends that the College revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles of the training program.

The 2006 accreditation team commented that the burden of clinical work and assessment in basic training had major implications on workload for trainees in the first 18 months, and the level of clinical proficiency of trainees at the beginning of their second year of training. The team recommended that the College develop an overall goal for the training program in terms of manageable workload and study load for trainees, staffing levels required to provide adequate study leave and supervision, and develop a strategy to achieve this goal.

Although the College has rearranged the examination program to some degree, there has been no fundamental reform of this part of the curriculum. Supervisors and trainees alike commented to the 2016 team that the curricular requirements of the first year in

particular are difficult to achieve and that repeated examinations conflicted with, rather than contributed to, initial training.

The training program is structured in 'terms' which are undertaken within the clinical units that comprise the regionally-based training networks. These terms usually last three months although they can be longer. Short terms are considered by supervisors, trainees and allied professionals to be disruptive to training and patient care. The team learned that this is a particular problem for paediatrics terms, and remote and rural terms. The terms, in some instances, and more in some regions than others, seem haphazard, do not map to any curricular structure and are not equitable amongst the trainees. In the College's WBA Survey only 18% of trainees said that they had had a mid-term formative assessment for each rotation and had trouble meaningfully connecting with supervisors in short terms. The College stated that short terms were necessary so that trainees could achieve competency in each subspecialty area. The team was of the opinion that training would be enhanced by six-monthly terms, with trainees perhaps covering two such areas in each six months. The training curriculum also does not include the volume of practice requirements. Instead trainee progression is assessed through WBAs of selected procedures and End Term Assessments.

The instrument used by the College to enable a trainee's progress through the curriculum is the Clinical Curriculum Performance Standards (CCPS) Spreadsheet tool. This was described by trainees and supervisors to be repetitive, clunky, time-consuming and of little value. This is also discussed under standard 4 of this report. In the College's WBA Trainee Survey, only 6.3% of trainees agreed with the statement that the spreadsheet facilitates training well. In this survey, 9.9% of trainees stated that they would like a paper record, 39.4% stated they would like an online record and 48.5% stated they would like a combination of the two. Many training institutions use an online e-portfolio and the College should consider the development of such a tool as also discussed under standard 7.3 of this report. This would eliminate the current paperwork load for both trainees and supervisors, and enable real-time monitoring of a trainee's progress by their Term Supervisors, Directors of Training and the Censor-in-Chief. It would facilitate the trainee's next educational supervisor being able to look at progress prior to arrival in the unit. It would also help to reduce the reliance on non-transparent word of mouth/email methods of transfer of information in current use. Finally, an e-portfolio could also facilitate the transition between training and CPD as a specialist; at present there is no such vertical integration. In the College's WBA Supervisor Survey, 73% of trainers said that access to the trainee's Surgical Logbook would assist in education planning although only 16.1% favoured an online record of assessments and a further 12.9% a combination of online and paper.

There is no recognition of prior learning for those entering the training program from other ophthalmological training programs (e.g. the RCOphth program) or other related professions (e.g. a trainee who had previously qualified as an optometrist would still have to sit the full optics and refraction examination). The College made the case that the VTP is sufficiently different from other programs to make such RPL problematic. The team recommends that the College consider reviewing the policy and procedures on RPL.

### 3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

The *VTP Handbook* articulates the requirements for progression through each stage of the program. Trainees are required to satisfactorily complete two online examinations and attempt a third examination before the commencement of training. The requirements for the completion of further examinations and WBAs throughout the program are clearly documented.

The minimum time for training is five years and the maximum time is 12 years. The maximum time limit for completion of the program is inclusive of periods of remediation and approved interrupted training. The College reports that no trainee has failed to complete the VTP because the maximum period allowable has elapsed.

The College has a policy on interrupted and part-time training. The College policy on interrupted leave states that 'skills and confidence can be lost during periods without training'. If the period of interruption is greater than three months, trainees will be required to have their skills assessed by the network when they return to work and training is resumed, to determine if any retraining or additional up-skilling is required. If additional training is required, this must be organised by the trainee in consultation with the training network.

Trainees undertaking part-time training are required to meet the College's standards on a fulltime equivalent pro-rata basis, including adherence to the required number of supervised surgical and clinical sessions and pay Associate Membership fees.

According to the College's submission, the number of trainees who have sought and been granted part-time or interrupted training in the last three years is as follows. All applications for part-time or interrupted training in the last three years have been approved.

<b>Flexible training options</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Maternity leave	11	11	6
Part-time training	0	2	3
Interrupted training	3	8	3

The College provided a breakdown of trainees in part-time and interrupted training. There are currently two trainees in Australia in part-time training and nine on

interrupted training, spread across the training networks and years of training. There are no trainees in part-time or interrupted training in New Zealand.

In its accreditation submission, the College stated that trainees are discouraged from taking on additional studies within the first 18 months of training. The combination of RANZCO examinations, training and service provision are considered a full-time demand. In the advanced years trainees can undertake other studies if they wish and may be granted interrupted or part-time training to do so.

### **3.4.1 Team findings**

In the AMC survey of trainees, 90% agreed with the statement that the requirements for the completion of the training program are clearly documented and 86% indicated that the College keeps trainees informed about changes in the program.

The 2006 accreditation team commented that ‘moving exams to the pre-training period may have undesired consequences and should be carefully evaluated. Learning basic sciences outside of ophthalmology training may reduce their apparent relevance to the learners. While these moves may spread the assessment burden over a longer period of time, does it create issues for progression? For example, what are the implications of failure in these assessments?’

According to statistics provided by the College for the 2016 accreditation, two to three trainees each year have the start of their training delayed by failure to pass these pre-training examinations. This cannot be satisfactory for these trainees nor the training networks. In feedback to the AMC on this report, the College indicated that successful completion of the Clinical Ophthalmic Pharmacology and Emergency Medicine Module 1 examination is deemed necessary to ensure patient safety prior to commencing training time.

The College’s flexible training policies are clearly and publicly documented. However trainees have difficulty translating this policy into practice due to cultural and administrative barriers. Interrupted training is mainly accessed by trainees seeking maternity leave. However, no guidance is given to Regional QECs, Directors of Training nor Term Supervisors regarding arrangements for trainees who wish to remain in contact with their training network during this period of time nor detailed guidance for their safe re-entry into practice following this extended period of absence. The team recommends that the College develops guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave.

According to the statistics provided by the College there are a very small number of trainees in part-time training, and this is mainly post-maternity leave. Hospital administrators, supervisors and trainees were uniformly of the opinion that part-time training is not well regarded within the VTP and is discouraged.

Hospitals reported they recognised the need for workforce changes, and the need to be supportive of the part-time workforce. Trainees indicated that enquiring about the possibility of part-time training would lead to adverse outcomes and gave examples where such a request had led to a difficult term and a disappointing End of Term Assessment. In the AMC survey of trainees, only 16% of trainees agreed with the statement that ‘part-time training posts are available within my network’. The College stated in its accreditation submission that it is ‘amenable to’ (rather than ‘supportive of’) part-time training. The team is of the opinion that within the College at large there is

a deeply-rooted negative attitude towards part-time training and those who wish to train in this manner, and that very firm leadership from the highest level of the College hierarchy is required to eradicate this form of discrimination.

### *Commendations*

- E Graduates from the training program who are widely recognised by institutions in Australia, New Zealand and internationally as having very sound knowledge of ophthalmic basic sciences and a high level of competence in clinical ophthalmology.
- F Curriculum standards for ophthalmic sciences and subspecialty areas that represent a thorough and comprehensive exposition of the specialty of ophthalmology.

### *Conditions to satisfy accreditation standards*

- 10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)
- 11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)
- 12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)
- 13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)
- 14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)
- 15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)
- 16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)
- 17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)

### *Recommendations for improvement*

- FF Restructure the separate curriculum documents to form an integrated curriculum that functions as a guide to training rather than an examination syllabus. (Standard 3.1.1)

GG	Develop learning outcomes to enhance trainee understanding of the impact of highly specialised, high-cost procedures on the healthcare system. (Standard 3.2.6)
HH	Revise the College's policy and procedures on recognition of prior learning to recognise relevant prior training and experience locally or overseas. (Standard 3.3.2)

## 4 Teaching and learning

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### 4.1 Teaching and learning approach

The accreditation standard is as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

The College delivers the ophthalmology VTP through accredited training sites in Australia and New Zealand. These sites include major metropolitan hospitals, regional/provincial hospitals and private hospitals. The College's *Standards for Ophthalmology Training Networks and Posts* articulate the responsibilities of the College and the health agencies and hospital systems in teaching and learning.

As discussed under standard 3, the training program is five years long and is divided into three stages (basic training, advanced training and final year training). Each year trainees undertake a series of rotations to develop their clinical and surgical skills. The experience available in each training post varies in pathology, complexity and variety of patients. In basic and advanced training these rotations last from three to six months. The College does not mandate training in regional and remote areas however in all networks trainees have the opportunity to work in regional and/or remote areas.

The College has a clear structure of supervision to oversee the training program in each training network. The Director of Training oversees the supervision of all trainees in the network and one of the Clinical Tutors in each training post is the designated Term Supervisor. The College's standards for supervision of trainees are defined in the *Standards for Ophthalmology Training Networks and Posts* which ensure that trainees are adequately supervised for their level of training.

Training networks are required to provide a teaching program that includes didactic lectures, conferences and journal clubs. All networks must provide at least one protected teaching session per week to enable trainees to attend network-wide didactic teaching. The College and the hospitals work together to ensure that protected teaching time is coordinated across the network. The College's standards for teaching and learning facilities ensure that trainees have access to texts and journals and teleconferencing/video facilities.

As detailed in the College's accreditation submission, there are a number of teaching and learning approaches used in the VTP which include:

- self-directed learning to attain the knowledge required in the basic and clinical sciences. Trainees are guided by the curriculum standards and the formative assessments
- work-based experiential learning to attain the skills and behaviours described in the learning outcomes of the training program. Trainees are guided by the Curriculum Standards and the formative assessments
- learning supports provided by the College and training networks to target particular areas of learning. For example, didactic teaching sessions addressing curriculum content at 'eye schools', wet-lab and simulation laboratories, and online modules

- research-informed learning to attain skills in evidence-based ophthalmic practice. Trainees are guided by the curriculum standards and the VTP research requirement.

#### ***4.1.1 Team findings***

The ophthalmology training program is largely experiential with some structured learning activities to support practical experiences. The team heard that the majority of training sites provide a high-volume and diverse caseload for experiential learning. The team also heard that much of the learning is driven by a large assessment load especially in the first two years of the VTP.

In the AMC survey of trainees, 81% of trainees agreed or strongly agreed with the statement ‘I have access to an appropriate patient case load in my current training site’ and 78% of trainees agreed with the statement ‘the education programs provided are relevant to my learning needs.’ However, as reported in the College’s accreditation submission, there is considerable variation in the quantity and quality of education occurring across the different networks and between rotations. This can be attributed to the high demand for local service provision, the clinical context (i.e. public versus private, subspecialty settings), limited access to paediatric ophthalmology (particularly prior to less closely supervised rotations) and limited access to wet-labs and simulation facilities, particularly in the Northern Territory and in Western Australia. The College needs to address this variation.

Whilst teaching in training sites is relevant to the curriculum, it is not generally mapped to the curriculum. The College should consider how it can effectively promote mapping of courses provided by external providers (such as training sites, regional committees and universities) to the training curriculum.

The team received feedback during the visit that the current hospital service models are constraining the flexibility of training, impairing the progression towards independent practice and are potentially impacting on patient safety. This was reported to be a particular problem with three-month rotations. It was reported that trainees are required to rotate just as they start to develop an understanding of the systems and processes in the department or unit. Trainees see their patients in the outpatient setting and are unable to follow them through to surgery. Whilst this is not unique to ophthalmology, it does diminish the understanding of the patient journey through the healthcare system. It was also reported by both trainees and supervisors that some rotations offer less learning opportunities than others. For example, experiential learning is more limited in the private subspecialised context where trainees may not get the same case diversity or hands-on opportunities as experienced in a larger public hospital. Therefore, requiring a six-month rotation in this clinical context would be detrimental to learning. The College and training networks should consider innovative ways to arrange rotations so that trainees can become more familiar with the service. For example, the College could combine two subspecialty rotations into a six-month term. This would also reduce the paperwork load for trainees and supervisors and help them to concentrate on quality rather than quantity of end-of-term reports.

In some Queensland sites, trainees reported they were not adequately equipped with the skills to manage paediatric patients. While paediatrics is a rotation in the VTP, the timing of this rotation does not always precede rotations to sites where paediatric patients are encountered in a remote supervision structure. Some trainees also reported a lack of support and oversight with the after-hours on-call cases in some



training sites. The expectations and demands in these instances impaired learning and undermined the trainee's confidence. Some trainees felt disempowered to discuss their expectations with their supervisors due to the concern about an adverse End of Term Assessment. This concern presents a risk to patient safety and to trainee wellbeing. Whilst such instances were by no means a universal experience by trainees, it is important that the College develops structured teaching and learning programs in key paediatric skills to ensure that trainees are adequately equipped with the skills required to manage paediatric patients before starting more remotely supervised rotations.

## **4.2 Teaching and learning methods**

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

### **Practice-based teaching and learning**

The ophthalmology training program is practice-based. Trainees gain clinical experience in a variety of settings which include: outpatient clinic settings; on-call sessions; operating theatres; and outreach activities in Australia, New Zealand and overseas.

The standards for supervision are documented in the *Standards for Ophthalmology Training Networks and Posts*. The College requires trainees in each site to undertake at least four supervised clinics and two supervised theatre sessions each week. Progress is assessed by the Term Supervisor and monitored and recorded through a series of assessment reports.

### **Adjuncts to learning**

As detailed in the College's accreditation submission, there are a range of adjuncts to learning that are available to trainees in the ophthalmology training program. These adjuncts include wet-labs, simulation settings, workshops and online modules.

#### *Pre-surgical learning in wet-lab and simulation settings*

All trainees must undertake supervised training in a wet-lab as well as meet the requirements of the Basics of Ophthalmic Surgery (BOS) Curriculum Standard prior to commencing the surgical treatment of patients. A number of training networks also have simulation facilities for training.

### *Pre-surgical online learning*

The College recently developed peer-reviewed surgical instrument quizzes aimed at the newly-selected trainee. The quizzes cover instrument trays for various surgical procedures and supplement the online resources available for the BOS Curriculum Standard. The College is planning to add to these quizzes in 2016.

### *Communication skills workshops*

The College makes available twice-yearly Communication Workshops for trainees in basic training. The content of these workshops has been informed by the Curriculum Standards and feedback from College supervisors. These workshops have been funded through the Australian Government's Specialist Training Program (STP).

### *Professionalism online learning module (in development)*

The College is developing a practical online learning module to provide guidance to basic trainees, and others as necessary (for example, as part of a remediation program), on the role of the professional as described in the Social and Professional Responsibilities Curriculum Standard. The scenarios will reflect a number of professional dilemmas that a trainee might face.

### *Cultural awareness online learning modules*

The College is currently developing cultural awareness modules specific to ophthalmology. The College has also made available several Rural Health Continuing Education (RHCE)-funded cultural awareness modules developed by other specialist medical colleges. These include the Australasian College for Emergency Medicine, the Royal Australasian College of Surgeons (Intercultural Learning Modules for Specialist Medical Colleges) and modules covering communicating and consent issues with Aboriginal and Torres Strait Islander patients from the College of Intensive Care Medicine of Australia and New Zealand.

The College has recently completed an information module on cultural awareness for trainees and fellows working with Aboriginal and Torres Strait Islander patients. A number of resources on cultural awareness when dealing with Indigenous patients in both Australia and New Zealand, including links to courses, are provided on the College website. The College's Indigenous Committee is planning to develop further resources in consultation with key Indigenous stakeholders.

## **Teaching and learning methods**

### *Self-directed learning*

A number of peer-reviewed learning resources relevant to the VTP curriculum are provided for trainees. These cover the Ophthalmic Sciences subjects, Ophthalmic Pathology and the RACE, and are available on the College's Moodle learning management system.

All VTP curriculum standards provide references to core texts and additional readings which are mapped to the curriculum. These references were updated as part of the recent curriculum review. The Boards of Examiners will now review these recommendations annually, and refer any proposed changes to the Curriculum Portfolio Representative on the QEC for consideration. The VTP curriculum standards also

include references to the primary literature and to multimedia resources. Trainees also have access to the American Academy of Ophthalmology One Network and to MEDLINE Complete where other learning materials can be accessed.

