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College of Surgeons

12.07.24

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Kathleen Hainsworth
Special Commission of Inquiry into Healthcare Funding (NSW)
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Sydney NSW 2001

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Dear Ms Hainsworth

Re: Witness Statement – Royal Australasian College of Surgeons

Thank you for the opportunity to provide a witness statement as part of the Special Commission of Inquiry into Healthcare Funding in New South Wales.

We have provided a comprehensive response to the information requested. As you would be aware the College trains across nine different specialities and there is variation in training programs due to the different requirements of each specialty. The information provided is general in nature as to College processes, rather than responding to specific details of each of the nine specialties.

Specific information and policy documentation by each specialty has been provided previously and we have endeavoured to provide links to relevant specialty specific documentation should individuals wish to learn more.

In addition, we have recently published a report on our workshop focused on rural surgeons training and retention in collaboration with the National Rural Health Commissioner. We have appended this document and referenced it in our response.

We look forward to continuing to support the work of the commission, and will continue to be available for future discussion and provision of information required to inform the commission.

Kind regards,

Professor Owen Ung, FRACS
Vice-President

College.VicePresident@surgeons.org

Committed to
Indigenous health

Brief overview of the College

RACS is the peak surgical organisation, and the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand. RACS is a not-for-profit organisation representing more than 7000 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Australia and Aotearoa New Zealand.

RACS supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

a) any recognised subspecialties.
RACS trains in nine surgical specialties:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology, Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

b) the relationship with any subspecialty representative organisation or body.
The College is accredited by the Australian Medical Council and Medical Council of New Zealand to deliver surgical training in both countries. The College has relationships with over 50 surgical specialty and sub-specialty societies and associations. [https://www.surgeons.org/about-racs/speciality-societies-and-affiliates/specialty-societies-and-associations]

The College training program is managed in collaboration with 13 surgical societies and associations. 9 of which support the training of surgeons in NSW:

- Australian & New Zealand Society of Cardiac & Thoracic Surgeons
- General Surgeons Australia
- Neurosurgical Society of Australasia
- Australian Orthopaedic Association
- Australian Society of Otolaryngology, Head and Neck Surgery
- Australian and New Zealand Association of Paediatric Surgeons
- Australian Society of Plastic Surgeons
- Urological Society of Australia and New Zealand
- Australia and New Zealand Society for Vascular Surgery

The current state of the specialty/workforce

The College provides regular workforce and activities reports and makes them available publicly from Workforce & activities reports | RACS (surgeons.org) [https://www.surgeons.org/resources/reports-guidelines-publications/workforce-activities-reports].

RACS activities report is published annually and includes useful data on Trainees, Fellows and Specialist International Medical Graduate Specialists by specialty, and location.

RACS Workforce Census is published biennially and includes information on factors affecting surgeons, including work and practice information.

2) Information as to the following within NSW:

a) Accredited trainees.

Full details of accredited trainees including, training status, year, gender, and age can be found in our most recent activities report.

Workforce & activities reports | RACS (surgeons.org) [RCS.0001.0049.0001]

Specialty	Active Trainees in NSW*
Cardiothoracic Surgery	11
General Surgery	154
Neurosurgery	20
Orthopaedic Surgery	93
Otolaryngology, Head and Neck Surgery	23
Paediatric Surgery	5
Plastic and Reconstructive Surgery	26
Urology	31
Vascular Surgery	14

(*Please note data presented here from RACS 2023 Activities Report is yet to be published)

b) Unaccredited trainees.

The College doesn't have unaccredited trainees or hold data on individuals not in accredited https://jdocs.surgeons.org/elearning-resourcesjdocs

specialty training program.

RACS recognises the need to support prevocational doctors working in surgical fields and/or aspiring to surgical training. RACS offers two relevant supports:

JDOCS [https://jdocs.surgeons.org/elearning-resources] – A framework to assist doctors in defining the skills and behaviours needed to assist in their development of surgical and other proceduralist careers.

