1. EDUCATION

1.1 GOALS

The College is committed to ensuring the highest standard of safe and comprehensive surgical care for the communities we serve through excellence in surgical education, training, professional development and support. A specific focus of the College is to train surgeons to the point where they are competent to practice independently and safely in a wide range of settings and provide the highest standards of care to their patients.

To facilitate this, the College has focussed on the enhancement of curriculum materials including the definition and application of surgical competence within all of its programs. As part of that process the College is continuing to develop explicit definitions about the levels and range of competencies required at the completion of Basic and Specialist Surgical Training.

The College is also working with a number of Federal Government departments and working groups to identify the goals of surgical education and training and the needs of particular groups of surgical trainees and specialists. The RACS definition of Competence was accepted by the Chief Medical Officers Medical Specialist Taskforce as a basis for the development of a framework for training of all medical specialists in the future. Following the successful completion of the work of the Medical Specialist Training Taskforce in 2004 the College is continuing to work with the Medical Specialist Training Steering Committee in defining educational needs, training requirements and learning environments for medical specialist training.

1.2 ROLE OF THE COLLEGE

1.2.1 Trainees

The Education Policy Board has proposed to the College Council the establishment of a Trainees’ Association and a Trainee Advocate and this will be progressed in 2005.

There is provision for two trainees to participate in the Curriculum Review Committee of the Board of Basic Surgical Training. These trainees have been selected on an annual basis between the Australian States and New Zealand. Basic Surgical Training has an on line forum whereby trainees are able to contact each other as well as the College. There are also trainee representatives on the Board of Specialist Surgical Training.

1.2.2 Review of decisions

A need has been identified to develop a tiered approach to the resolution of issues arising from decisions made by the College, before they proceeded to formal appeal. Issues progress to the formal level of appeal at significant cost to the appellants and the College. These issues would be more efficiently dealt with at a less formal level by senior Fellows in the education portfolio. The College has therefore developed a “reconsideration and review process” to better handle concerns about decisions made within the Education portfolio. Under this policy, decisions to which challenges are made will first be reconsidered by the body that made the original decision. If that body upholds its original decision the matter will then be reviewed by the Censor in Chief’s Decisions Review Committee. If that Committee upholds the decision and the trainee remains aggrieved then the trainee may wish to proceed with a formal appeal. A similar “reconsideration and review process” is known to operate well for other Australasian Colleges.
1.3 COMMUNICATION WITH KEY STAKEHOLDERS

1.3.1 Jurisdictional Representation

To support continued and productive relationships with the jurisdictions, the College established Memoranda of Understanding with the Australian Health Ministers Committee that set out efficient and appropriate methods for improving processes and which included hospital and hospital post accreditation, assessment of Overseas Trained Surgeons, selection of trainees and appeals. The College guidelines and policy for Jurisdictional Representation explain these relationships.

Similarly, the Jurisdictional Representation policy outlines the nature and scope of such representation to inform and guide participation on the Board of Basic Surgical Training, the Board of Specialist Surgical Training, Education Policy Board and Specialty Boards; and the panels for selecting surgical trainees, overseas trained doctor specialist assessment and accreditation visits to hospitals and hospital posts.

1.3.2 Appellants

Any decision made by the College can be appealed. Concerns are normally raised informally in the first instance and almost all these concerns are resolved without recourse to the formal process.

The College Appeals Mechanism is designed to provide a valid and reliable process to support procedural fairness across the range of College activities where a resolution is sought concerning decisions made about selection, delivery of training or assessment in surgical education. In March 2004, following the annual review of the Appeals Mechanism, the Executive Committee of the College approved a number of amendments to the Appeals Policy, which were designed to promote greater fairness, transparency and openness in contemporary practice.

1.3.3 Community Involvement in College Activities

Since 1993, the College has enjoyed community representation on several committees, particularly the Ethics and the Appeals Committees. The newly developed College policy on Expert Community Advisors identifies further opportunities for community involvement on relevant committees and panels and indicates where community advisors can be consulted on broader policy issues.

In the development of this policy the College consulted with several groups and bodies, such as consumer associations and other relevant interested parties including Health Ministers. The Expert Community Advisors policy has been presented to key stakeholders for feedback and endorsement.

1.4 EVALUATION OF THE PROGRAM

The College recognises the importance of evaluating programs and processes. All evaluation activities are mapped to ensure that they address major priorities of the College which have been identified in the College Strategic Plan. Key evaluation questions have been identified through this mapping process. The Dean of Education, a Fellow of the College appointed in mid-2004, has been involved in this process.