#### *Peer-to-peer learning*

As part of the VTP all trainees must participate in a journal club in their training network. Many trainees also form study groups that generally focus on examination preparation.

#### *Didactic learning*

Trainees have access to didactic instruction in training network through the 'eye schools'. The didactic programs are devised by the network in consultation with the Director of Training. Trainees also complete courses offered by external providers. One example is the Dunedin Ophthalmology Revision Course, offered at the University of Otago, New Zealand.

#### *Work-based experiential learning*

Trainees undertake work-based experiential learning under the direction of their Term Supervisor or Clinical Tutor. Trainees have access to a mentor for personal and professional support during their training program.

#### *Working in interdisciplinary and interprofessional teams*

Trainees provide ophthalmology care alongside surgical theatre nurses and anaesthetists in operative sessions and work with optometrists and orthoptists in the outpatient context. In the course of their clinical work trainees interact with the interprofessional team in order to interpret and present clinical findings and prepare management plans. The College expects the upcoming implementation of multisource feedback (MSF) will give greater weight to the opinions of members of the interprofessional team other than specialist ophthalmologists or other medical specialists.

### **Increasing degree of independence**

The allocation of trainees to training posts takes into consideration the competence and experience of each trainee, to ensure that the surgical lists available will provide development learning experiences while ensuring patient safety.

As their clinical and surgical skills increase over the course of the training program, trainees are given more responsibilities and independence. Examinations, term reports, the Clinical Curriculum Performance Standards (CCPS) Spreadsheet tool, and the Surgical Logbook are used to measure and record the developing knowledge and experience of trainees.

The CCPS Spreadsheet tool is used to record competency in the clinical performance standards. The tool is to be used by trainees and supervisors to identify levels of mastery in both the foundation skills (i.e. general ocular history taking) and in specific skills (i.e. cataract- or glaucoma-specific ocular history taking). The College's 'star rating' mastery level system guides both the trainee and the supervisor to the depth of knowledge, skills and attributes that trainees must achieve for each of the curriculum standards. Trainees must discuss their CCPS Spreadsheet with their Director of Training

at the completion of 18 months of training, prior to applying to sit the RACE, and at the end of advanced training.

The Surgical Logbook is a web-based tool used to record a trainee's surgical experience as detailed in the clinical curriculum standards. Directors of Training must also sign off the trainee's Surgical Logbook at completion of 18 months of training, prior to applying to sit the RACE, and at the end of advanced training before submitting to the College.

#### **4.2.1 Team findings**

The College promotes weekly protected teaching time led by supervisors. These didactic sessions are maintained by enthusiastic and committed supervisors and are highly valued by trainees. Many supervisors provide didactic teaching in addition to their normal employment duties.

Adjuncts to learning, including utilisation of web-labs, are highly valued by supervisors and trainees. Some supervisors consider that trainees should be 'signed off' with a level of competency in wet-labs before operating on patients, to improve confidence, competency and patient safety. The College should consider if being 'signed off' in the wet-lab as a core competency before operating needs to be a universally-applied College induction standard. If so, this should be explicit in the College documentation. Some training sites, notably in Western Australia and the Northern Territory, stated that they have limited wet-lab access. This presents an access barrier to learning. The College will need to consider equal access and supportive measures to learning methods in outer metropolitan and regional sites, as wet-labs are seen as an essential learning resource for developing technical skills.

The use of simulation as a method of learning is not widely encouraged or standardised by the College. The role of simulation (by whatever means) should be explicit in the curriculum. The College should support training networks to integrate simulation with live patient surgery as a mandatory part of meeting the curriculum. This could be done by appointing a simulation 'champion' to drive this agenda.

The College has attempted to develop some specific resources on Aboriginal and Torres Strait Islander and Māori health. In its current state, the non-compulsory learning resources for Indigenous health seem unlikely to produce a culturally safe and reflective ophthalmologist who will have a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. The College's Indigenous Committee needs to widen and deepen its engagement with Indigenous organisations, in order to develop culturally appropriate methodologies that are mapped and assessed as part of the curriculum.

The team noted that there are some resources available on the College's website to assist research applications. However, overall, support for research appears to be largely underdeveloped. As discussed under standard 3, the College should update its curriculum to include formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice. The College should also include curriculum elements of reflective practice, clinical audit, quality improvement and critical appraisal. These research and quality activities should be supported and assessed.

As discussed above, trainees work alongside surgical theatre nurses and anaesthetists in the operative sessions and work with optometrists and orthoptists in the outpatient context. However the team collected limited evidence during the sites visits of

interdisciplinary and interprofessional learning by trainees. The College should consider ways to foster interdisciplinary and interprofessional learning.

The purpose of the CCPS Spreadsheet tool, as stated in the College's accreditation submission, is to exemplify and embed the concepts and the reality of integrated training. Information gathered from the site visits indicated that this tool is not being used effectively by all trainees and supervisors and is regarded as cumbersome. Some trainees regarded it as a 'tick and flick process' that provided little insight to where they sat in their learning development journey. Some supervisors reported that they did not understand how to use the tool effectively when tailoring a trainee's specific learning needs during their rotation. These findings are significant given the importance that the training program places on the CCPS tool to identify and recognise how a trainee is meeting the curriculum standards.

It was also reported that the online Surgical Logbook does not lend itself to effective use by trainees and supervisors. Trainees reported that the current system does not enhance learning and is again cumbersome to use. Most trainees develop their own logbooks to record their procedures. Trainees are able to record further data useful to them that is not captured in the current format i.e. recording surgery that is not required in the curriculum and recording surgery outcomes. Trainees commented on more effective models of capturing surgical experiences in other parts of the world i.e. tools available through an app on mobile devices. Some trainees did not seem to value the need to capture their experiences in a logbook because there was no patient identifying method to know if patients were 'real'. Some supervisors also shared this view.

The College should review both the CCPS Spreadsheet tool and the online Surgical Logbook to improve their effectiveness and relevance to the VTP. The review should consider how to redesign the spreadsheet to allow trainees and supervisors to effectively align rotation experiences with the expectations of the training program. The College should involve trainees and supervisors in the re-development of the logbook, and should consider more technologically advanced tools in the form of an app.

#### *Commendations*

- G The high-quality work-based teaching delivered by enthusiastic and committed supervisors in the training networks.
- H The high-volume and diverse case-load for experiential learning available in the training networks.

#### *Conditions to satisfy accreditation standards*

- 18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)
- 19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)
- 20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)

- 21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)
- 22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)
- 23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)

*Recommendations for improvement*

- II Develop and implement a structured teaching and learning program covering key paediatric skills to ensure trainees are adequately equipped with the skills required to manage paediatric patients before starting remotely supervised rotations. (Standard 4.1.1)
- JJ Support training networks to integrate simulation with live patient surgery as a mandatory part of meeting the curriculum. (Standard 4.2.2)
- KK Develop a formal program of interdisciplinary and interprofessional learning. (Standard 4.2.3)
- LL Introduce a process for signing off trainees with a level of competency in the wet-labs before operating on patients and consider whether this should be a College induction standard to be applied universally. (Standard 4.2.4)

## 5 Assessment of learning

### 5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

Standard 5.1 requires that the College has a comprehensive and clearly documented program of assessment, which accommodates trainees requiring special consideration.

The assessment function at the College is governed by the Federal QEC and is managed by staff in the Education and Training Unit. The College has used internal and external assessment expertise in the development of its assessment program.

The assessment program has been modified since the last AMC accreditation in response to stakeholder feedback and evolving assessment methods for specialist medical education. All assessments are now undertaken after selection into the training program and WBAs have been enhanced.

### Examinations

The College has a comprehensive and clearly documented program of examinations. Each group of examinations is governed and implemented by a Board of Examiners and specialised staff members. Each examination is aligned with one or more of the curriculum standards. The College's examination program is as follows:

Name	Availability	Written	Oral	Deadline for pass
<b>COPEM 1</b>	Any time after selection	Online	-	Before training
<b>COPEM 2</b>	Any time after selection	Online	-	3 months of Basic Training
<b>Anatomy</b>	Twice a year <sup>1</sup>	In regions	One venue	18 months of Basic Training
<b>Optics</b>	Twice a year	In regions	-	18 months of Basic Training
<b>Physiology</b>	Twice a year	In regions	-	18 months of Basic Training
<b>OBCK</b>	Twice a year <sup>2</sup>	-	One venue	18 months of Basic Training
<b>Pathology</b>	Twice a year	In regions	-	Before 1 <sup>st</sup> attempt at RACE
<b>RACE</b>	Twice a year	In regions	One venue	24 months of Advanced Training

<sup>1</sup> Must be attempted at 1<sup>st</sup> opportunity after selection; <sup>2</sup> Must be attempted in 1<sup>st</sup> year of Basic Training

The Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) examinations are designed to drive the initial learning required for the safe clinical practice of ophthalmology.

The Ophthalmic Sciences examinations (Anatomy, Optics and Physiology) are designed to drive understanding of the basic sciences underpinning ophthalmology practice. Clinical Genetics and Microbiology are examined during the Ophthalmic Pathology examination and during the RACE which is undertaken during Advanced Training.

The Ophthalmic Basic Competencies and Knowledge (OBCK) examination is designed to assess initial attainment of knowledge and skills in clinical ophthalmology. Emergency management is examined in the COPEM Module 2 examination.

The RANZCO Advanced Clinical Examination (RACE) is the final examination of the training program and assesses achievement of learning objectives in all the curriculum standards (including the Social and Professional Responsibilities and Evidence-based Ophthalmic Practice Curriculum Standards).

### Work-based assessments

The College implements a suite of clearly documented WBAs. The WBA program is governed by the Federal QEC and supported by staff in the Education and Training Unit. The WBAs are undertaken throughout training and include assessment of clinical skills, surgical skills and the key roles of collaborator, communicator, health advocate, manager, professional and scholar (as outlined in the Social and Professional Responsibilities Curriculum Standard).

The College's WBA program is as follows:

Assessment	Deadline	Assessor	Grading
Core Induction Standard Assessment	3 months of Basic Training	Term Supervisor	Competent or not competent
Basic Ophthalmic Surgery: Pre-surgical Assessment	3 months of Basic Training	Term Supervisor	5-point scale (4–5 = competent)
Surgical assessments	Monthly; submitted at each End of Term Assessment	Clinical Tutors, Term Supervisor	Competent or not competent
Significant event	After any significant event in workplace	Term Supervisor	Results in B or C on End of Term Assessment
End of Term Assessment	At the end of 3- and 4-month rotations; every 3 months during longer rotations	Term Supervisor	A++, A+, A, B, C B = borderline C = fail
Evidence-based Ophthalmic Practice Assessment	By the end of training	Trainee Progression Committee	Pass or fail

The aim of the Core Induction Standard Assessment and the Basic Ophthalmic Surgery: Pre-surgical Assessment is to ensure that trainees are safe to commence supervised clinical and surgical practice.



The End of Term Assessment is the critical assessment for progress through the training program. The Term Supervisor is encouraged to formally document feedback from Clinical Tutors and has the option of obtaining feedback from other colleagues in the trainee's workplace. Neither is mandatory. Supporting information includes the CCPS Spreadsheet, Surgical Logbook, Surgical Assessments and Significant Event Forms. The Term Supervisor grades the trainee on a 5-point scale (A++, A+, A, B, C) in the seven key roles (medical expert, collaborator, communicator, health advocate, manager, professional and scholar). A 'B' grade equates to performance at the minimum standard for the area and a 'C' grade equates to performance below the minimum standard for the area.

Any of the following grades will initiate remediation under the College's *Trainee Remediation Policy*:

- Two 'B' grades in the same key role in a 12-month period
- One 'B' grade in any role in Final Year
- A 'C' grade in any role at any time during training.

## **Research**

The EBOP Curriculum Standard outlines the learning objectives in research. Elements 1 and 2 on critical appraisal and global eye health are assessed during End of Term Assessments (as part of the key roles of health advocate, manager, scholar and professional). Element 3 is assessed by submission of evidence of participation in research.

## **Special consideration**

The College has a *Special Consideration for Examinations Policy*. Any requests for special consideration for an examination may be discussed and considered by the relevant Board of Examiners at their post-examination meeting or by the Censor-in-Chief in consultation with the Head Examiner and College Manager. Special consideration in relation to other assessments is actioned through the Censor-in-Chief.

### **5.1.1 Team findings**

The team confirmed that the College has an assessment program that is aligned to curricular outcomes and that enables progressive judgements about trainee performance. Information on the program is comprehensive and openly available. The College has a policy related to special consideration in examinations and the team saw evidence that this had been successfully accessed by trainees.

The examination program was widely acknowledged as being appropriate in its content. The timing of the examinations was repeatedly mentioned during the visit, with some supervisors remarking that the examination burden during the first 18 months of Basic Training distracts from clinical learning. The College has moved assessment of two subjects (Clinical Genetics and Microbiology) from Basic Training to Advanced Training, and Pharmacology is examined between selection and commencement of training. The College should monitor the examination burden during the next accreditation cycle.

The College's WBAs were also acknowledged as being consistent with the educational goals of the training program, allowing progressive judgements to be made about trainees' preparedness for specialist practice.

The team found little evidence of assessment of elements 1 and 2 in the EBOP Curriculum Standard. The College should develop explicit assessment of these elements.

## 5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

Standard 5.2 requires the College to use a range of assessment methods that are blueprinted to the training curriculum. The College must determine the pass standard for each assessment, based on the concept of how a borderline candidate will perform. The College must then construct assessments that reliably and consistently distinguish between borderline pass and borderline fail candidates.

### Examinations

The College uses a range of examination methods including multiple-choice questions (MCQ) (e.g. single-best answer, extended matching, and true/false formats), essays, short essay questions (SEQ), short answer questions (SAQ), very short answer questions (VSAQ), written cases with images and oral examinations (e.g. Objective Structured Practical Examinations (OSPE) and Objective Structured Clinical Examinations (OSCE)).

The College's examination methods and the number of questions for each examination are:

Name	MCQ	Essay	SEQ	SAQ	VSAQ	Cases	OSPE/ OSCE
COPEM 1	1.5 h						
COPEM 2	1.0 h						
Anatomy		10		20			8
Optics		12					
Physiology		9		5			
OBCK							14
Pathology	20 (2 x10)		12			2	
RACE			18		60		18

The College has developed blueprints for each examination, which specify the weighting given to each of the curriculum sub-standards, the number of questions and the learning outcomes examined.

Pass marks are criterion-based and have been determined for each examination, based on an assessment of external validity related to the level of training. For example, pass marks in the Ophthalmic Sciences examinations are lower than those in the final

examination (the RACE) and pass marks in the Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) examinations are high because they reflect patient safety issues. The College's examination pass marks are as follows:

Name	Pass mark
COPEM 1	75%
COPEM 2	75%
Anatomy	60%
Optics	60%
Physiology	60%
OBCK	11 of 14 stations (78.6%)
Pathology	10 of 14 essays and sets of MCQs (71.4%); 1 of 2 cases (50%)
RACE	Written: 37/46 (80%) with VSAQs accounting for 10 marks and 18 SEQs accounting for 36 marks; OSCE: 15 of 18 stations (83%)

The College reported that it uses the principles of the Angoff method when standard-setting its examinations. The accreditation submission states that examiners evaluate each item, checking for question quality and appropriateness of content. The examiners then document the expectations for a candidate to pass the question and cross check to confirm that the expectations are appropriate. There are no external judges involved in standard setting. The pass mark for the RACE OSCE may be decreased by one mark if the Board of Examiners decides the cases were more testing than usual. The pass marks for other examinations cannot be altered. Borderline candidates are not normally reviewed at Boards of Examiners meetings held following the examinations.

### **Work-based assessment**

The College's current WBA program relies on direct observation of clinical, surgical and non-technical skills by Clinical Tutors and Term Supervisors. The WBA instruments used by the College have been developed in-house. The College sets the standard for its WBAs by providing detailed anchors for performance on the WBA forms. Borderline candidates may be entered into remediation without further review.

#### **5.2.1 Team findings**

### **Examinations**

During the visit the team commented on the College's emphasis on essays and short answer formats, rather than MCQs, in its examinations. The Board Chairs responded that they had received advice about assessment methods from educationalists in the past and preferred essays and short answer formats because they obviated the need for large MCQ question banks and could assess high-level thinking. The team recommends that the examination methods used by the College are kept under review.