RACS CPD Home [https://www.surgeons.org/Fellows/continuing-professional-development/RACS-CPD-Home#Fees%20for%20RACS%20CPD%20Home] – Is available to PGY3+ practitioners working in a surgically affiliated field. Non- specialists are currently offered a significant discount to encourage participation in a surgically focused program.

c) Fellows able to supervise trainees.

RACS defines a surgical supervisor as the Fellow at an accredited training post with direct responsibility for coordinating the education program. Surgical Supervisors (surgeons.org) **[SCI.0011.0235.0001]**. There would be one supervisor per specialty per training site.

RACS defines surgical trainers more broadly as consultants who are members of a unit that has been accredited for training. There is no limit on the number of trainers or the duration that they may hold that role. There are expectations set out Surgical Trainers (surgeons.org) [SCI.0011.0239.0001].

All RACS Fellows in good standing are potentially available as part of the pool of surgical supervisors and trainers with 1841 in NSW as at 31 December 2023.

d) Training sites.

A current list of training sites and accreditation by specialty is provided below (as at 1 July 2024 please note information is subject to change as accreditation is granted/removed).

Albury Wodonga Health - Albury Campus	General Surgery
Armidale Rural Referral Hospital	General Surgery
Auburn Hospital & Community Health Services	Plastic and Reconstructive Surgery
Auburn Hospital & Community Health Services	General Surgery
Auburn Hospital & Community Health Services	Plastic and Reconstructive Surgery
Bankstown Lidcombe Hospital	General Surgery
Bankstown Lidcombe Hospital	Urology
Bankstown Lidcombe Hospital	General Surgery
Bankstown Lidcombe Hospital	General Surgery
Bankstown Lidcombe Hospital	Orthopaedic Surgery
Bathurst Base Hospital	General Surgery
Bega - South East Regional Hospital	Orthopaedic Surgery
Belmont Hospital	General Surgery
Belmont Hospital	Orthopaedic Surgery
Blacktown & Mount Druitt Hospital	Orthopaedic Surgery
Blacktown Hospital	General Surgery
Blacktown Hospital	General Surgery
Blacktown Hospital	General Surgery
Campbelltown Hospital	Urology
Campbelltown Hospital	General Surgery
Campbelltown Hospital	Orthopaedic Surgery
Canberra Hospital and Calvary Public Hospital Bruce	Orthopaedic Surgery
Canterbury Hospital	General Surgery
Chris O'Brien Lifehouse	Otolaryngology Head & Neck Surgery
Chris O'Brien Lifehouse	General Surgery
Coffs Harbour Base Hospital	General Surgery
Coffs Harbour Base Hospital	General Surgery
Coffs Harbour Health Campus	Orthopaedic Surgery
Concord Repatriation General Hospital	Orthopaedic Surgery
Concord Repatriation Hospital	Otolaryngology Head & Neck Surgery
Concord Repatriation Hospital	Urology
Concord Repatriation Hospital	Vascular Surgery
Concord Repatriation Hospital	Plastic and Reconstructive Surgery
Concord Repatriation Hospital	General Surgery
Concord Repatriation Hospital	Urology
Dubbo Base Hospital	General Surgery
Dubbo Base Hospital	Orthopaedic Surgery
Fairfield Health Service	General Surgery
Fairfield Health Service	Plastic and Reconstructive Surgery
Fairfield Hospital	Orthopaedic Surgery
Gosford District Hospital	General Surgery