The Evaluation Co-ordinator has provided support in strategic planning by identifying and initiating specific projects related to the evaluation of the education and training programs. The
Evaluation Co-ordinator has also been working on developing robust systems for the collection, recording and reporting of training data, including trainee cohort data and improved methods for collecting and reporting trainee assessment data.

1.4.1 Changes

Structure and duration

There have been no changes to the structure and duration of the training programs during 2004.

Content

There have been no changes to the content of the training program. The training program may be viewed on the College website under Education - Surgical Education and Training Handbook.

Under the direction of the Federal Government, the College through the Skills Laboratory Working Party is the agent in the development of an Eastern Seaboard Masterplan for Skills Laboratories (Masterplan). The aim of the Masterplan is to ensure that the best possible linkages exist between eastern seaboard skill centres and to form a framework through which to accommodate the training needs of all medical and allied health professionals.

Stage one of the development has been completed with the submission of a scoping document in September, 2004. The final Masterplan document is scheduled to be submitted by 31st May 2005.

1.5 SUPERVISORS, ASSESSORS, TRAINERS AND MENTORS

The College updated the Surgical Education and Training Handbook (SETH, which may be viewed on the College website under Education), though there have been no changes to the processes for the appointment of supervisors or the roles of the assessors or trainers. The Handbook outlines the duties of supervisors and other areas that supervisors could find useful.

It is planned that the information about supervision, training and mentoring will be revised during 2005 in order to more clearly articulate the link between training experiences, the development of the RACS competencies, assessment processes and the expectations of supervisors, trainers and mentors.

During 2004 the College developed policies which are being made available on the College website as they are approved. This process will continue throughout 2005. Recently revised policies include:

- Policy and Procedure for Identification and Management of Academic Misconduct
- Interruption of Training
- Full-time Training
- Trainee Registration Status of Surgical Trainees
- Deferral of Surgical Training
- Part-time Training
- Transitional Surgical Trainees in 2005
- Fee Payment for Deferral
- Fee Payment when Deferral is Reversed

The College conducted two “Surgical Teachers” courses with a total of 39 Fellows participating in Adelaide and Perth. The courses are designed to improve the skills and knowledge through modules on adult learning, teaching skills, feedback and assessment.

Two Early Management of Severe Trauma (EMST) instructors’ courses and one Care of the Critically Ill Surgical Patient (CCrISP) instructors’ course were held in 2004. This resulted in a
total of thirty nine new instructors. The courses were aimed at improving skills in the general area of teaching and with specific relationship to the delivery of the set curriculum of these programs.

1.6 Accreditation

1.6.1 Relations with Regional Health Care Services

The College has been working for some time on improving its accreditation processes and criteria of the various hospitals and posts used to train surgeons. Suggestions made by the AMC review and more recently by the ACCC review are being incorporated with those developed by the College. The agreed outcome for Basic Surgical Training is to produce a trainee surgeon able to progress satisfactorily to Specialist Surgical Training. For Specialist Surgical Training the aim is to produce a safe and competent surgeon who can practice independently and has received the preparation needed to work in different hospitals, locations and practice settings.

The College goal is to ensure that its accreditation standards, criteria and processes are objective, transparent, justified and clearly documented. Work is progressing on producing these goals with input from relevant stakeholders, including jurisdictions, health services, accredited hospitals and trainees.

During 2004 there was a substantial increase in the representation of the jurisdictions on Committees and Boards at all levels of the College management structure, including hospital and post inspections, the Board of Basic Surgical Training, the Board of Specialist Surgical Training, the Education Policy Board, and selection workshops, all of which dealt with issues of hospital and post accreditation.

Jurisdictional Representatives are invited to attend all hospital and hospital post inspections and are full participating members of those teams. The inclusion of the Jurisdictional Representatives has resulted in a mutually increased understanding and appreciation of the preferred outcomes of the accreditation processes on the part of the College and the jurisdictions.

1.6.2 Changes to Accreditation Arrangements

Major work is currently underway on this topic and will be reported in the 2005 Activities Reports. The College has responded to the ACCC Review Committee draft report on the Accreditation of Hospitals for Basic Surgical Training and Hospital Posts for Specialist Surgical Training. Pending the final report being received, there is likely to be some recommendations which may affect the clinical placements of trainees.