Despite the impression of trainees, supervisors and examiners that the examinations are valid and reliable, the team did not find evidence of a systematic approach to standard setting, especially in relation to the MCQ examination where questions do not appear to have been graded for difficulty. This might affect the consistency of the Clinical Ophthalmic Pharmacology and Emergency Medicine examinations as questions

are selected randomly. The College does not subject its examination questions to external judgement. In the Ophthalmic Basic Competencies and Knowledge (OBCK) examination and in the RACE there is only one examiner per station which limits the ability for statistical analysis, quality control and the use of the borderline candidate method of setting a pass mark.

In feedback to the AMC on this report, the College reported that the QEC Chair and the RACE Chair both rotate through the RACE OSCE stations to ensure that the examiners are being consistent in their approach. Typically, each examiner is observed on four to five occasions on each of the two examination days.

The College also reported that borderline candidates are reviewed at the post-examination RACE meeting. The College has a published policy whereby a borderline mark in the written is adjusted to a pass if the OSCE result is outstanding and vice versa. At this meeting any special considerations are also reviewed which can result in a candidate moving from a borderline to a pass.

For borderline candidates in the Ophthalmic Sciences (OS), each of the two examiners is asked to review their marking, and examiner agreement on question responses is also assessed. Following this, the Subject Leader, working closely with the OS Examinations Chair, reviews the paper and makes a judgement on whether to pass or fail a candidate. For the OBCK, each borderline candidate's answers are reviewed by each examiner to ensure accuracy of assessment. Thereafter the Board of Examiners for this assessment reviews these results and makes a collective decision.

The team recommends an external review of examination standard setting methods and notes that the College is committed to an external review in the next two years as detailed in its accreditation submission.

Very few candidates fail any of the examinations on three occasions. Nevertheless, the 'three strikes and you're out' rule was frequently mentioned by trainees as an excessively stringent rule, especially in relation to the final examination (the RACE). The team recommends that the College continues to monitor, evaluate and report on the effect of this rule on trainee wellbeing and progression.

### **Work-based assessments**

The team identified significant concerns with the End of Term Assessment, especially with respect to assessing and supporting borderline and failing trainees.

Supervisors expressed lack of confidence about awarding a borderline mark because of the consequence this might have for the trainee (in terms of progression) and themselves (in terms of complaints and appeals). Supervisors also confirmed instances of trainees who were not given a 'B' grade when that would have been appropriate. The team considers that Term Supervisors require more training and support in order to provide feedback in a way that supports education and is not interpreted as bullying, discrimination or harassment. This is also discussed under standard 8.1 of this report. The team learned that some training sites are developing suitable learning resources.

Trainees expressed concern that the assessment could be made by the Term Supervisor without consideration of input from other people. They were especially concerned that they could be automatically placed in remediation by obtaining one 'C' grading in one key role in one assessment, without a holistic assessment of their progress. Some trainees saw a link between speaking up for patient safety and an adverse assessment of

performance against the Social and Professional Responsibilities Curriculum Standard. The team was concerned that input from sources (i.e. other supervisors, other staff, Regional QEC members) that were not officially documented nor revealed in their entirety to the trainee was considered in the End of Term Assessment. The team was particularly concerned that the progress of trainees was discussed by the regional QEC, and in the case of Sydney Eye Hospital training network by a Regional Training Committee, neither without that trainee's prior knowledge, an explanation of the parameters of the discussion, nor any feedback about the outcome. Trainees who were aware of these discussions told us that for them 'no news was good news'. The team was concerned that this system may allow irrelevant or unsubstantiated material to be given undue weight.

During the accreditation visit the College shared the following plans for improvements to its WBA program:

- Revision of the Theatre Performance Assessment Form: Removal of the 5-point scale with marking only as 'competent' and 'not competent'.
- Revision of the End of Term Assessment Form: Changing the grading system to a 9-point scale (1–3 = fail; 4 = borderline; 5–9 = pass). The medical expert role has been split into clinical knowledge, ophthalmic skills and surgical skills. Feedback from Clinical Tutors will be mandatory.

From 2017 trainees will undertake an annual MSF assessment. Twelve to sixteen people from a range of medical disciplines and health professions (selected by the trainee from the College's required categories) will provide de-identified feedback. The criteria for assessment will be the key roles of collaborator, communicator, health advocate, manager, professional and scholar. Feedback will be provided to the College and the trainee and used as a self-reflection and development tool. If there is a recurring issue indicating a problem the Director of Training will be notified and will work with the trainee and the College to develop the identified area.

The College has informed trainees, supervisors and health services about these changes, and intends to train supervisors in their use. The team was pleased to hear of these initiatives although they were concerned to find the overall knowledge about this new assessment regimen was still relatively poor amongst trainees and supervisors.

The team received feedback during the site visits that the College's 'three strikes are you're out' rule was introduced prospectively and without consideration of any special arrangements for those trainees already enrolled in the program. In feedback to the AMC on this report, the College reported that trainees who had already attempted the RACE were exempt from this change and, as is required of any significant change to the VTP, six months' notification was given to all trainees. Nevertheless, it is important that current trainees are not unfairly disadvantaged by any changes in the assessment program. The College will be asked to provide updates on the new assessments in its progress reports to the AMC.

### **5.3 Performance feedback**

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

Standard 5.3 requires that the College provides sufficient feedback to trainees and supervisors to ensure that the objectives of the training program are met, trainees who are failing to progress are identified early and patient safety is protected.

### **Feedback to trainees and supervisors**

The College provides the following feedback to trainees on their performance:

- Individual examination results are made available to all candidates, including results for each station or curriculum standard in oral examinations
- Cohort feedback on individual questions/stations is provided to all candidates
- The 'best' candidate answer is provided for SAQs and SEQs
- Results of End of Term Assessments are discussed during a face-to-face meeting between the trainee and the Term Supervisor.

The College provides the following information to supervisors about trainee performance:

- End of Term Assessments are provided to the network Director of Training and Regional QEC Chair to ensure that direction can be given to the next Term Supervisor about the trainees entering their rotation
- Examination results and general feedback on unsuccessful candidates are provided to the network Director of Training and Regional QEC Chair
- Trainee performance is discussed at Regional QEC meetings, which are attended by the Director of Training and all the Term Supervisors in the network.

The College tabulates the results in each of its examinations for its Boards of Examiners and the Federal QEC, tracking the number of attempts of each candidate, and the proportion of candidates passing at each sitting of the examination. These tables show consistency in the proportions of candidates passing on the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> attempt, and proportions of candidates passing at each sitting.

### **Trainee progression and remediation**

The *VTP Handbook* and *Trainee Progression Policy* are available on the College's website and are provided to each trainee in hard copy after selection into the training program. Trainees must sign a copy of the policy and return it to the College before commencing training.

The *Trainee Progression Policy* documents the requirements for progression through the program, the conditions under which failure to progress is determined and the procedures for trainees who are failing to progress. The training program must be completed in a minimum of 5 years and a maximum of 12 years. To progress through each stage of training (Basic, Advanced and Final Year), the trainee must meet all the

training requirements, pass all the assessments and meet all the registration and financial commitments of a trainee member of the College.

The College has a clearly documented *Trainee Remediation Policy*. Trainees are automatically placed into remediation based on End of Term Assessments that include a 'C' grade in any of the seven key roles; two 'B' grades for the same key role in any 12-month period or a 'B' grade for any key role in the Final Year. A Significant Event Report, any documented concern or an unsatisfactory supervisor report can place a Final Year trainee into remediation. These automatic remediation actions are not subject to appeal. The Regional QEC Chair and Director of Training oversee the remediation of trainees in their network, supported by Term Supervisors, Clinical Tutors and relevant College staff. A trainee's employer is notified when a trainee is required to undertake remediation and may be engaged to assist in developing the remediation plan. The availability of accredited training time and examinations for trainees in remediation is clearly documented in the policy.

The College Training Progression Committee (a subcommittee of the Federal QEC) is responsible for reviewing trainees who are failing to progress, including:

- Trainees who have failed a College examination twice
- Trainees approaching 18 months of Basic Training who have not passed all the required examinations
- Trainees who have yet to pass the Ophthalmic Pathology examination at the end of the first 12 months of Advanced Training
- Trainees who are unsuccessful in remediation
- Trainees who fail to meet the conditions of a previous review by the Committee
- Trainees who have not satisfactorily completed the training program in 12 years
- Any other trainees as designated by the Federal QEC or Censor-in-Chief.

The Committee meets with trainees to explore factors that may be impacting on successful progression through the program, and to provide guidance and support. Having reviewed a trainee's progress, the Committee makes a recommendation to the Censor-in-Chief, who makes the final determination about the trainee's future in the training program.

Six trainees have left the training program permanently in the last five years: three failed an examination three times; two left voluntarily to pursue different careers; and one did not complete examinations in the required timeframe. Three trainees have left the program but been reinstated: two failed examinations three times but were reinstated after passing outside the program on special consideration and one left the program due to failing remediation but was reinstated after an appeal.

### **Patient safety concerns**

The College acknowledges that Clinical Tutors, Term Supervisors and Directors of Training are also registered medical practitioners and credentialed senior staff of hospitals, and as such are obliged to report patient safety concerns to their regulator and employer. It is expected that any event involving a threat to patient safety that triggers completion of a Significant Event Form is reported to both the hospital and the College. The College is informed about all trainees who have had a Significant Event Form completed, through the End of Term Assessment process, and may contact the

regulators or employers about patient safety concerns. The training hospital is notified when any trainee enters remediation, so that patient safety standards can be addressed.

### **5.3.1 Team findings**

The team heard that various methods of providing feedback to trainees about examinations had been tried. In the AMC trainee survey only 35% and 39% of trainees agreed or strongly agreed with the statement 'The College provides appropriate feedback on performance in the examination' for the written and clinical examinations respectively. Trainees acknowledged that they currently receive cohort and individual feedback, but preferred the previous system where personalised feedback about each question was provided. Some commented that they would appreciate being returned annotated examination answers. Examiners commented that providing personalised feedback had allowed trainees to debate their results with examiners.

The team learned that supervisors currently receive insufficient feedback on trainee performance. In the AMC supervisor survey only 34% of supervisors agreed or strongly agreed with the statement 'The College informs supervisors of the assessment performance of trainees for whom they are responsible'. The College indicated that there is a requirement for the reports to be sent to the Director of Training but also acknowledged that the transfer of information between Term Supervisors could be improved. The College reported that it will enforce a requirement that End of Term Assessment forms are submitted within two weeks of term completion. This situation would be greatly improved with the development of an e-portfolio.

The team heard examples of unsatisfactory encounters between trainees and interviewers at remediation and progression interviews, and has concerns about the procedures used by Regional QECs and the Trainee Progression Committee in these situations. The team considers that these meetings should be held face-to-face in a professional and collegial environment (such as a hospital or College office) rather than in private premises or by teleconference. Training of interviewers for these meetings is essential, as they are high-stakes encounters for both the trainees and interviewers. The trainee should be made fully aware of all the source material that will be used by the interviewers to inform their decisions.

The team was told that when a trainee goes into remediation they are assigned the same educational supervisor. Whilst this may sometimes be appropriate there are definitely scenarios in which this would be very inappropriate and the College should have a method of dealing with this within the remediation policy.

In recent years the College has encountered significant difficulty in dealing with trainees who are deemed to be failing to progress. This has been evidenced by complaints and appeals, and feedback to the AMC during this accreditation. The College has responded by revising the End of Term Assessment process and pledging to train supervisors on how to give feedback in a way that supports education and trainee wellbeing. In other parts of its accreditation submission, the College has committed to improving its complaints process; reconsideration, review and appeals process; bullying, discrimination and sexual harassment policy and support for trainees, fellows and staff experiencing difficulty. The team commends this commitment and will ask the College to report in progress reports to the AMC under the various accreditation standards.



## 5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

Standard 5.4 requires that the College implements a cycle of quality improvement for its assessment program. This activity is a sub-set of the overarching monitoring and evaluation program that the College should implement for all of its programs.

The College documented the following quality improvement activities for its assessment program in its accreditation submission:

- Regular review of assessment methods and examination results by each Board of Examiners at its examiners' meetings and by the Federal QEC at its bi-annual meetings
- WBA review (2015)
- Statistical analysis of the Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM) examinations.

The College identified the following actions that had arisen from these reviews:

- Moving assessment of ocular emergencies from the Ophthalmic Basic Competencies and Knowledge examination to the COPEM Module 2 examination
- Changes to the pass mark in the COPEM examinations
- Moving assessment of Clinical Genetics and Microbiology from Basic Training to the Ophthalmic Pathology examination and the RACE
- Changes to the reading time allowed for the RACE examination
- Removing the requirement for formal critical appraisal assessment
- Revision of the WBAs (for implementation in 2016)
- Introduction of supervisor training and performance assessment.

The College reports that it maintains the consistency of its examinations through examiner training and the consistency of its WBAs across training sites by providing detailed anchors for performance on the WBA forms and providing supervisor training.

### 5.4.1 Team findings

The team learned that the College does not undertake any statistical analysis of its examination questions (except for calculating the standard deviation from the mean for the Clinical Ophthalmic Pharmacology and Emergency Medicine examinations). The College should institute a systematic program of statistical analysis that will help improve the quality, consistency and fairness of its assessments.

The College has revised its WBAs and will implement them in 2016. In the AMC supervisor survey only 33% of supervisor agreed or strongly agreed with the statement 'Structured training in assessment methods is provided for supervisors'. The College will need to ensure that supervisors are trained in these new methods and will need to

report on this training, and the reliability and validity of the new WBAs in progress reports to the AMC. This was a condition which remained unmet at the end of the last AMC accreditation cycle.

### *Commendations*

- I The College's significant effort in implementing a range of assessment methods, including eight examinations, a suite of work-based assessments including a new multisource feedback tool, and a formal research project.
- J The examination program which is widely acknowledged as being thorough and fair.
- K The introduction of a multisource feedback tool to assess trainee performance in the non-medical expert roles which will include feedback from practitioners from other medical disciplines and health professions.

### *Conditions to satisfy accreditation standards*

- 24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)
- 25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)
- 26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)
- 27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)
- 28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)
- 29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)
- 30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)

### *Recommendations for improvement*

- MM Monitor the impact of the examination workload on trainee progress in meeting the clinical and surgical learning outcomes. (Standard 5.1.1)
- NN Develop assessments for elements 1 and 2 of the Evidence-based Ophthalmic Practice Curriculum standard. (Standard 5.1.1)

OO	Re-evaluate the balance between multiple-choice questions and other question formats in the written examinations. (Standard 5.2.1)
PP	Monitor, evaluate and report the effect on trainee progression of the limit of three attempts at each examination. (Standard 5.2.1)
QQ	Monitor supervisor satisfaction with information provided about trainees under their supervision, in light of revisions to the End of Term Assessment process. (Standard 5.3.2)

## **6 Monitoring and evaluation**

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### **6.1 Monitoring**

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Standard 6.1 requires two important activities: monitoring the delivery of the College's training and education programs, and obtaining input to the development or redevelopment of those programs.

The College's strategic plan for 2013–16 calls for 'regular curriculum development and review', 'review of ophthalmology training pathways', and 'advocacy for patient education and empowerment'. The monitoring and program development functions of the College are governed by the Federal QEC and managed by staff in the Education and Training Unit. With the completion of the current curriculum review, the Curriculum Committee has been disbanded and responsibility for ongoing curriculum monitoring and redevelopment rests with the Curriculum Portfolio Representative on the Federal QEC.

### **Monitoring**

Feedback on the delivery of the training program is obtained from a variety of stakeholders, including trainees, graduates, supervisors (Clinical Tutors and Term Supervisors), Directors of Training, College committees and reference groups, health services and health departments. The College uses a variety of methods to obtain feedback on the delivery of the training program, including formal and informal reporting through its committees and reference groups, interviews, surveys and workshops.

Monitoring activities since the last AMC accreditation include:

- Regular reports to the Federal QEC from Regional QECs, Boards of Examiners, Directors of Training, subcommittee representatives and TRG representatives
- Annual request for feedback on selection process from network selection committees
- Annual survey of applicants to the training program about the application process
- Interviews with individual trainees during the three-yearly training site accreditation process

- Interviews with Clinical Tutors, Term Supervisors, Directors of Training, health services and health departments during the three-yearly training site accreditation process
- Candidate feedback and examiner surveys that are completed after each examination
- Trainee survey on bullying, discrimination and sexual harassment (2016)
- Reports through the College's complaints process (including from patients).