Gosford District Hospital	Otolaryngology Head & Neck Surgery
Gosford District Hospital	Vascular Surgery
Gosford District Hospital	Vascular Surgery
Gosford District Hospital	General Surgery
Gosford District Hospital	Urology
Gosford Hospital	Orthopaedic Surgery
Griffith Base Hospital	General Surgery
Hawkesbury District Health Service	Orthopaedic Surgery
Hawkesbury District Health Service (St John of God Health Care)	General Surgery
Hornsby Ku-ring-gai Health Service	Orthopaedic Surgery
Hornsby Ku-ring-gai Hospital	General Surgery
Hornsby Ku-ring-gai Hospital	Urology
John Hunter Children's Hospital	Paediatric Surgery
John Hunter Hospital	General Surgery
John Hunter Hospital	Vascular Surgery
John Hunter Hospital	General Surgery
John Hunter Hospital	Otolaryngology Head & Neck Surgery
John Hunter Hospital	Cardiothoracic Surgery
John Hunter Hospital	Cardiothoracic Surgery
John Hunter Hospital	Neurosurgery
John Hunter Hospital	Plastic and Reconstructive Surgery
John Hunter Hospital	Cardiothoracic Surgery
John Hunter Hospital	General Surgery
John Hunter Hospital (Paediatrics)	Orthopaedic Surgery
Lismore Base Hospital	General Surgery
Lismore Base Hospital	Urology
Lismore Base Hospital	Urology
Lismore Base Hospital	Orthopaedic Surgery
Liverpool Hospital	Plastic and Reconstructive Surgery
Liverpool Hospital	Cardiothoracic Surgery
Liverpool Hospital	General Surgery
Liverpool Hospital	Vascular Surgery
Liverpool Hospital	Vascular Surgery
Liverpool Hospital	General Surgery
Liverpool Hospital	Neurosurgery
Liverpool Hospital	Urology
Liverpool Hospital	Otolaryngology Head & Neck Surgery
Liverpool Hospital	Orthopaedic Surgery
Maitland Hospital	General Surgery
Maitland Hospital	Orthopaedic Surgery
Manning Base Hospital	Orthopaedic Surgery
Manning Hospital	General Surgery
Mater Hospital Sydney	Orthopaedic Surgery
Melanoma Institute Australia	Plastic and Reconstructive Surgery
Nepean Hospital	General Surgery
Nepean Hospital	Plastic and Reconstructive Surgery
Nepean Hospital	General Surgery

Nepean Hospital	Urology
Nepean Hospital	General Surgery
Nepean Hospital	Neurosurgery
Nepean Hospital	Otolaryngology Head & Neck Surgery
Nepean Hospital	Orthopaedic Surgery
Northern Beaches Hospital	General Surgery
Northern Beaches Hospital	Orthopaedic Surgery
Orange Base Hospital	Orthopaedic Surgery
Orange Health Service	Urology
Orange Health Service	Otolaryngology Head & Neck Surgery
Port Macquarie Base Hospital	Vascular Surgery
Port Macquarie Base Hospital	Vascular Surgery
Port Macquarie Base Hospital	General Surgery
Port Macquarie Base Hospital	Urology
Port Macquarie Base Hospital/Port Macquarie Private	Orthopaedic Surgery
Prince of Wales Hospital	Orthopaedic Surgery
Prince of Wales Hospital (POW)	Plastic and Reconstructive Surgery
Prince of Wales Hospital (POW)	Neurosurgery
Prince of Wales Hospital (POW)	Cardiothoracic Surgery
Prince of Wales Hospital (POW)	Vascular Surgery
Prince of Wales Hospital (POW)	Urology
Royal Newcastle Centre	Urology
Royal Newcastle Hospital	Orthopaedic Surgery
Royal North Shore Hospital	Vascular Surgery
Royal North Shore Hospital	Plastic and Reconstructive Surgery
Royal North Shore Hospital	Urology
Royal North Shore Hospital	Cardiothoracic Surgery
Royal North Shore Hospital	Plastic and Reconstructive Surgery
Royal North Shore Hospital	Otolaryngology Head & Neck Surgery
Royal North Shore Hospital	Neurosurgery
Royal North Shore Hospital and North Shore Private Hand Units (Hand Unit Department)	Orthopaedic Surgery
Royal North Shore Hospital Hand Post	Plastic and Reconstructive Surgery
Royal North Shore Public	Orthopaedic Surgery
Royal Prince Alfred Hospital	Neurosurgery
Royal Prince Alfred Hospital	Plastic and Reconstructive Surgery
Royal Prince Alfred Hospital	Cardiothoracic Surgery
Royal Prince Alfred Hospital	Urology
Royal Prince Alfred Hospital	Vascular Surgery
Royal Prince Alfred Hospital	Otolaryngology Head & Neck Surgery
Royal Prince Alfred Hospital	Orthopaedic Surgery
Shoalhaven District Memorial Hospital	Orthopaedic Surgery
St George (3) & Sutherland Hospital (1)	Orthopaedic Surgery
St George Hospital	Urology
St George Hospital	Otolaryngology Head & Neck Surgery
St George Hospital	Vascular Surgery