### **Program development and redevelopment**

Input into program development and redevelopment is obtained from a variety of stakeholders, including trainees, graduates, supervisors (Clinical Tutors and Term Supervisors), Directors of Training, Boards of Examiners, College committees and reference groups, health services, health departments, workforce bodies, consumers, and Aboriginal and Torres Strait Islander and Māori health organisations. During the recent curriculum review, an open opportunity to provide feedback on the curriculum was available on the College's website. The College uses a variety of methods to obtain input into the development and redevelopment of its programs, including formal and informal reporting through its committees and reference groups, interviews, surveys and workshops.

Consultations regarding program development and redevelopment since the last accreditation include:

- Curriculum review (2011) and redevelopment (2012–6) consultations
- Health workforce survey (2014)
- Younger fellows survey (2015)
- Trainee WBA survey (2015; 37 respondents)
- Supervisor WBA survey (2015; 56 respondents).

#### **6.1.1 Team findings**

The team identified a commitment on the part of the College to seek feedback from stakeholders about program delivery, development and redevelopment. Since the last accreditation the College has sought feedback from a range of stakeholders using a variety of methods. The scope of consultation has increased in recent years, along with a move to confidential on-line surveys of trainees and supervisors.

The team did not find evidence of a programmatic approach to monitoring and stakeholder input into the College's training and education programs. These activities are not guided by specific governance or operational plans. There is no governance body or staff sub-unit that is specifically tasked with monitoring of and input into the College's training and education programs. The College lacks an overarching plan to identify stakeholders, develop relationships with them and facilitate regular input from them. This has resulted in omission of important stakeholders from ongoing monitoring of the program, including other medical specialties, other health professions, consumers and Indigenous organisations. These groups are keen to contribute to the College's program. In particular, the team did not identify a plan for ongoing consultation as the new curriculum is implemented.

Systematic feedback from trainees is only sought at the time of training site accreditation and through examination candidate surveys. In the AMC trainee survey, only 29% of trainees agreed or strongly agreed with the statement 'The College seeks trainees' feedback on the quality of supervision' and only 30% agreed or strongly agreed with the statement 'The College seeks trainees' views on the structure and content of the training program'.

Similarly, systematic feedback from supervisors is only sought during training site accreditation. In the AMC supervisor survey, 42% of supervisors agreed or strongly agreed with the statement 'The College seeks supervisors' input into program development'.

Trainees confirmed their ability to safely provide feedback during the individual interviews that are part of training site accreditation. They also confirmed their ability to safely provide feedback to individual supervisors and mentors in most cases. However, some trainees expressed the view that providing feedback through the committee structures of the College, through the College's complaints process, or directly to supervisors, is not safe. These views were particularly expressed in Queensland where some trainees saw a link between speaking up for patient safety and an adverse assessment of performance against the Social and Professional Responsibilities Curriculum Standard.

During the accreditation visit the College shared the following plans for improvements to the monitoring of program delivery and input to program development and redevelopment:

- Strengthening its commitment to the review of the College's training and education programs in the strategic plan for 2017–20
- Employing a manager of monitoring and evaluation (commencing mid-2016)
- Introducing a regular confidential on-line trainee survey regarding program delivery and supervisor performance (commencing mid-2016)
- Introducing a regular confidential on-line supervisor survey regarding program delivery and support from the College (no date determined)
- Introducing a regular younger fellows survey (in their 2nd and 5th years post-fellowship)
- Reviewing and redeveloping the College's complaints process
- Introducing a survey of external stakeholders about graduate outcomes.

The team was pleased to hear of these initiatives and recommends that the College provide updates in its AMC progress reports. The team also encourages the College to monitor the effects of changing practice patterns and training arrangements, such as the move of uninsured patients into the private sector and rotation of trainees to private practice settings.

## **6.2 Evaluation**

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the

needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

Standard 6.2 requires that the College has a framework for evaluating its training and education program. This framework might include systematically evaluating participation in the program, the satisfaction of trainees and supervisors with the program and its individual components, the impact of the program on learning and behaviour, the outputs of the program in terms of number and characteristics of graduates, and/or the outcomes of the program in terms of improving the eye health of the community. Such a framework might include goals for participation, satisfaction, impact, outputs and outcomes. These goals might be the standards against which the training program is evaluated, and might be the impetus for new and revised programs to improve program performance. The evaluation program might also have goals for its own improvement, such as moving from evaluating only the number of graduates to evaluating the impact of those graduates on eye health.

The Federal QEC is responsible for evaluating the College's training program. The Boards of Examiners contribute by evaluating candidate feedback after each examination and statistics for each section of each examination. The Council and Board contribute by evaluating program outcomes and liaising with jurisdictions about workforce issues. Trainees contribute through the Trainee Representative Group (TRG) and its representatives on the Federal QEC. The Lay Reference Group has been formed to contribute to evaluation but it has no formal role at present. External stakeholders are not routinely engaged in evaluation of quantitative or qualitative data on the College's training program.

Evaluation activities since the last accreditation include:

- Participation of trainees in the training program (by year, gender, region and Indigenous status; progress and graduation)
- Satisfaction with examination processes (in candidate exit surveys for all examinations)
- Overall results of examinations and WBAs
- Qualitative data from recent graduates through a survey of fellows within 10 years of graduation from the program (2015) seeking information on preparedness for practice
- Surveys of members to determine clinical areas of practice. Evaluation showed that a 'reasonable number' remain as generalists
- Collaboration with Health Workforce Australia to produce ophthalmology workforce projects in Health Workforce 2025.

Graduates from the RANZCO training program (2013–15) are as follows:

	NZ		NSW		VIC		QLD		SA		WA		Total	
	F	M	F	M	F	M	F	M	F	M	F	M	All	F
<b>2015</b>	3	4	3	3	2	4	1	0	0	0	0	1	21	9 (43%)
<b>2014</b>	2	5	7	8	1	4	1	4	1	1	0	5	39	12 (31%)
<b>2013</b>	1	1	1	5	2	3	0	5	0	2	0	0	20	4 (20%)
<b>Total</b>	6	10	11	16	5	11	2	9	1	3	0	6	80	25 (31%)

M = male; F = female; no Indigenous graduates

### **6.2.1 Team findings**

The team identified a commitment on the part of the College to evaluate aspects of its training program. The College produces quantitative data about the progress of trainees through the program and the numbers of graduates by gender and region. The College evaluated survey data about the practice patterns of its fellows and has collaborated with Health Workforce Australia to model the future ophthalmology workforce.

The team did not find evidence of a framework for evaluation of the College's training and education programs. In its accreditation submission, the College identified its curriculum as the standard against which its training program is evaluated, implying that success is achieved if the program produces a 'comprehensive general ophthalmologist able to practice independently'. This narrow interpretation of the AMC accreditation standard on evaluation fails to address additional goals that should be set in other areas. For example, the College does not evaluate the characteristics of appointees to its training program and set goals to increase diversity; it does not evaluate the satisfaction of trainees with their supervision and set goals to improve satisfaction; it does not evaluate trainee performance as a whole in the Social and Professional Responsibilities Curriculum Standard and set goals to improve performance; and it does not measure the outcomes of its program in terms of access to high-quality eye care through redress of maldistribution.

The team recommends to the College that it develops its own framework for evaluation. This will require articulation of a vision for monitoring and evaluation by the Board, expert management input, and consultation with internal and external stakeholders. In feedback to the AMC on this report, the College reported that they have now developed a draft monitoring and evaluation program including policy and strategy. This is yet to be approved by the Federal QEC.

During the accreditation visit the College shared the following plans for improvements to its evaluation processes:

- Employing a manager of monitoring and evaluation (commencing mid-2016)
- Regular evaluation of de-identified complaints (no date determined)
- An insight mapping project to provide detailed information about the distribution of ophthalmologists, the work they do and the additional opportunities for training, especially in regional and remote areas (due for completion in June 2016).

The team was pleased to hear of these initiatives and recommends that the College provides updates on them in its progress reports.



### 6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

Standard 6.3 requires the College to 'close the loop' on the monitoring and evaluation process by reporting back to internal and external stakeholders: 1) how their feedback and data were used in the evaluation; 2) what new or revised programs resulted from this evaluation, and 3) whether this evaluation, and any new or revised programs that ensued, improved the performance of the training program as a whole.

The Federal QEC considers the results of monitoring and evaluation of the training program at its biannual meetings and reports these results to the Council and Board of the College. The CEO, and General Manager, Education and Training, and their staff support this process. The information that is reported to stakeholders is determined by these groups.

The College manages concerns about, or risks to, the quality of its training program through a variety of means. Concerns are raised by the College's network of Term Supervisors, Directors of Training and Regional QECs; by individual trainees and the Trainee Representative Group (TRG); by health services and jurisdictions, and from patients and their advocates. Concerns are raised informally and formally. For example, patients with complaints about trainees and fellows often access the College's complaints process, which is managed by the CEO. Supervisors and trainees with concerns about the quality of training between accreditation visits report their concerns through the governance structure, where they are managed by the Training Site Inspectorate and the Federal QEC.

Reporting activities since the last AMC accreditation include:

- The RANZCO Annual Report
- The quarterly College magazine Eye2Eye
- The fortnightly RANZCO e-news
- Fortnightly emails to trainees about changes to the training program
- Letters to health services and jurisdictions about changes to the training program
- Contributions to the Australian Medical Training Review Panel Report.

Actions that have resulted from, or were influenced by, the College's monitoring and evaluation activities since the last accreditation include:

- The new training curriculum (completed 2016)
- Increased supervisor training (implemented in 2016)
- Supervisor performance feedback (for implementation in 2016)
- The trainee Mentorship Scheme

- Learning resources, including a surgical instrument quiz, cultural awareness module and professionalism on-line module
- Development of the Trainee Progression Policy
- Development of the Trainee Remediation Policy
- Establishment of the Lay Reference Group
- A new suite of WBAs (for implementation in 2016)
- Changes to the timing and conduct of examinations.

### **6.3.1 Team findings**

The team confirmed that the College regularly reports the results of its monitoring and evaluation activities through its governance and administrative structures. This largely occurs at the twice-yearly Federal QEC meetings. The College reports high-level information on the outcomes of its training program in its annual report, but does not produce a regular monitoring and evaluation report that is available to both internal and external stakeholders. Once a formal monitoring and evaluation program is established by the College, a regular report to stakeholders should be considered.

The team learned that the College provides regular feedback and information on action to trainees, supervisors and other stakeholders, in the form of emails and letters about changes to the training program. The College also reports regularly to trainees and fellows about the results of monitoring and evaluation through its suite of communications. This communication is appreciated by trainees and supervisors. However, in the AMC surveys, 18% of the trainees agreed or strongly agreed with the statement 'The College informs trainees how their views are considered in decision making relating to the structure and content of the training program' and 41% of supervisors agreed or strongly agreed with the statement 'Supervisors receive adequate feedback on how the College responds to issues of concern to supervisors'. This highlights the need for the College to close the loop on the monitoring, evaluation, action and feedback cycle.

The main mechanism by which the College manages concerns about, or risks to, the quality of the training program is through the training site accreditation process. The team was provided with evidence that concerns raised during the three-yearly visit – or between visits – were acted on promptly and effectively. For example, concerns about trainee supervision and patient safety at training sites in Queensland have resulted in removal of accreditation from one site, and probationary accreditation for another site. The College is working with both sites to improve the quality of training and supervision with the aim of restoring full accreditation to both sites.

During the accreditation visit the College shared the following plans for improvements to its management of concerns about, and risks to, its training program:

- Review of the Conflict of Interest Policy
- Review of the Protocol for Dealing with Complaints
- Review of the Appeals Policy
- Review of the Discrimination, Harassment and Bullying Policy

- Regular confidential on-line surveys of trainees and supervisors
- Regular surveys of external stakeholders.

The team was pleased to hear of these initiatives and recommends that the College provide updates in its progress reports to the AMC.

#### *Commendations*

- L The contribution of trainees and supervisors to monitoring of the training program and their input into program development in a variety of ways, including through the governance structure, interviews, surveys, workshops and the College's complaints process.
- M The health insight mapping project which will identify patterns of specialist practice bi-nationally and identify opportunities for additional training posts in regional and rural areas.
- N The appointment of a manager with expertise in monitoring and evaluation to develop this function for the College.

#### *Conditions to satisfy accreditation standards*

- 31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)
- 32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)
- 33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)
- 34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)
- 35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)
- 36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)

#### *Recommendations for improvement*

- RR Monitor the effects of changing practice patterns and training arrangements, such as the move of uninsured patients into the private sector and the rotation of trainees to private practice settings. (Standard 6.1)

## 7 Trainees

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### 7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
  - use the published criteria and weightings (if relevant) based on the education provider's selection principles
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

The College does not directly select trainees but rather registers applicants for entry into the VTP who meet basic eligibility criteria, which include:

- 1 Medical degree with full registration to practise medicine in either Australia or New Zealand at the time of applying.
- 2 Citizenship or permanent resident status of Australia or New Zealand at the time of application.
- 3 Completion of a minimum of two years postgraduate pre-vocational experience at the commencement of training. Within the two-year period, the College requires a broad range of experience across a range of non-ophthalmic medical and surgical settings and clinical practice comprising a minimum period of 21 months.

The regional training networks are responsible for the selection of trainees and have agreed to the eligibility criteria of the VTP determined by the College.

Each year selection committees in each of the seven training networks are formed to manage the process of recruitment and selection using guidelines provided by the College. Interaction between the College and selection committees is via the Chair of the Regional QEC, who sits on the selection committee for the respective training network.

Other members of the selection committee are determined by the training networks, though the College suggests inclusion of a trainee member in an observer role.

The College guides selection committees using the *RANZCO Selection Committee Handbook*, which is distributed to the committee members. The handbook outlines the recommended criteria by which candidates should be selected. While not mandated, all training networks have agreed to use the selection criteria recommended by the College, which are based on the seven key roles utilised in the training curriculum.

The College recommends selection committees use a weighting system to score each component of a candidate's application, i.e. curriculum vitae, references and interview. The College publishes a table on the publicly-accessible part of its website outlining suggested weighting ranges. The actual method by which applicants are assessed by each training network, or the weighting applied, is generally not published or made available to applicants either prior to the selection process or subsequently.

Following completion of the selection process, a report is produced by the Regional QEC Chair sitting on each selection committee and provided to the Federal QEC. Local authorities also monitor the selection process depending on local hiring processes.

The number of trainees entering the ophthalmology training program for the period 2014–16 were:

Year	Australia	New Zealand	Total
2014	25	6	31
2015	27	5	32
2016	19	8	27

The College publishes the mandatory requirements of the training program in the *Guide to the Annual RANZCO Selection of Basic Trainees* so trainees are aware of the requirements prior to selection. This guide states that trainees are required to rotate between accredited training posts within each network and that rural, outer metropolitan and interstate terms are a part of some training networks' rosters.

The College does not have a formal policy about the recruitment of Indigenous trainees. The College has an Indigenous Committee, which functions to improve the eye health of Indigenous communities as per its terms of reference. It is not involved in recruitment activities and does not liaise with Indigenous stakeholders in this regard.

### **7.1.1 Team findings**

The team confirmed that the process by which trainees are selected into the RANZCO training program is merit based and fair. It reflects the curriculum of the training program on which trainees will subsequently be assessed and which is based on recognised standards. While acknowledging the selection bias inherent in interviewing trainees already on the training program, the accreditation team found trainees to be on the whole satisfied with the selection process.

The team noted that regional authorities manage trainee selection to training posts and the College's involvement is limited. Nevertheless, the College remains engaged in the process, providing representatives on the selection committees that are directly linked to the College's governance structure. The team notes and commends the inclusion of a trainee member on the selection committee however consideration should be given to their active involvement in decision making rather than only having an observer role.

The Regional QEC Chair monitors the selection processes on behalf of the College and delivers a report to the Federal QEC. However, it is not clear on what basis the process is evaluated and there appears to be no established mechanism for dealing with unacceptable variability between training networks. Furthermore, training networks do not generally publish their selection criteria or weightings, which limits the transparency of the selection process. The team recommends that the College establish a mechanism for ensuring evaluation of selection processes and consistency across the jurisdictions. The team also recommends the College publish the selection criteria and weightings used by the training networks for selection into the training program.

The College's submission to the AMC accreditation team states that it supports increased recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees but the team saw little evidence of this in practice and identified limited engagement with the relevant Indigenous stakeholders. The College's Indigenous Committee undertakes activities aimed at improving the eye health of Indigenous communities but is not involved in recruitment activities, even though the training of Indigenous doctors is an important aspect of that undertaking.

The College must improve and expand its activities in promoting the ophthalmology profession to potential Indigenous trainees and facilitate increased recruitment and retention. The specialist medical colleges in Australia and New Zealand approach Indigenous recruitment in a variety of ways, including increasing the exposure of Indigenous medical students and junior doctors to the specialty, assisting with applying to the program and creating specific training posts for Indigenous trainees. The team suggests the College consider expanding the scope of the Indigenous Committee to investigate these various options and to engage relevant stakeholders.

## **7.2 Trainee participation in education provider governance**

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

The College governance structure includes the Trainee Representative Group (TRG), comprised of trainee members from each training network. The Regional QEC Chair appoints a representative from their own training network with a preference for advanced trainees who have completed the RACE.

The TRG meets twice-yearly via teleconference with the meeting being chaired by a College staff member who also facilitates organisation of the meeting. There are no face-to-face meetings of the TRG. Standard committee roles such as Chair and Secretary appear not to be defined within the TRG terms of reference and minutes are taken by one of the trainee representatives.

The local representative from the TRG attends Regional QEC meetings in their respective jurisdiction. A representative from the TRG, who is usually from the jurisdiction where the meeting is convened, also attends the Federal QEC in a voting capacity. A report from the twice-yearly TRG meeting is tabled with the agenda at each Federal QEC meeting.

The Board of Directors of the College does not include a trainee, although a trainee representative from the TRG is present in an observer role at meetings of the College Council. A trainee was included in the membership of the College's curriculum review

group and trainee representatives are involved with the Ophthalmic Basic Competencies and Knowledge examination and the RACE .

### **7.2.1 Team findings**

The TRG provides representation for trainees within the College. Its terms of reference are defined and it is embedded in College structures.

The team found that there is a general lack of understanding amongst trainees as to the nature of trainee representation within the College. The team is concerned that the method of appointment to the TRG, whereby members are appointed by fellows in a position of direct authority within the College, is inappropriate considering the TRG's representational role as required by the AMC and specified in the committee's terms of reference. The team recommends that the College moves to a system of voting whereby TRG members are elected by their peers. At present the TRG is comprised solely of post-RACE trainees. The College should consider ways to involve more junior trainees in the TRG to better reflect the trainee cohort and improve the TRG's representational role.

The extent of trainee involvement within the College is limited when compared with many other specialist medical colleges. The team recommends increasing trainee representation within the College by embedding trainee members at all levels of the College governance structure, particularly those concerned with training. Specifically, the team recommends trainee representation with voting rights on the College Council and/or Board to give trainees strategic level input into the direction of the College. As discussed under standard 1, the College should include trainee representatives on the newly formed curriculum committee or working group as recommended in this accreditation report. Fixed-term election from within the TRG for these positions, as well as for the Federal QEC position, would provide continuity of representation and facilitate trainee involvement.

The team considers there to be considerable scope for the College to support the TRG to develop a more coordinated and strategic organisational role, for instance through a strategic vision and work plan and through empowering the committee to take control of its governance and function. Standard practices such as the creation, review and distribution of minutes appear not to be taking place nor does role delineation via the election of a Chair and Secretary. Committee cohesion could also be enhanced by face-to-face meetings and training in leadership and governance for its members.

## **7.3 Communication with trainees**

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

The College's website is the primary source of information regarding the training program for both current and prospective trainees. The website outlines information on the training program and fees, the College structure and College policies. The *VTP*

*Handbook* provides information for trainees about the training program, WBAs, examinations and the support systems available.

The College communicates with trainees in a number of ways including a fortnightly e-newsletter that is distributed to all trainees and fellows and includes information regarding changes to the training scheme. Other electronic means of communication involve Moodle, the College's secure electronic learning platform, and the College website.

Trainees communicate with each other through informal means and at College-associated events such as regular education sessions or national/regional scientific meetings. Trainee representatives on the TRG feed back information to the trainees in their jurisdiction on an informal basis.

### **7.3.1 Team findings**

Trainees reported a high level of satisfaction with the communication they receive from the College. While not directed solely at trainees, the regular newsletter is considered to be a useful source of information. Nevertheless, as discussed under standard 5, trainees were overall fairly uninformed regarding upcoming changes to the methods of assessment such as the MSF tool. It is important that current trainees are not unfairly disadvantaged by any changes in the training program.

There was evidence that Moodle is a relatively underutilised resource. This may relate to the lack of a comprehensive e-portfolio (linked to a structured curriculum), limiting the usefulness of the current online system. The team notes there is no current plan to implement an e-portfolio system although this would likely improve trainee engagement with the College and enhance understanding of the training pathways, in addition to providing a useful assessment tool which is transparent to all.

No formal communication mechanisms exist to inform trainees about the activities of the TRG nor activities of the College from a trainee perspective. Initiatives such as an online trainee forum or direct communication from the TRG would facilitate trainee communication as well as dissemination of information about the training program.

## **7.4 Trainee wellbeing**

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

The College has a longstanding formal mentoring program, originally intended for struggling trainees and subsequently extended to all trainees on an optional basis. A Training Network Mentor Coordinator is appointed by the College in each region and is responsible for management of the Mentorship Scheme. There is a *Mentoring Handbook*, which is currently under review.

The College has recently undertaken a wellbeing survey of trainees, which it has used to identify issues and weaknesses and is using to inform ongoing activities in this area. It has a *Discrimination, Harassment and Bullying Policy*, which is scheduled for review.



The College has recently established a no-cost, confidential phone counselling service (the Employee Assistance Program), run by an independent company to provide support to both trainees and fellows. This program was communicated to trainees and fellows via email.

The College describes its network of clinical educators in each jurisdiction as important people from whom trainees can derive support. The College runs annual workshops to assist supervisors in developing the skills to provide effective support to trainees in the learning environment. The College has plans to work with external educational organisations to develop and utilise other additional communication courses.

Term Supervisors and Clinical Tutors, who are both College appointees and health service employees, provide the link between the College and employer processes for managing trainees experiencing difficulty in the VTP.

#### **7.4.1 Team findings**

The team learned that the College has identified trainee wellbeing including bullying and harassment as an area of concern and where additional work is required. The team acknowledges this self-reflection and is in agreement.

The Mentorship Scheme run by the College is well received by many trainees, who consider it as a genuine effort by the College to foster a supportive and collaborative training environment. For those engaged in the program, it is generally regarded to be helpful and empowering. However, the team noted significant variation among the training networks with respect to how the Mentorship Scheme was instituted and supported. This variation resulted in discrepancies in how the Scheme actually functioned in supporting trainees and how it was perceived to function on the ground.

As discussed further in standard 8, the team considers there to be a paucity of quality educational resources to assist trainers in their roles as supportive educators with trainers relying almost solely on personal experience to inform their methods. This lack of educational support, particularly in the areas relating to communication and assisting trainees in difficulty, is likely to contribute to barriers to establishing supportive learning environments. Compounding this, the team noted a general lack of awareness amongst trainers about the resources that do exist for them at the College. Several trainers also commented on the difficulty in accessing these resources.

The team considers that there is significant scope to improve supervisor engagement in educational activities relating to trainee wellbeing. The College should expand the range of educational resources available to supervisors and improve accessibility, including solutions to overcome geographic barriers and maintain consistency of approach across all training networks.

The team considered that the College was acting in a reactive rather than proactive manner on issues of trainee wellbeing and that there was a general lack of coherency in its strategies. It appears that the College has moved to prioritise this issue only on reports of issues of bullying and harassment at other specialist medical colleges and in response to recent trainee wellbeing concerns within RANZCO. The team recommends ongoing work to develop a coherent strategy to address issues of bullying and harassment across all regions and levels of training. Given the necessity for cultural realignment and the broad scope of the issue across the College's jurisdiction, the College should consider forming a working group to assist with this process and oversee systematic strategy development.

## 7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

The College has policies relating to assessment of training as outlined under standard 5 of this report. The Trainee Progression Committee is a standing committee of the College, which oversees issues relating to trainee progression within the VTP. The *Trainee Progression Policy* and the *Trainee Remediation Policy* have been developed by the College to outline the requirements of the training program and the processes relating to trainees who are not fully meeting the requirements of the VTP.

As discussed under standard 1, the College has an *Appeals Policy* and a *Protocol for Dealing with Complaints* that provide internal processes for the reassessment of decisions made by the College bodies and complaints that arise from trainees or fellows. These policies are available on the College website.

The *Protocol for Dealing with Complaints* requires that complaints be made in writing to the College CEO who must acknowledge and consider the complaint and, if required, convene a complaints committee. Complaints that relate to assessment of progress or examination are not considered under this policy and are handled in the first instance by the Trainee Progression Committee.

### 7.5.1 Team findings

The College has formal procedures to address issues that relate to training that are publicly available and transparent. The *Appeals Policy* stipulates the grounds on which decisions can be contested and outlines a pathway for review of those decisions.

The *Trainee Remediation Policy* also clearly outlines the circumstances in which a trainee must enter the remediation pathway. However, prior to entering the remediation pathway there is little scope for the trainee to formally raise issues relating to their training, for example conflict with their clinical supervisor. In such a circumstance the process is unclear although it would appear that a complaint would need to follow the *Protocol for Dealing with Complaints* and be made directly to the CEO. While this Protocol is clearly outlined, it is not confidential and could be considered an overbearing process for a trainee not familiar with College procedures. Moreover, trainees are required to remediate with their current educational supervisor and whilst, in many circumstances, this may be sound practice there will be occasions in which a change of supervisor is desirable and should be facilitated. This was also discussed under standard 5.3.

Indeed the team considers that the main issue relating to how the College handles training related issues and disputes is the lack of a confidential and impartial mechanism to handle trainee complaints. This should be established as a matter of priority.

*Commendations*

- O The College's Mentorship Scheme which provides beneficial outcomes for many trainees.

*Conditions to satisfy accreditation standards*

- 37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)
- 38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)
- 39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)
- 40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)
- 41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)
- 42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)

*Recommendations for improvement*

- SS Facilitate the enhanced functioning of the Trainee Representative Group:
- develop standard governance structures such as positions of Chair and Secretary elected from within the Trainee Representative Group. (Standard 7.2.1)
  - establish more regular meetings including face-to-face meetings. (Standard 7.2.1)
  - implement leadership and governance training for trainee representatives. (Standard 7.2.1)
- TT Review methods of data management and the tracking of trainee progression and consider the development of a trainee e-portfolio. (Standard 7.3.3)
- UU Develop an online trainee forum to facilitate direct communication from the Trainee Representative Group and disseminate information about the training program. (Standard 7.3.1)

## 8 Implementing the program – delivery of education and accreditation of training sites

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### 8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

### Supervisor roles and responsibilities

The College has a well-defined and comprehensive system of supervision and mentorship. The *Standards for Ophthalmology Training Networks and Posts* clearly define the minimum requirements for the number of supervisors for a training post, as well as time and type of supervised activity deemed necessary for adequate training to meet the College's curriculum standards.

Each trainee has a Term Supervisor who is normally in a substantive position within the trainee's training site, and is normally the trainee's line manager. Supervisors are normally fellows of RANZCO, although fellows of other Australasian medical colleges may be appointed if appropriate. The latter must be approved by the Federal QEC.

The standards mandate three Clinical Tutors for the first trainee, with an additional Clinical Tutor required for every additional trainee at that site. This arrangement is aimed at ensuring the availability of at least one supervisor for each trainee at all times. In addition, there is a requirement for at least two supervised theatre sessions per week and four supervised clinic sessions per week.

Each trainee will have the following levels of supervision in their network:

- The Clinical Tutor oversees the trainee's activities at the training site, as outlined in the curriculum standards. They provide advice and support to trainees undertaking activities, ensure trainees receive appropriate clinical and surgical opportunities and liaise with the Term Supervisor in the area of assessment.

- The Term Supervisor at each training site works with their team of Clinical Tutors to plan and document progress of each trainee in relation to the curriculum standards. They complete the trainee's End of Term Assessment, in consultation with the other Clinical Tutors.
- The Director of Training oversees the supervision in a training network, with responsibilities including determining the roster of rotations for each of the trainees in the network, organising didactic teaching programs, and assisting with trainee selection. The Director of Training has a role in communicating with the College on matters such as examination eligibility, remediation processes and additional responsibilities such as communicating with hospital administrators.

The roles and responsibilities of a RANZCO Clinical Tutor, Term Supervisor and Director of Training are clearly articulated in three separate College documents, and more broadly described in the *Trainers Handbook*. All documents are publicly available on the College's website.

As discussed under standard 7.4, the College also offers a Mentorship Scheme. The program initially started in the 1990s, expanding to a formal offering to all trainees in 2004. The program, as detailed in the current *Mentoring Handbook* (2014), clearly defines the support scheme as independent of the College's training program. The mentoring relationship exists in parallel with the formal supervisory relationships that take place in employment or as part of the requirements of training. In December 2015, the College created a **Mentorship Scheme Representative** position on the Federal QEC to lead and guide the development of the program. A **Mentor Coordinator** is also available in each network to provide assistance if required, however on the whole, trainees arrange their own mentor. The *Mentoring Handbook* does not define responsibilities, but gives overarching principles for the role of the mentor-mentee relationship. A document has been drafted by the College that defines the roles of the QEC Mentorship Scheme Representative and Mentor Coordinator, the processes for their appointment, as well as providing expanded descriptions of the aims and outcomes of the scheme and tools for success. The revised document is yet to be implemented.

## Selection of Supervisors

Supervisors are appointed through a process of nomination by other fellows at the local training site. The College ratifies the appointment of the Director of Training (specifically the Censor-in-Chief via the regional QEC Chair), but not that of Clinical Tutors or Term Supervisors. It is acknowledged by the College that there is a limited pool of fellows who are employed at accredited training sites limiting the scope for a competitive selection process.

## Supervisor Training

The College offers on the job training to newly appointed supervisors in the use of WBAs. The College is also planning specific site-based training for all supervisors in how to use the new WBAs that are being introduced. This training will coincide with the Branch Scientific meetings in the regions.

The College also offers training for all supervisors in the form of annual communication workshops, with role playing scenarios using professional actors. They are not mandated, but heavily promoted to all Clinical Tutors. This workshop is to be replaced

by training videos of common scenarios that will be available online through the Moodle learning management platform. There have also been opportunities for supervisors to undertake programs provided by external organisations targeting specific issues of supervision, such as dealing with the trainee in difficulty. As discussed under standard 6, in 2016 the College will survey supervisors to further identify support that is required.

### **Supervisor monitoring and evaluation**

Currently, there is no direct, individual evaluation and feedback of College supervisors. There is opportunity for aggregated feedback on supervisors during site accreditation visits, and also to the Regional QEC through the TRG, the latter in aggregated form, and not by network. The College has plans to introduce an online six-monthly de-identified feedback on supervisor issues aggregated by network. There are annual Trainer of Excellence Awards and nominations are sourced from trainees in each network through the TRG.

### **Selection of assessors**

The College has documented processes for selection of assessors for each of the various examinations. Generally, the examiner should be a fellow of the College, be in active practice in ophthalmology, be a participant in the College's CPD program, and demonstrate a commitment to the education of trainees. The eligibility criteria for the selection of examiners are detailed in the various Boards of Examiners terms of reference. Each of the examination selection criteria states an objective and transparent process.

The College provides orientation for new examiners and training for all examiners at the annual examiners' meetings. There is a system of requiring observation of examinations and examiners both initially and every ten years. Support is provided by the College for examination administration, and examiner travel and accommodation. A textbook allowance is also available to examiners. Examiners can receive CPD points for examination activity.

### **Assessor monitoring and evaluation**

The College has a process of examiner observation for the oral examinations (the Ophthalmic Basic Competencies and Knowledge examination and the RACE). The Chair of the relevant Board of Examiners and the Censor-in-Chief rotate through each of the examined stations to observe the process and ensure consistency among examiners. Any issues identified during these observations are used for teaching and development at the annual examiners' meetings. A questionnaire is completed by the trainees following the examination, and de-identified aggregate data is fed back to the examiners.

#### ***8.1.1 Team findings***

During the site visits the team noted the engagement and commitment of supervisors, who generally appeared well aware of their responsibilities. There was widespread acceptance of and support for the Mentorship Scheme. The team commends the College on its plans for further development and improvement of this program.

Trainees largely reported that supervisors of training are very accessible, supportive and helpful. There was a clear understanding and awareness of the system in place for

training amongst both trainees and supervisors. Trainees reported that their training needs were met by the attention to rostering trainees to training sites in a stepped and practical fashion. There was however, concern raised over a training site in Queensland that was unsuitable for trainees who have not done a prior paediatric rotation, as the trainees there are required to undertake unsupervised neonatal assessments, which may pose an unacceptable risk to the trainee, the patients and the health service.