St George Hospital	Plastic and Reconstructive Surgery
St George Hospital	Cardiothoracic Surgery
St George Hospital	Vascular Surgery
St George Hospital	Neurosurgery
St George Private Hospital	Orthopaedic Surgery
St Luke's Care Hospital	Plastic and Reconstructive Surgery
St Vincent's Hospital Sydney	Urology
St Vincent's Hospital Sydney	Vascular Surgery
St Vincent's Hospital Sydney	Plastic and Reconstructive Surgery
St Vincent's Hospital Sydney	Otolaryngology Head & Neck Surgery
St Vincent's Hospital Sydney	Cardiothoracic Surgery
St Vincent's Hospital Sydney	General Surgery
St Vincent's Hospital Sydney	Neurosurgery
St Vincent's Hospital Sydney	Orthopaedic Surgery
Sydney Adventist Hospital	Orthopaedic Surgery
Sydney Children's Hospital	Plastic and Reconstructive Surgery
Sydney Children's Hospital	Paediatric Surgery
Sydney Children's Hospital	Paediatric Surgery
Sydney Children's Hospital	Otolaryngology Head & Neck Surgery
Sydney Children's Hospital	Orthopaedic Surgery
Sydney Hospital (Hand Unit)	Orthopaedic Surgery
Sydney Hospital and Sydney Eye Hospital	Plastic and Reconstructive Surgery
Sydney Hospital Hand Post	Plastic and Reconstructive Surgery
Tamworth Hospital	General Surgery
The Children's Hospital At Westmead	Plastic and Reconstructive Surgery
The Children's Hospital At Westmead	Neurosurgery
The Children's Hospital At Westmead	Cardiothoracic Surgery
The Children's Hospital At Westmead	Paediatric Surgery
The Children's Hospital At Westmead	Otolaryngology Head & Neck Surgery
The Children's Hospital At Westmead	Paediatric Surgery
The Children's Hospital At Westmead	Paediatric Surgery
The Children's Hospital At Westmead	Otolaryngology Head & Neck Surgery
The Children's Hospital At Westmead	Paediatric Surgery
The Children's Hospital at Westmead	Orthopaedic Surgery
The Tweed Hospital	Urology
The Tweed Hospital	Orthopaedic Surgery
Wagga Wagga Base Hospital	Orthopaedic Surgery
Westmead Hospital	Otolaryngology Head & Neck Surgery
Westmead Hospital	Vascular Surgery
Westmead Hospital	Vascular Surgery
Westmead Hospital	Plastic and Reconstructive Surgery
Westmead Hospital	Neurosurgery
Westmead Hospital	Urology
Westmead Hospital	Cardiothoracic Surgery
Westmead Hospital	General Surgery
Westmead Hospital	Orthopaedic Surgery
Wollongong Hospital	Plastic and Reconstructive Surgery
Wollongong Hospital	General Surgery

Wollongong Hospital	Urology
Wollongong Hospital	Vascular Surgery
Wollongong Hospital	Otolaryngology Head & Neck Surgery
Wollongong Hospital	Neurosurgery
Wollongong Hospital	Orthopaedic Surgery
Wyong Hospital	Orthopaedic Surgery

3) The extent to which the current number of practising specialists can meet the demand for services within New South Wales – generally and in the public health system.