In feedback received during site visits and through the AMC supervisor survey, there was general agreement that supervisors were cognisant of the requirements of the training program and which staff in the College to contact if problems arose. There was less agreement around awareness of the specific roles and responsibilities of supervisors as defined by the College, as some supervisors were not aware of any specific guidelines from the College that outlined expectations of supervisors. Some supervisors were not aware of the *Trainers Handbook*, whilst others regarded its utility as limited and too generic. Additionally, there was comment from some supervisors that communication from the College on changes in curriculum or assessment is sent to the Director of Training, not all supervising clinicians. In feedback to the AMC on this report, the College noted that changes to the curriculum were published on the College website in draft form and all fellows were notified. The College further noted that notification of the approved curriculum and where it could be accessed was sent to all fellows. Changes to assessments were also sent to all supervisors subsequent to all supervisors being invited to comment and complete a survey during the review phase.

There was also a concern that supervisors only heard updates via word of mouth from trainees. As discussed under standard 5, the College is making improvements to its WBA program. The College has informed trainees, supervisors and health services about these changes, and intends to train supervisors in their use. Knowledge about the new assessment regimen is still relatively poor amongst trainees and supervisors. It is recommended that the College improves communication with supervisors regarding their roles and responsibilities and important changes in the training program.

The process of assessing appropriate capability for the roles of Clinical Tutor, Term Supervisor, or Director of Training is not transparent. The process of nomination is a highly subjective process, with fellows reporting that in some circumstances supervisors are selected because of their role as Head of Department, often just in an ex-officio role.

Examiners for the Ophthalmic Basic Competencies and Knowledge (OBCK) examination are selected and appointed via a transparent process. Fellows are invited to express their interest by submitting a copy of their curriculum vitae and providing other relevant information in response to the selection criteria in the Terms of Reference (such as their area of interest, hospital appointments, and their involvement in education and training). Applications are reviewed by the Chair of the Board of OBCK Examiners and then eligible applications are then sent for a final decision by the Chair of the Board of OBCK Examiners, the Chair of the Board of RACE Examiners, the Chair of the Board of Ophthalmic Sciences Examiners, the Censor-in-Chief and the Chief Executive Officer.

For the RACE, the selection of examiners requires consideration of location (because the examination rotates through different centres), subspecialty (to ensure an appropriate mix of specialists and generalists), gender (to ensure a balance on the Board) and priority is given to those who have been nominated for a Trainer of Excellence Award by the trainees. Calls for expressions of interest among the fellows are made every two

to three years but usually results in few responses and sometimes the Board itself has to make recommendations based on the above criteria and approach fellows directly. Before an examiner starts there is an induction process and an opportunity to observe an examination.

There was general awareness amongst the supervisors regarding the training opportunities provided by the College. Some supervisors suggested that the workshops did not fulfil their needs and could be more targeted. Supervisors were particularly interested in further education on how to teach for assessment and conduct interviews, rather than just trainee management. More than one supervisor reported that they were worried about perceived bullying when giving negative feedback to trainees. As discussed under standard 5.2, the team considers that Term Supervisors require additional training and support in providing feedback in a way that supports education and is not interpreted as bullying, discrimination or harassment. Furthermore, there does not appear to be training and support for examiners that ensures standardisation of grading across the examination cohort. The team considers the current program of training, support and professional development of supervisors and assessors to be incomplete and not well communicated. The College should develop and implement a more complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. The College should consider developing training for supervisors on how the curriculum and its WBAs (as well as formal examinations) are to be used to drive learning. Accreditation teams should assess the educational training of the local supervisors and the support that is available to them.

The team also noted a lack of opportunity for identified evaluation and feedback on the performance of College supervisors. While the College evaluates supervisor performance elements during the three-yearly accreditation visit, the feedback from trainees is informal and aggregated. Furthermore, some trainees reported that feedback on their supervisors does not stay confidential, and there is the perception that giving negative feedback in a non-confidential environment can impact negatively on a trainee's career. The team recommends that the College develops and implements a process for evaluating the performance of its supervisors. Any process of obtaining trainee feedback should preserve the confidentiality of the trainee.

The examination observation process does provide an opportunity for feedback to individual examiners. The results and outcomes of the trainee questionnaire completed post-examination do not appear to be fed back to the trainees.

## **8.2 Training sites and posts**

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
  - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
  - makes publicly available the accreditation criteria and the accreditation procedures
  - is transparent and consistent in applying the accreditation process.



- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
  - promote the health, welfare and interests of trainees
  - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
  - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
  - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

The College accredits training posts in Australia and New Zealand in public hospitals, private hospitals and private ophthalmological clinics. Accreditation occurs on a three-yearly cycle. Currently there are 139 accredited training posts spread across 63 individual sites. The training sites are grouped into eight training networks, six in Australia and two in New Zealand.

For the College's accreditation process, the head of department of the training site completes a detailed application form, which also requires input from the hospital administration.

As discussed under standard 8.1, the *Standards for Ophthalmology Training Networks and Posts* clearly detail the minimum levels of supervision, as well as list the essential facilities (for example, specific equipment, internet access), the desirable facilities (for example, refractive laser), and the essential and desirable facilities in the operating theatre (for example, operating microscope and vitrectomy capability are considered essential, dedicated theatre is considered desirable). Minimum arrangements and facilities for teaching and learning facilities are also outlined, and collectively, the standards reference these minimum requirements against the desired graduate outcomes of the program.

Whilst adherence to all requirements is considered a minimum, there are instances of specific training posts that receive accreditation for individual reasons such as access to a specific patient cohort. For example, the training post at Alice Springs Hospital does not fulfil the minimum level of supervision requirement, but offers unique exposure to Indigenous patients and co-workers.

The College's site accreditation includes a process of individual trainee feedback, supervisor feedback, and meetings with hospital administration. Each accreditation visit generates a report detailing areas of adequacy and deficiency. This report is sent to the hospital administration, Heads of Department and Regional QEC. Stakeholders are given

the opportunity to correct any errors of fact. The report is then presented to Federal QEC for endorsement and once endorsed the report is circulated to all stakeholders.

Sites that do not meet the standards are given provisional accreditation, generally for 12 months, to allow the sites time to address any deficiencies. These sites are then re-assessed, either via a site visit but more commonly via a paper-based assessment. Depending on the outcome the site may be given additional time. Removal of accreditation may occur if requirements for improvement are not met.

The Training Posts Inspectorate is a subcommittee of Federal QEC and comprises a Chief Inspector of Training Posts, four Senior Post Inspectors and a pool of Post Inspectors. An inspection team comprises a Senior Post Inspector or the Chief Inspector, a Post Inspector and the College's General Manager of Education and Training. A selection of ophthalmologists is available to conduct inspections across state or country boundaries to minimise issues with conflicts of interest.

The College works actively to engage the private health system, both hospital and clinic based, in delivering a breadth of work-based training. Additionally, health administrators and state health departments are invited to take part in accreditation processes.

The College partakes in discussions about accreditation with other specialist medical colleges through the Network of Medical Educators. The College contributed documentation to, and participated in, the three meetings commissioned by Australian Health Ministers' Advisory Council (AHMAC) to determine the Agreed Domains Standards and Criteria for accrediting training sites for specialist medical training.

### **8.2.1 Team findings**

Overall, the team found that the process for the accreditation of posts was robust and transparent, and that information was publicly accessible. The team received some critical feedback from training sites about the monitoring of sites in between accreditation visits. Some stakeholders reported that problems or issues that fell short of the need for provisional accreditation were often not dealt with by the hospital administration or ophthalmology department, and there was no imperative to address them short of another accreditation visit. The team recommends that the College develops and implements a system of monitoring of training sites to ensure adequate follow-up of recommendations between accreditation cycles.

Although the College standards are detailed in their determination of clinical, surgical and supervisory requirements, the team considered the standards to be deficient in providing accreditation criteria that promote the health, welfare and interests of the trainees. There did not appear to be any standards that dealt with the requirement for sites to be cognisant of, or to provide assistance to, trainees experiencing difficulty. Additionally, there did not appear to be any requirement for the training sites to ensure adherence to safe working hours. A number of trainees are working in training posts that mandate continuous on-call shifts for several months at a time which is clearly unacceptable in current workplace agreements for junior medical staff. The accreditation process offers trainees the opportunity to provide detailed feedback on their experiences to the Inspectorate, although there are a minority of trainees who are fearful of speaking out or complaining given their dependant relationship with the College. The College must ensure all accredited training posts comply with safe working

hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods.

Equally, the College standards and accreditation process do not detail requirements for sites to provide training in diverse settings, particularly rural and regional sites, and even more so the delivery of care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand. It is recommended that the College identifies and develops additional training opportunities for trainees to work with rural, regional and Indigenous communities.

The College is aware of the need to address access issues with regard to ophthalmic services in rural and remote areas. Of note, as discussed under standard 2, the College is undertaking a workforce mapping project across Australia that will help identify additional training opportunities in rural and remote regions.

Beyond the aforementioned activity, the College is not actively engaged with other education providers in supporting common accreditation approaches and sharing of information. Specifically, there are opportunities to collaborate with public hospital training sites that are delivering training in the inter-professional domain, especially in cultural safety and supervision. Other feedback to the team identified a need for engagement with universities, particularly with regards to minimum curriculum requirements for medical students, prevocational trainees, and with other eye health practitioners.

The team notes the College's contribution to the Accreditation of Specialist Medical Training Sites Project. The AMC endorses work to develop tools to support consistent approaches to accreditation and encourages the College to map the *Standards for Ophthalmology Training Networks and Posts* against the accreditation domains as outlined in the Accreditation of Specialist Medical Training Sites Project Final Report.

#### *Commendations*

- P The College's efforts in developing a robust and dedicated network of Clinical Tutors, Term Supervisors, and Directors of Training across its networked training sites.
- Q The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.

#### *Conditions to satisfy accreditation standards*

- 43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)
- 44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)
- 45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)
- 46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)

- 47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)
- 48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)
- 49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)

*Recommendations for improvement*

- VV Improve communication to supervisors regarding their roles and responsibilities and important changes in the training program. (Standard 8.1.2)
- WW Assess the educational training of the supervisors and the support that is available to supervisors through the process of accreditation of training sites. (Standard 8.1.3 and 8.2.2)
- XX Map the College's accreditation standards against the accreditation domains as outlined in the Accreditation of Specialist Medical Training Sites Project Final Report. (Standard 8.2.4)

## 9 Continuing professional development, further training and remediation

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### 9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

The College's current CPD framework was established in 2006, with progressive expansion and development to an online process. In 2012, the successful completion of the program became a mandatory requirement for ongoing fellowship of the College. All new fellows are automatically enrolled in the program. The program follows the calendar year, with a requirement for submission by the end of January of the subsequent year. Submissions are accepted via the College's online CPD diary system. The requirements of the College's CPD program and the *CPD Handbook* are published on the College's website. The CPD Committee undertakes a review of the handbook every three years.

The College's CPD requirements are aligned with the registration standards of both the MBA and the MCNZ. While both registration bodies mandate a minimum of 50 hours of CPD per year, the MBA also requires that the CPD program covers a range of activities to meet individual learning needs, and the MCNZ mandates coverage of the higher domains of practice: medical care, communication, collaboration and management,

scholarship and professionalism. The College CPD framework is able to meet these requirements by offering two levels of activities:

- Level 1 activities which are focused on traditional learning activities including lectures, conferences and journal reading
- Level 2 activities which are reflective and based on implementing change in practice and achieving better health outcomes, with activities such as clinical and surgical audits, practice visits and patient satisfaction surveys.

The College requires fellows in full-time practice to achieve a minimum of 80 points each year, with the program based on one point per hour. Of the minimum 80 points required, at least 30 must be from Level 2 activities. Furthermore, the CPD framework offers three categories reflecting the domains of practice which allows for individual learning needs. The three categories are:

- Category 1 – Clinical expertise
- Category 2 – Risk management and clinical governance
- Category 3 – Professional values.

The College CPD program includes a recommendation for all fellows to complete a personal development plan at the beginning of each CPD year. This is not a compulsory requirement, but there is work underway to develop a peer review and development planning activity to strengthen and support the uptake of this part of the program.

The College offers a broad range of educational resources to its fellows. Education opportunities include the teaching and professional development activities at the Annual Scientific Congress, state branch and special interest group meetings, the College scientific journal (Clinical and Experimental Ophthalmology) and online access to other ophthalmology online journals, online telehealth modules, and access to the American Academy of Ophthalmology ONE Network. Practice improvement and Level 2 activities tools include specific sessions at the Annual Scientific Congress, such as risk management workshops, as well as clinical audit templates and online tools (cataract surgery), office record review templates and peer review practice visit resources.

The College has a robust process for assessing the validity and independence of educational activities provided by an external provider. The requirements are clearly documented, including pre- and post-assessment of learning outcomes and provision of educational content, and along with the application form are available on the College website. The College does not endorse CPD at a provider level.

The College's online system for participants to document their CPD activities is widely available and subject to ongoing review and improvement. The latest iteration of the CPD online diary allows direct storage of documentary evidence for each activity.

The participation rates of fellows in the CPD program for the last five years are:

<b>CPD Program</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Number of fellows participating	934	939	849	937	992	1070
Compliant at end of reporting period	60.6%	58.2%	93.6%	90.3%	96.1%	94.9%
Compliant after extension	86.5%	58.2%	94.0%	99.4%	100%	99.8%

The CPD program is also available to specialists in ophthalmology who are not fellows of the College. Access to the College CPD program for non-fellows is available for a fee.

The College audits participation of all fellows in the CPD program every year, given the requirement for successful participation as a prerequisite for ongoing fellowship. Aside from auditing participation, the College audits the CPD activities of five percent of fellows each year. This verification pool consists of fellows who have failed to report in a timely fashion in the preceding year, plus a random selection of other fellows. There is a clear policy of outcomes for those fellows who fail to meet the College CPD requirements, with removal of fellowship and reporting to the relevant regulator being the ultimate outcome.

### **9.1.1 Team findings**

The team found that information about the College CPD program is clear and publicly available. There is clear information on minimum requirements, on processes for part-time, retired and overseas fellows and for those with dual College fellowships. Additionally, the College has a robust support and professional development system in place for fellows. As detailed under standard 1, the College has established a CPD Committee, comprising a Chair, an audit working group lead and Australian State and New Zealand representatives. The CPD committee and the CPD program are well supported by a College manager.

The process underpinning regular consultations with stakeholders is not well defined, however the CPD Committee has a clear role in responding to ongoing feedback regarding the program and the needs of the fellowship. The last formal review of the program was undertaken with fellows in 2007. The team notes that the College is planning to undertake a comprehensive survey of requirements and content in 2017.

The program content is clear and user-friendly, and is aligned well with the requirements of the MBA and the MCNZ. However, the team notes that part-time fellows (defined as working no more than two sessions per week, or undertaking locums for no more than six weeks per annum) are required to meet the minimum 50 points per annum, but are not mandated to undertake Level 2 activities. It is possible that part-time fellows who do not participate in Level 2 activities will not meet the MBA and MCNZ requirements in the domains of practice. The team recommends that the College reviews the CPD requirements for part-time fellows including the requirement for Level 2 clinical expertise input.

The College CPD framework is able to meet the ongoing needs and requirements of contemporary practice. In discussions with College fellows, there was widespread acceptance of the program, particularly the usability of the online platform. The audit program for cataract surgery was commended for its value in identifying areas for practice improvement. The College is planning to expand into other practice areas and procedures.

The College's recommendation to fellows to complete a personal development plan each CPD year offers an element of self-reflective planning. The College provides a template for participants to identify their learning needs, plan the activity and reflect on learning achieved and the impact. Fellows who undertook a personal development plan reported it to be useful in achieving completion of the program, and also indicated it further enhanced their learning.

There is an implicit understanding that the quality of education provided by the College has been assessed by the various teams responsible though this is not well defined. For the Annual Scientific Congress, the Scientific Congress Committee (which comprises a

review Board and an executive with a geographic and subspecialty spread of ophthalmologists) assesses all submissions including speakers for courses and symposia, posters, papers, films and audits. Submissions are reviewed for content such as scientific merit, currency in research, variety across the full program, repetition on previous years. They also consider a cross section of presenters including trainees, fellows, non-ophthalmologists, local and international speakers. Submitters must declare commercial support. Reviewers must also flag a conflict of interest. For the major focus of Congress, there is a 'subspecialty' rotation so each subspecialty area of ophthalmology gets covered at least every three years. There was widespread acceptance, approval and understanding of the online CPD platform. For those fellows who prefer a paper submission of their CPD requirements, the College is able to assist, and has done so for a number of fellows.