The College noted in its initial submission to the inquiry that Australian Institute of Health and Welfare has shown long and growing waiting times for elective surgery in Australia's public hospital system (Appendix 1).

The number of specialists appears inadequate given the known elective wait times in the public sector. Absolute numbers may not be the best metric to determine needs as this may be influenced by the fraction of work associated with each individual. RACS also understands the pipeline issues for qualifying more FRACS surgeons and is open to discussions around scope of practice for procedural non FRACS practitioners whilst ensuring quality of service delivery.

The College is committed to training enough specialist surgeons to meet current and future demand. This relies on training positions being funded, primarily by the state government to meet the service needs.

4) If there is a maldistribution of specialists across New South Wales (either geographically or between the public and private health systems):

a) The nature of the maldistribution.

The College believes the largest maldistribution of surgical specialists in NSW is geographic. This was outlined in our previous submission (Appendix 1).

While there is variation by speciality, the College's most recent workforce census indicates that the majority of surgeons work in a mixed practice model and therefore provide services in both public and private settings. With smaller proportions working solely in public or private. 2022 Surgical Workforce Census Report (surgeons.org) [RCS.0001.0052.0001]

B) The factors that contribute to that maldistribution.

The factors that contribute to rural maldistribution of specialists have been well documented in Australia. The College has recently published an Issues and Outcomes Paper from our National Rural Surgeons' Training & Retention Workshop February 2024 (Appendix 2) noting that recent data shows 28% of Australians live in rural and remote areas but only 15.8% of Surgical Fellows work rurally and for five specialties less than 5% have their main practice in non-metropolitan locations. For many years governments have been attracted to the option of supplementing the rural and regional workforce with specialist international medical graduates. Unfortunately, many do not stay in rural locations and the core issues remain unaddressed. The College remains committed to it's Rural Health Equity Strategic Action Plan [RCS.0001.0063.0001] and to collaborate with governments at all levels to support the selection, training and retention of rural specialists.

Specialist training programs

5) A summary of the specialty training program(s) administered by the College in New South Wales, by reference to the relevant policy documents and including:

The College trains in nine specialties

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology, Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

The College's Regulation - 2017 Registration and Selection to Surgical Education and Training (surgeons.org) [RCS.0001.0010.0001] outlines the requirements for registration and selection.

All specialties have specific selection regulations as have been provided to the Inquiry previously. Information on specialty specific selection and training regulations is available from Surgical specialties | RACS (surgeons.org) [https://www.surgeons.org/Trainees/surgical-specialties].

a) Entry requirements

To be eligible for the SET Program, candidates must have:
• completed a medical degree
• completed two or more years of clinical work and prevocational training
• meet both the generic and specialty-specific eligibility criteria
• Australian or New Zealand permanent residency or citizenship

www.surgeons.org/becoming-a-surgeon [https://www.surgeons.org/become-a-surgeon/how-do-i-become-a-surgeon].

b) Length of program(s).

Program length can vary both by specialty and the time taken to meet competency-based training requirements. 4 - 6 years on average.

c) Location of delivery (metropolitan/rural).

See accredited training sites listed in 2 D)

d) Program structure.

Surgical trainees will be required to complete:

- Surgical rotations exposing them to a breadth of clinical practice at accredited hospitals
- Assessment including, workplace based assessment, log books and research
- Examinations
- Skills courses
- Education sessions and modules.

e) Number of trainees admitted in the relevant period, including how that number is determined.

The number of trainees admitted in the relevant period is determined by the number of funded training positions available and the availability of suitable applicants.