The College has a clear policy on outcomes detailed in the *Failure to Meet CPD Requirements Policy*. In addition, the CPD Committee and College staff assist fellows in ensuring full compliance, with extended deadlines available on request. In meetings with the College, staff provided examples of Australian fellows who most recently failed to meet extended deadlines, but who were all ultimately able to meet requirements before loss of fellowship and risk of deregistration was enacted. Of note, the New Zealand fellows regularly achieve 100% compliance.

## **9.2 Further training of individual specialists**

The accreditation standard is as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

The College has a policy regarding the CPD requirements for fellows returning to practice after absences of between one and three years. The requirements for ophthalmologists returning to practice within their previous field are as follows:

- After an absence of less than one year there are no specific requirements to be met before recommencing practice.
- After an absence of between one and three years before recommencing practice, fellows must complete a minimum of one year's pro-rata CPD activities relevant to the intended scope of practice which is designed to maintain and update knowledge and clinical judgment.
- After an absence of three years, fellows must submit to the MBA or the MCNZ a plan for professional development and re-entry to practice.

If required by the MCNZ or the MBA, the College intends to provide further training to individual specialists (whether fellows or non-fellows) on a case-by-case basis.

### **9.2.1 Team findings**

There is no defined process for providing further training of specialists, outside of the requirements for CPD. The College has only received one such request in the past. The College stated that it would use a bespoke process with input from the Federal QEC, the CPD Committee, and others as deemed necessary, if another request was received. The team recommends that the College develops and implements a formal process for fellows who request or require retraining.



### 9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

There is an undocumented case-by-case process for fellows of the College and non-fellow specialist ophthalmologists requiring remediation. Underperforming ophthalmologists are identified through non-compliance with the CPD program, by CPD audit and through peer or public complaints through the existing complaints program and the Code of Conduct Committee. If requested by the MBA or the MCNZ, the College intends to respond on a case-by-case basis, depending on the remediation requirements of the individual ophthalmologist.

#### 9.3.1 Team findings

The team found that the College does not have a formal process to identify and remediate specialists who may require remediation. Identification could be by the CPD Committee, the Code of Conduct Committee, or an external complaint to the CEO. The response to the request for remediation would then be directed to the organisation that identified the specialist. While the need to implement a remediation policy may be infrequent, the team recommends the College develops a consistent approach to the remediation of ophthalmologists.

#### *Commendations*

- |   |   |
|---|---|
| R | A continuing professional development program that is based on self-directed learning and has been designed to meet the requirements of relevant authorities.   |
| S | The continuing professional development online tool which is user friendly, has domains that are aligned with the training curriculum standards, and requires participants to engage in a variety of activities including practice improvement. |
| T | The readiness for the vertical integration of the continuing professional development program with practice improvement elements in the training program, such as multisource feedback and audit.   |

#### *Conditions to satisfy accreditation standards*

- |    |  |
|----|--|
| 50 | Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3) |
| 51 | Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)   |
| 52 | Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)   |

#### *Recommendations for improvement*

Nil

## 10 Assessment of specialist international medical graduates

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### 10.1 Assessment framework

The accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

#### Assessment Framework in Australia

The College has processes for the assessment of specialist international medical graduates in ophthalmology structured to satisfy the guidelines of the MBA's Specialist Pathway. The College's Australian SIMG Committee assesses the specialist international medical graduates' training, qualifications and experience for comparability with the training and qualifications of an Australian-trained ophthalmologist.

The Australian **SIMG Committee** is a subcommittee of the Federal QEC, with the Chair an ex-officio member of the Federal QEC. As discussed under standard 1, this Committee is responsible for assessing the training and qualifications of overseas-trained ophthalmologists for comparability with the training and qualifications of ophthalmologists trained in Australia. The Committee is also responsible for assessing overseas-trained ophthalmologists for suitability for specific declared Area of Need (AoN) positions. The Committee consists of fellows, including a New Zealand fellow who chairs the New Zealand equivalent of this committee, a member who has been through the SIMG assessment process and a non-fellow representative. Committee members (including the Chair) remain in the position for a term of three years, with the option of up to three further one-year terms. The Committee meets three to four times each year. All requests for appeals from a specialist international medical graduate are managed in accordance with the College's *Appeals Policy*.

In summary, a specialist international medical graduate wishing to be assessed for eligibility for specialist registration in order to practice as an ophthalmologist in Australia must apply to the College as part of the MBA's Specialist Pathway. Upon completion of an assessment by the College's SIMG Committee, the College will provide a recommendation as to whether or not a specialist international medical graduate applicant is eligible to apply for specialist registration in Australia.

The College's specialist recognition assessment process evaluates the training, qualifications and experience of specialist international medical graduates for comparability with an Australian-trained ophthalmologist. Australian trainees graduate as specialists equipped to undertake safe, unsupervised, comprehensive, general ophthalmology practice with experience in each of the 12 clinical areas of ophthalmology as detailed in the curriculum standards, and specialist international medical graduates are expected to be assessed as comparable with regard to this

standard. The College will not support any application for registration to practice as a specialist ophthalmologist in Australia until a determination of 'Substantially Comparable' has been reached by the SIMG Committee under the specialist recognition assessment process.

In the first instance, specialist international medical graduates are required to be recognised as specialists in ophthalmology in their country of training. Before a specialist international medical graduate can apply for the College's specialist recognition assessment, an application must first be submitted to the AMC for primary source verification of their medical qualifications.

The SIMG Committee then assesses the applicant using up to four stages and involving different assessment methods. The four methods are **Document Review, Interview, Examinations (Assessments), and Period of Oversight**. At each stage, the applicant may be assessed as 'Not Comparable' (when the assessment period ends in the negative), 'Partially Comparable' (when the applicant progresses to the next stage) or 'Substantially Comparable'.

Once the SIMG Committee reaches a final determination of 'Substantially Comparable' without requiring further interviews or assessments, the specialist recognition assessment is concluded, and the College informs the specialist international medical graduate and the MBA. The specialist international medical graduate may then be eligible to apply to the MBA for registration as a specialist ophthalmologist in Australia and may be invited to apply for fellowship of RANZCO.

The fees for the specialist assessment process are published on the College's website. The application fee is required to be included with submission of the application form and required documents. This fee covers the application only and does not include fees for further assessment tasks which may be required.

**Area of Need (AoN)** positions are declared by the relevant state or territory health department when the provision of a particular service is considered to be inadequate for the need, and an employer wishes to provide such services and is unable to recruit an Australian-recognised specialist to the position. Concurrent Specialist Recognition and AoN Assessment by the SIMG Committee allow specialist international medical graduates to seek the College's recommendation for temporary registration in order to commence practice in an AoN position whilst undergoing the specialist recognition assessment. If at any time a specialist international medical graduate is found not to be satisfactorily progressing through the assessment process the College's recommendation will be removed. The AoN Assessment itself evaluates a specialist international medical graduate's training, qualifications and experience for suitability to work in a specific AoN position. Whilst AoN Assessment is a separate process, it must be undertaken concurrently with specialist recognition assessment. If the specialist international medical graduate is considered 'Not Comparable' after the document review or after the interview, then the specialist recognition process is completed (in the negative) and the AoN application is not considered. If the specialist international medical graduate is considered 'Partially Comparable' or 'Substantially Comparable' but requiring additional assessment tasks, after the interview, then the SIMG Committee considers the AoN application documents. A decision is then made as to whether the specialist international medical graduate's training, qualifications and experience make them a suitable candidate for the specific position. If so, the College will recommend to the MBA that the specialist international medical graduate be given limited registration.

## Assessment Framework in New Zealand

International medical graduates wishing to be assessed for eligibility for Vocational Registration (specialist registration) in order to practise as ophthalmologists in New Zealand must apply to the MCNZ. As part of the MCNZ's assessment process, the College's New Zealand IMG Committee is directed to provide two types of advice depending on the two assessment methods, namely, 'Preliminary Advice' or 'Interview Advice'. The MCNZ is under no obligation to be bound by the advice and will make its own determination.

Historically the College's assessment was conducted by members of the New Zealand QEC, however in 2014 the **New Zealand IMG Committee** was set up as a subcommittee of the New Zealand QEC, to be responsible for assessing doctors applying to the MCNZ for registration in the vocational scope who hold a postgraduate ophthalmology qualification other than a fellowship of RANZCO. Assessment compares the applicant's postgraduate training, qualifications and experience with those of a New Zealand-trained ophthalmologist.

The New Zealand IMG Committee terms of reference allow for five fellows, including the New Zealand QEC Chair (although the current Committee has six fellows including the Chair), with current knowledge and skills covering medical and surgical ophthalmology, and the RANZCO VTP. There may also be one non-fellow representative. At least one of the fellows on the Committee is a member who has been through the MCNZ IMG assessment process. The Chair of the Committee is a member of the Australian SIMG Committee, and the Chair of the Australian SIMG Committee is a member of the New Zealand IMG Committee, unless there is an ordinary member common to both committees. Committee members (including the Chair) remain in the position for a term of three years, with the option of up to three further one-year terms. The Committee meets two to three times each year, and where possible, one meeting each year is held jointly with the Australian SIMG Committee.

The New Zealand IMG Committee on behalf of the College provides the MCNZ with either '**preliminary advice**' based on document review, or, '**interview advice**' based on both document review and an interview. The New Zealand IMG Committee's process for both the document review and interview is very similar to that of the SIMG Committee in Australia (as described above).

If an international medical graduate is not satisfied with the final decision of the MCNZ regarding their application for vocational registration they can request a re-evaluation of their application, which is made directly to the MCNZ since it is the MCNZ which makes the final decision.

International medical graduates who are granted Vocational Registration within the scope of ophthalmology by the MCNZ may apply for fellowship of RANZCO.

In November 2015 the New Zealand IMG Committee Chair, a long-term Committee Member, the College's General Manager of Education and Training and the SIMG & AoN Coordinator met with the MCNZ's CEO and two other representatives. The purpose of this meeting was to discuss the New Zealand IMG assessment process, further clarify each party's responsibilities and expectations, and discuss details relevant to specific applications.

### ***10.1.1 Team findings***

The team found that the College's process for assessment of specialist international medical graduates satisfies the guidelines of the MBA and the MCNZ. The College has an Australian SIMG Committee that assesses comparability of qualifications and experience, and a New Zealand IMG Committee that assesses equivalence, based on each jurisdiction's relevant policies and registration requirements, against the standard of a locally-trained general ophthalmologist. In addition, the College documents and publishes the requirements and procedures for all phases of the assessment process on its website.

In July 2014 there was a major change to the process for specialist international medical graduate applications in Australia whereby applications were no longer received via the AMC, but specialist international medical graduates started applying to the specialist medical colleges directly. The College was able to update its policies and processes to adapt to this change successfully. The College has also implemented a maximum timeframe of three months for application documentation to be completed by the applicant. If all documentation is not supplied within three months the application is returned to the applicant including the fees, less an administration cost.

In addition, the timeframe required for specialist international medical graduates to sit the RACE has been shortened and further defined. Originally specialist international medical graduates were given three years in which to complete both components of the RACE. Specialist international medical graduates are now advised they must sit the written component with the next two available sittings and the clinical component at the next available sitting following a satisfactory performance in the written examination. The process for feedback to specialist international medical graduates who have attempted the RACE has been aligned with the process for trainees.

The College provided the team with data on the progress and outcome of specialist international medical graduate applications by country from 2011 to 2015. (See Table 1 on next page).

The College has assessed 34 doctors from the United Kingdom (UK) as substantially comparable in this period. The team noted apparent inconsistency in the specialist international medical graduate assessment process for UK specialists, with some required to complete the RACE and others not. However, the team was satisfied with the explanations provided by members of the Australian SIMG Committee, namely that the case-by-case assessment had highlighted different levels of experience and expertise. For example, exit examinations taken by UK graduates during some iterations of the RCOphth program may not be comparable to the RACE. The team recommends that the College makes clearer the specific criteria it uses and their relative weightings to assess specialist international medical graduate applications for all phases of the assessment process.

The team heard that some specialist international medical graduates who were required to undertake a year of supervision struggled to find a suitable post as private ophthalmologists are not available to provide supervision, and public sector supervised jobs are hard to find. This issue may be beyond the scope of the College's role.

**Table 1**

Country	2011			2012			2013			2014			2015			Totals by Country
	NC	PC	SC	NC	PC	SC	NC	PC	SC	NC	PC	SC	NC	PC	SC	
Canada				1												1
China												1				1
Colombia	1															1
Czech Republic										1						1
Egypt							2	2		3						7
Hong Kong							1									1
India	1		2	5			7	1	1	3	2			3		25
Iran	2			1	1	1		1								6
Iraq							1									1
Ireland						1								1	1	3
Israel				1	1									1		3
Italy										1						1
Japan		1		1												2
Jordan										1						1
Malaysia	1				1									1		3
Pakistan										1						1
Russia							1									1
South Africa						1		1	1							3
Sri Lanka						1					1			1		3
Syria							1						1			2
Taiwan										1						1
Turkey							1			1						2
Ukraine	1									2						3
United Kingdom	2		7	3		7		2	11	1	2	6		1	3	45
USA	1						1	1	2		1					6
Uzbekistan								1								1
<b>Totals by Year</b>	<b>19</b>			<b>26</b>			<b>39</b>			<b>28</b>			<b>13</b>			<b>125</b>

NC = Not Comparable; PC = Partially Comparable; SC = Substantially Comparable

## 10.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

### Assessment methods in Australia

Specialist recognition assessment is conducted in stages by the SIMG Committee of the College. At each stage, a different assessment method is used, and a determination is made and the assessment is either concluded, or the requirements to progress to the next stage set out by the Committee.

The **first stage** is the **Document Review**, which takes about four to six weeks from submission of a completed application. The SIMG Committee reviews the application and documentation in order to make a determination on the level of comparability. Members of the SIMG Committee independently analyse the elements of training, qualifications and experience to identify any perceived differences or gaps/deficiencies, and make a preliminary determination on the applicant's level of comparability. Each individual's preliminary determination, with associated notes, are circulated and discussed amongst the other reviewing members of the SIMG Committee. A determination is made usually by unanimous agreement or in the cases where this cannot be reached, by the majority, resulting in either of two possible outcomes: 1) The College informs the specialist international medical graduate and the MBA that the applicant's training, qualifications and experience is 'Not Comparable' to the training and qualifications of specialists trained in Australia. On occasion, such an applicant may be granted an interview if the decision is borderline in which case an upgrade to 'Partially Comparable' is possible. The assessment is concluded at this point; or 2) the College determines that the applicant's training, qualifications and experience are 'Partially Comparable' or 'Substantially Comparable', which leads to the next stage.

The **second stage** is the **Interview**, which may be conducted up to three months following the outcome of the document review. The specialist international medical graduate is invited to attend an interview with at least two members of the SIMG Committee. Interviews are conducted within Australia and specialist international medical graduates are required to attend in person. The purpose of the interview is, in conjunction with the review of the applicant's documentation, to further determine the applicant's level of comparability and to allow questions and feedback from the applicant to the Committee. After completion of the interview, the interim determination is either confirmed or changed (Not Comparable, Partially Comparable or Substantially Comparable) and both the specialist international medical graduate and the MBA are informed. If the determination is 'Not Comparable', the assessment is concluded at this point. If the determination is 'Partially Comparable', the specialist international medical graduate progresses to the next stage.

The **third stage** is the **Examinations**. The SIMG Committee will decide on one of two pathways for 'Partially Comparable' applicants following the interview. Pathway 1 involves sitting the written and/or clinical components of the RACE, with the written component completed within the first two sittings from the date of the 'Partially Comparable' determination and the clinical component attempted at the first sitting

available following a satisfactory performance in the written component. The objective of the applicant sitting the RACE is not to determine a pass or fail grade but rather, the applicant's performance is treated as an information gathering tool. That is, the applicant's results are reviewed and discussed by the whole SIMG Committee, in relation to their entire application. The specialist international medical graduate may also complete a short-term supervised clinical assessment on site in a hospital, and potentially other appropriate assessment tools as required. Alternatively, Pathway 2 involves the specialist international medical graduate being required to complete a period of 'top-up training' (no longer than 24 months) and possibly other assessments, before undertaking all the elements of Pathway 1 (i.e. the RACE).

Once the assessment tasks have been completed there are three possible outcomes:

- 1 The specialist international medical graduate is determined 'Not Comparable', and the assessment is concluded at this point.
- 2 The specialist international medical graduate is invited to attend a final interview after which the interim determination on comparability is either confirmed or changed. Further assessment tasks may be required before the application can be finalised.
- 3 Specialist international medical graduates who are determined as 'Substantially Comparable' will be either advised that they have completed the assessment process and been determined 'Substantially Comparable', or advised that they will progress to the next stage.