In 2023 the numbers of trainees selected by specialty in NSW were:

Specialty	Trainees selected in NSW
Cardiothoracic Surgery	2
General Surgery	32

Neurosurgery	2
Orthopaedic Surgery	15
Otolaryngology, Head and Neck Surgery	3
Paediatric Surgery	1
Plastic and Reconstructive Surgery	6
Urology	8
Vascular Surgery	7

6) An overview of the role/function of other agencies/bodies, etc., in administering specialty training programmes relevant to the college, including NSW Health.

Importantly NSW Health funds the bulk of training positions in NSW. Except for those funded via the Federal Government Specialty Training Program (STP) [https://www.surgeons.org/education/specialist-training-program].

Specialty training program administration differs based on specialty, and is outlined by agreement between the College and surgical societies and associations.

Broadly the College is responsible for administering:

- Registration for selection.
- Examinations.
- Skills courses.
- Admissions to Fellowship.
- Reconsideration, Reviews and Appeals.
- Advice, Support and Complaints.

With specialty societies responsible for administering:

- Applications and selection.
- Training support.
- Training post accreditation.

More detailed information is available by specialty from Surgical specialties | RACS (surgeons.org) [https://www.surgeons.org/Trainees/surgical-specialties].

7) A summary of the process for the accreditation of training sites/places in New South Wales by reference to relevant policy documents, including:

A) The role/function of the College in the accreditation of training sites/places.

The College sets the standards for hospital training post accreditation across our nine surgical specialties.

Training post accreditation | RACS (surgeons.org) [https://www.surgeons.org/trainees/training-post-accreditation].

B) The criteria applied for accreditation of training sites/places.

There are currently 44 accreditation criteria details are outlined on page 9 – 16 In the Training Post Accreditation Booklet. In addition to the accreditation criteria, the factors assessed and minimum requirements are also outlined.

2017 Training Post Accreditation Booklet (surgeons.org) [RSC.0001.0023.0001]

C) The process by which new sites are identified for possible accreditation.

The process of accreditation may be initiated by a hospital (or a consortium of hospitals for a shared post) that wishes to undertake surgical training for the first time or to propose a new post in addition to existing accredited posts. Specialty Training Boards initiate the process when re-accreditation is required, due to the impending expiry of current accreditation or because concerns have been identified about the quality of training or other issues at a particular hospital.

D) The process of determining how many training places will be accredited at a particular training site, and who is responsible for making those decisions.

The accreditation decision will be communicated promptly to the signatories of the application. This decision may include the maximum number of trainees for which a hospital is accredited, and the maximum length of time trainees may spend at that particular hospital or network. Accreditation is normally granted for five years.

E) The processes for reviews of accreditation, including the withdrawal of accreditation.

The status of an accredited training post may be reviewed at any time during the accredited period, particularly where there are concerns that the educational standard of the post has been compromised. RACS is committed to ensuring that all training posts operate within a culture of respect. In the event that there is a proven complaint of unacceptable behaviour (discrimination, bullying, sexual harassment, etc.) against a current member of a unit hosting an accredited training post, that post will be reviewed, which may result in loss of accreditation. A second or subsequent proven complaint will result in the post having its accreditation reviewed by the Censor in Chief and Chair of the Committee of Surgical Education and Training, in conjunction with the relevant Specialty Committee/Board Chair. It will not be eligible for reaccreditation until it can be demonstrated that corrective action has been successfully implemented. Where the surgical supervisor or surgical trainers in the unit hosting an accredited post do not comply with mandated training, accreditation of the post will be withdrawn but may be reinstated when compliance is achieved.

F) The body responsible for setting criteria applied for accreditation of training sites/places, and the process for the review of those criteria.

The College is currently developing a revised set of Hospital Training Post Accreditation Standards Hospital-Training-Post-Accreditation-Standards_V7.pdf (surgeons.org) [SCI.0011.0236.0001] while not implemented these revised standards have undergone significant consultation. The College is currently revising to incorporate any recommendations required by the National Health Practitioners Ombudsman.
Additional comments and feedback can still be provided at: RACS HTP Accreditation Consultation Survey (surveymonkey.com) [https://www.surveymonkey.com/r/2WRQS6Z].

8) An overview of the role/function of other agencies/bodies in the accreditation of training sites/placements.

Training site accreditation is managed by the College specialty training committees/boards. Seven of these training committees/boards are managed by the relevant surgical specialty society under agreement with the College. This includes scheduling accreditation and reviews, supporting the accreditation reviews, assessment and reporting the outcome back to the hospital. Information is available from each specialty and is specified for ease of reference as an appendix in the RACS Accreditation Application form ETA-SET-045 (surgeons.org). [RCS.0001.0024.0001]

Surgical specialties | RACS (surgeons.org) [https://www.surgeons.org/Trainees/surgical-specialties].

Internationally trained doctors

9) An overview of the process by which internationally trained doctors may attain Fellowship of the College.

The Specialist Pathway is for Specialist International Medical Graduates (SIMGs) interested in working permanently as a specialist surgeon in Australia. There are two streams:

Specialist Recognition: overseas-trained specialists applying for assessment of comparability to the standard of a newly qualified Australian-trained specialist.

Area of Need (AoN): overseas-trained specialists applying to fill a specialist-level vacancy classified as an “Area of Need” by the Australian government.

An SIMG wishing to practice as a specialist surgeon in Australia requires an individualised assessment of comparability to an Australian and Aotearoa New Zealand trained surgeon in the same field of specialty practice. This is known as Specialist Assessment (for the Specialist Recognition stream) or Area of Need Assessment (for the Area of Need stream).

Eligible SIMGs can apply for a Specialist and/or Area of Need Assessment in any one of RACS’ nine surgical specialties listed below:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

The Specialist Assessment and/or Area of Need Assessment process in Australia can lead to three possible outcomes:

- Non Comparable
- Partially Comparable
- Substantially Comparable

Pathways to Fellowship

A non-comparable SIMG may only progress to Fellowship by completion of RACS Surgical Education and Training (SET) program. Entry to the SET program is by competitive selection.

A partially comparable SIMG may progress to Fellowship by the satisfactory completion of:

- Clinical assessment unless otherwise specified, for a period of up to 24 months;
- Specified skills courses and activities;
- Continuing Professional Development activities; and
- The Fellowship Examination of RACS.

A substantially comparable SIMG (including an SIMG substantially comparable within a defined scope of practice) may progress to Fellowship by the satisfactory completion of:

- Clinical assessment for a period of up to 12 months.
- Specified skills courses and activities; and
- Continuing Professional Development activities.

Workforce planning

10) The extent to which the specialist training programmes administered by the College are currently producing sufficient specialists to meet current and future demand in NSW.

As mentioned in question 3. There is evidence from the Australian Institute of Health and Welfare that surgical wait times are increasing, we have addressed this as part of our previous submission Appendix 1.

We have also highlighted that the disparity is viewed primarily as a distribution issue with respect to surgical service provision meeting the requirements in rural and regional areas Appendix 2. The college views this is an urgent priority and will continue to actively seek support from NSW Health and the Federal government in addressing the issues that lead to this maldistribution of specialists.

The College is well positioned to continue to produce the needed numbers of surgical specialists to meet future demand, in conjunction with all levels of government involved in modelling the needs of the community into the future.

11) If the College considers that specialist training programmes are not producing sufficient specialists to meet current and future demand in NSW:

a) How many more specialists are required to meet that demand, including by reference to particular locations within New South Wales (i.e., metropolitan/regional, etc)?

The College is committed to work with NSW Health to determine that appropriate numbers of specialists are being trained. Ensuring the capacity of hospitals is able to keep up with the growth of demand for surgical services into the future is essential.

b) An identification of any particular impediments/obstacles/challenges in training sufficient specialists to meet that demand.