The **fourth stage** is the **Period of Oversight**, where 'Substantially Comparable' specialist international medical graduates may be required to complete up to a 12-month Period of Oversight, after which the determination on comparability is again either confirmed or changed.

### **Assessment methods in New Zealand**

The New Zealand IMG Committee uses two assessment methods in order to provide advice to the MCNZ.

The **first method** is the **Document Review**, which the College uses to provide 'Preliminary Advice' to the MCNZ based on review of the IMG's application documents.

The **second method** is the **Interview**, which the College uses to provide 'Interview Advice' to the MCNZ based on review of the IMG's application documents and a face-to-face interview.

In both, the New Zealand IMG Committee assesses the training, qualifications and experience of international medical graduates for 'equivalence' with the training and qualifications of a New Zealand-trained ophthalmologist. As such, there is some scope for deficiencies in training to be offset by subsequent qualifications and experience to be undertaken.

Upon completion of an assessment, the College will provide advice to MCNZ, making recommendations as to whether additional assessment tasks should be undertaken in order to further determine 'equivalence', and whether or not an international medical graduate applicant should be granted Vocational Registration. The College's advice is taken into consideration, however is only a part of MCNZ's process. The final decision on assessment task requirements and the granting of Vocational Registration is made by MCNZ.



### **10.2.1 Team findings**

The team found that the College's methods of assessment of specialist international medical graduates are fit for purpose. The College uses multiple assessment methods to assess comparability in Australia, or equivalence in New Zealand, namely, Document Review, Interview, Examination and Period of Oversight. Each stage of the assessment process has been designed to identify any possible gaps or deficiencies in the training, qualifications and experience of specialist international medical graduate applicants, and should the SIMG Committee not be satisfied that an applicant has a comparable depth and breadth of experience in all of the clinical areas of ophthalmology, specific assessment tasks will be required in order to assess this, such as the RACE, which is the 'exit examination' applied to Australian and New Zealand trainees.

All of the assessment tasks and processes of the SIMG Committee are open for comment and review, and the College's guidelines for the Period of Oversight were reviewed in July 2015, with no changes required. Feedback indicated that SIMGs considered the RACE is fair.

If, during the assessment process, the College became aware of any allegations of misconduct or threat to patient safety, the College would inform the specialist international medical graduate's employer or the MBA or MCNZ of its concerns and ensure that appropriate measures were taken to investigate the allegations. If a finding were made against an applicant subsequent to these or any other investigations, the SIMG Committee would review the application in light of such findings.

### **10.3 Assessment decision**

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

As described previously, there are up to four stages of assessment by the Australian SIMG Committee, and two by the New Zealand IMG Committee. At each stage of the assessment process, the Australia SIMG Committee and New Zealand IMG Committee make a determination on an applicant's level of comparability (or equivalence in New Zealand), and outline the requirements for additional assessments to be undertaken by the applicant in order to further determine comparability, and thus proceed along the specialist pathway.

The determination of 'Not Comparable' generally ends the assessment process, except when made at the first Document Review stage, when the applicant may be given the opportunity to attend an interview, if it is thought that there is a possibility of this changing the determination. The determination of 'Partially Comparable' is used for all applicants who cannot be placed into either of the other categories, and further

assessment is required until such time that applicants can be determined as either 'Not Comparable' or 'Substantially Comparable'.

Lastly, the determination of 'Substantially Comparable' generally completes the assessment process, with some applicants required to successfully undergo a period of supervised practice or oversight before it is finalised. Applicants determined as 'Substantially Comparable' upon completion of the assessment process are recommended to the MBA for registration as specialist ophthalmologists and invited to apply for fellowship of RANZCO.

This process is similar in New Zealand, except that in New Zealand the College only provides either 'Preliminary Advice' to the MCNZ based on Document Review or 'Interview Advice' to the MCNZ based on document review and face-to-face interview, both of which are advisory, with the MCNZ making the final decision.

The figures below outline the tracked progress and outcome of applications received over the past five calendar years for Australian specialist international medical graduates. Such statistics were only recorded for New Zealand since the New Zealand IMG Committee was formed in late 2014 and have not been included below. These figures are correct as of 31 December 2015.

<b>Status</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total</b>
Not comparable/No Longer Under Assessment	8	11	16	15	1	51
Partially Comparable/Assessment in Progress	1	4	7	4	6	22
Substantially Comparable/Assessment Complete	9	9	11	7	4	40
<b>Total</b>	<b>18</b>	<b>24</b>	<b>34</b>	<b>26</b>	<b>11</b>	<b>113</b>

### ***10.3.1 Team findings***

The team found that the College, through its respective Australian and New Zealand Committees, makes assessment decisions that are in line with the requirements of the assessment pathways of the MBA and MCNZ. The College is able to grant exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes, through the findings of 'Partially Comparable' or 'Substantially Comparable' in Australia, or 'equivalence' in New Zealand. In addition, if there is to be further assessment or supervision, the College clearly documents any additional requirements and timelines for completing them on its public website. The College demonstrated an ability to provide effective and timely communication of its assessment outcomes to the specialist international medical graduate and the MBA/MCNZ.

The team noted that the current College process for assessing specialist international medical graduates does not consider the applicant's ability to contribute to the effectiveness and efficiency of the healthcare system, nor whether they demonstrate cultural competence. The team noted that the College is currently in the process of providing specialist international medical graduate applicants with access to its Cultural Learning Modules which are currently only available to fellows and trainees.

## **10.4 Communication with specialist international medical graduate applicants**

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

The College publishes information on its website regarding all aspects of the different assessments, the assessment processes and the fees. A link to information relevant to specialist international medical graduates is also displayed on the website's homepage, and a 'Contact Us' link is included giving potential applicants the opportunity to contact the College via phone or email. All applications are referred directly to the College's SIMG & AoN Coordinator, who liaises with the specialist international medical graduate throughout the entire assessment process. The College ensures that specialist international medical graduates are not disadvantaged by any changes in policy by ensuring that changes are communicated to applicants via email.

A formal letter of notification is sent to the specialist international medical graduate via email providing information on the assessments and the timeframe in which they must be completed each time a decision is made by the SIMG Committee on assessments required in order to further determine comparability.

The College currently employs 1 full-time equivalent staff member dedicated to specialist international medical graduate matters. Given the current low application numbers, this staffing allocation is sufficient.

### ***10.4.1 Team findings***

The team found that the College provides clear and easily accessible information about the assessment requirements and fees for the specialist international medical graduate assessment process on its website, and any proposed changes to them are communicated to specialist international medical graduate applicants via email as necessary. The team also found that in general the College provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

The team noted that, whilst trainees may attempt the RACE up to three times, the number of times that a specialist international medical graduate may attempt the RACE is at the discretion of the SIMG Committee. This should be made clearer in the relevant policies, and for individual specialist international medical graduates as they progress through their assessment process.

In addition, College trainees are given priority access over specialist international medical graduates in sitting the clinical component of the RACE. As the semester 1 clinical component is always fully subscribed, specialist international medical graduates are only eligible to sit in the semester 2 examination, which is never fully subscribed. The team notes that this may hold up the specialist international medical graduate's assessment process.

Lastly, there was feedback from specialist international medical graduates that the reasoning for their individual determinations of comparability or equivalence was not clear to assist them in addressing any shortcomings. For example, specialist

international medical graduates requested more information as to why they were required to sit the RACE, or how they could become 'more comparable'. The team recommends that the College makes it clearer to specialist international medical graduates at all stages of the process the reasons that lie behind the decision making.

*Commendations*

- U      The comprehensive and well-documented processes for assessing the qualifications, training and experience of specialist international medical graduates seeking specialist registration in Australia or vocational registration in New Zealand.

*Conditions to satisfy accreditation standards*

- 53      Communicate to specialist international medical graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)

*Recommendations for improvement*

- YY      Provide more specific information to specialist international medical graduates on the criteria it uses and the related weightings to assess applications for all phases of the assessment process. (Standard 10.1.3)

## **Appendix One      Membership of the 2016 AMC Assessment Team**

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**Professor Kate Leslie AO (Chair)** MBBS, MD, MEpid, MHIthServMt, FANZCA, FAICD, FAHMS

Specialist Anaesthetist and Head of Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital.

**Dr Jules Catt** MBBS, BMedSci, MPH

Radiology Registrar, Royal Prince Alfred Hospital, Sydney. Member of AMC Council.

**Professor Robyn Langham** MBBS (Hons), PhD, FRACP, GAICD, FAMA

Head of School, Monash University Rural Health. Principal Research, University of Melbourne.

**Mr Mike Hayward** BMedSci, BM, BS, DO, FRCS, FRCOphth, FAcadMED

Consultant Ophthalmologist, York Hospital

Vice President and Chairman of Training Committee, Royal College of Ophthalmologists, UK (2011 – 2015)

Associate Postgraduate Dean, Health Education England working across Yorkshire and the Humber.

**Professor Erwin Loh** MBBS, LLB (Hons), MBA, MHSM, PhD, FAIM, FAICD, FACLM,

FCHSM FRACMA, MFMLM

Chief Medical Officer / Director Medical Services, Monash Health. Clinical Professor, Clinical Leadership and Management, Monash University.

**Professor Bryan Parry** MB ChB, Dip Obst, FRCS, FRACS, MD

Emeritus Professor of Surgery, Department of Surgery, Faculty of Medical and Health Sciences, University of Auckland. Consultant Colorectal Surgeon, Auckland City Hospital.

**Dr Shannon Springer** BAppSc, MBBS, FRACGP

Clinical Lead for Aboriginal and Torres Strait Islander Health, Faculty of Health Sciences and Medicine, Bond University.

**Ms Jane Porter**

Manager, Specialist Training and Program Assessment, Australian Medical Council.

## **Appendix Two    List of Submissions on the Programs of RANZCO in 2016**

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Australian and New Zealand College of Anaesthetists  
Australian Commission on Safety and Quality in Health Care  
Australian Medical Association  
Australian Society of Ophthalmologists  
Australian College of Sport and Exercise Physicians  
Australian Indigenous Doctors' Association  
Department of Health and Human Services, Tasmania  
Health Consumers Alliance of South Australia Inc  
James Cook University  
Leaders in Indigenous Medical Education (LIME)  
Monash Medical School  
New Zealand Medical Association  
New Zealand Association of Optometrists  
Optometry Australia  
Optometry Board of Australia  
Queensland Health  
Royal Australasian College of Surgeons  
Royal Australian and New Zealand College of Psychiatrists  
South Australia Health  
South Australian Medical Education and Training  
University of Auckland  
University of Sydney  
University of Western Australia  
WA Health

## Appendix Three Summary of the 2016 AMC Team's Accreditation Program

Location	Meeting
<b>BRISBANE, QLD</b>	
<i>Monday 16 May – Professor Kate Leslie AO, Professor Robyn Langham, Dr Shannon Springer, Ms Jane Porter (AMC Staff)</i>	
Princess Alexandra Hospital	Ophthalmology Trainees
	Director of Training, Term Supervisors, Clinical Tutors
	QLD Regional QEC
	Hospital Administration
	Queensland Health
Mater Hospital and teleconferences with Lady Cilento Children's Hospital	Head of Department, Term Supervisors, Clinical Tutors
	Hospital Administration
	Indigenous Trainee
<b>AUCKLAND, NEW ZEALAND</b>	
<i>Monday 16 May – Professor Bryan Parry, Professor Ian Simpson, Ms Valencia van Dyk (MCNZ Staff), Ms Eleanor Quirke (MCNZ Staff)</i>	
Greenlane Clinical Centre	Specialist International Medical Graduate
	New Zealand QEC
	Director of Training, Term Supervisors, Clinical Tutors
	Teleconference with Wellington Hospital Term Supervisors, Clinical Tutors
	Hospital Administration
	Greenlane Clinical Centre Ophthalmology Trainees
	Nursing Staff
	Teleconference with Wellington Hospital Ophthalmology Trainees
	Head of Department, Term Supervisor
<b>MELBOURNE, VIC</b>	
<i>Thursday 19 May – Professor Kate Leslie AO, Mr Mike Hayward, Professor Erwin Loh</i>	
Royal Victorian Eye and Ear Hospital	Hospital Administration
	VIC Regional QEC
	Directors of Training, Term Supervisors, Clinical Tutors
	Ophthalmology Trainees
	Chief Operating Officer, Director of Ambulatory Services
	Teleconference with Geelong and Ballarat Hospital Clinical Tutors

<b>Location</b>	<b>Meeting</b>
Royal Children's Hospital	Hospital Administration
	Head of Department, Term Supervisors, Clinical Tutors
	Ophthalmology Trainees
<b>SYDNEY, NSW</b>	
<i>Friday 20 May – Dr Jules Catt, Mr Mike Hayward, Ms Jane Porter (AMC Staff)</i>	
Westmead Children's Hospital	Specialist International Medical Graduates
	Head of Department, Term Supervisor, Head Orthoptist
	Ophthalmology Trainees
	Hospital Administration
Westmead Hospital	Head of Department, Term Supervisor, Clinical Tutors
Sydney Eye Hospital	NSW Regional QEC
	Head of Department, Term Supervisors
	Ophthalmology Trainees
	Director of Clinical Services, Head of Department
<i>Monday 23 May – Mr Mike Hayward, Dr Shannon Springer</i>	
Royal North Shore Hospital	Head of Department, Term Supervisors
	Ophthalmology Trainees
	Hospital Administration
	Nursing Staff
<i>Monday 23 May – Dr Jules Catt, Professor Robyn Langham</i>	
Teleconferences held at College office	SA and NT Ophthalmology Trainees
	SA and NT Term Supervisors, Clinical Tutors
	WA Ophthalmology Trainees
	WA Term Supervisors, Clinical Tutors
<i>Monday 23 May – Professor Kate Leslie AO, Professor Erwin Loh</i>	
Teleconferences held at College office	New Zealand Ministry of Health, Health Workforce New Zealand
	State and Territory Health Department representatives from: Department of Health and Human Services Victoria SA Health Northern Territory Department of Health NSW Ministry of Health
	Consumer Health Organisations: Health Issues Centre Health Consumers' Council Health Care Consumers' Association Inc.
	Hospital Administration, Westmead Hospital by teleconference



## Meeting with the Royal Australian and New Zealand College of Ophthalmologists' Committees and College Staff

**Tuesday, 24 May – Thursday, 26 May 2016**

Professor Kate Leslie AO (Chair), Dr Jules Catt, Mr Mike Hayward, Professor Robyn Langham, Professor Erwin Loh, Professor Bryan Parry, Dr Shannon Springer, Ms Jane Porter (AMC Staff), Ms Ellana Rietdyk (AMC Staff)

Meeting	Attendees
<i>Tuesday 24 May 2016</i>	
Standard 1 – The context of training and education Standard 2 – The outcomes of specialist training and education	President Censor-in-Chief Board Members Chief Executive Officer General Manager, Education and Training
Standard 3 – The specialist medical training and education framework	Censor-in-Chief Regional QEC Chairs QEC Members
Standard 7 – Issues Relating to Trainees	Censor-in-Chief Regional QEC Chairs QEC Members
Standard 1.5 – College education staff	College Staff
Standard 8.1 – Supervisory and Educational Roles Standard 4 – Teaching and Learning	Censor-in-Chief Directors of Training Regional QEC Chairs QEC Members
Standard 6 – Monitoring and Evaluation	Censor-in-Chief Regional QEC Chairs QEC Members
<i>25 May 2016</i>	
Standard 5 – Assessment of learning	Censor-in-Chief Examiners Trainee Progression Committee
Standard 7 – Issues Relating to Trainees	Trainee Representative Group
Standard 9 – Continuing Professional Development, further training and remediation	CPD Committee
Standard 10 – Assessment of specialist international medical graduates	Australian SIMG Committee
Standards 1, 2, 3, 7, 8 – Indigenous Health Standards	Indigenous Committee

<b>Meeting</b>	<b>Attendees</b>
Standard 8.2 – Accreditation of training sites	Training Post Inspection Committee
Standard 2 – The outcomes of specialist training and education	Lay Reference Group
Standard 10 – Assessment of specialist international medical graduates	New Zealand IMG Committee
<i>26 May 2016</i>	
AMC team prepares preliminary statement of findings	AMC team
Team presents preliminary statement of findings	AMC team President Chief Executive Officer General Manager, Education and Training