It is important to recognise that funding for training and supervisory positions is essential to ensure the training pipeline for future surgeons. The College training model relies on doctors having positions within a hospital where they can train and that those doctors will have access to appropriate supervision. The great strength of the college model is the accreditation of positions which ensures a high standard of training regardless of the hospital or area health service.

12) The extent to which the College considers the demand for specialist services – generally and between different locations within New South Wales – in the administration of training programs.

The College is actively considering the demand for specialist services in both training and workforce in rural areas. We recognise the challenges and have been working both within the profession and with governments to ensure we are able to produce a surgical workforce that meets the needs of Australians and the people of New South Wales Appendix 2.

Specifically, the College is advocating for the expansion and creation of rural training networks and corridors of training between metro and rural for relevant locations and specialities. Continuing to improve communication between the health jurisdictions and the Colleges is essential.

13) In relation to "unaccredited trainees" working within the College's specialty area:

a) A description of an "unaccredited trainee" from the perspective of the College.

The College accredits training posts as per the information provided. The term unaccredited trainee may be used to describe a doctor employed by a hospital or health system who is working in a surgical department, as part of surgical teams providing surgical services.

Broadly these doctors could be considered Post-Graduate Doctors who are seeking a pathway into a specialty, either surgical or a related specialty. Or they could be classified as career medical officers who are doctors employed by hospitals but not necessarily seeking specialist qualifications.

As mentioned previously the College believes it has a role in supporting the education, training and standards for all surgical doctors and offers two main pathways for support:

JDOCS [https://jdocs.surgeons.org/elearning-resources] – A framework to assist doctors in defining the skills and behaviours needed to assist in their development of surgical and other proceduralist careers.

RACS CPD Home [https://www.surgeons.org/Fellows/continuing-professional-development/RACS-CPD-Home] – Is available to PGY3+ practitioners working in a surgically affiliated field. Non-specialists are currently offered a significant discount to encourage participation in a surgically focused program.

The College recommends focusing on increasing the conversion of unaccredited registrars to trainees to align with workforce planning, we are also committed to review of the surgical team and see the opportunity to explore a career medical officer as part of the surgical team (Career Surgical Officer role) to provide a clear career path for those not pursuing specialist training, and reviewing and improving support mechanisms for Continuing Professional Development (CPD) to ensure ongoing professional growth for medical staff.

B) The role played by "unaccredited trainees" within the public health system in NSW.

The College doesn't have any specific oversight of doctors employed within public health system in NSW who are not trainees or Fellows of the College. It would be the College's view that any doctors employed by hospitals to support surgical services would be playing an important role in serving the needs of the public in NSW. Supporting these doctors either into/during specialist and non-specialist careers is incredibly important. The NSW Health Education and Training Institute (HETI) provides important support and advice.

RACS has developed a framework, 'Jdocs,' aligned to the RACS Core Competencies, aimed at providing junior doctors with the skills, knowledge, and behaviours required for entry into procedural specialist training. This framework and its associated resources are available through a nominal subscription arrangement. In addition, RACS hosted a Prevocational Strategy Workshop in February 2023, with representatives from each surgical specialty. This workshop focused on improving advocacy, mentoring, and learning resources for PGY3+ doctors.

The College has received and endorsed a draft "Realising the Benefits of the Hospital Registrar and Career Medical Officer Workforce: A Framework for Hospital Registrars and Career Medical Officers in Australian Hospitals". We recognise the comprehensive efforts made in developing this framework and support its progression to the Health Workforce Taskforce for further endorsement.

Job security is also a critical issue. Emphasising job security through minimum three-year employment contracts and face-to-face orientation programs will improve retention and job satisfaction among hospital registrars and career medical officers. Recognising prior service so that this group can access entitlements is essential for ensuring equitable treatment and support.

Cultural safety is another crucial aspect. Ensuring culturally safe workplaces and providing ongoing support for Aboriginal and Torres Strait Islander doctors are vital for their retention and career progression.

To enhance career fulfillment, it is important to highlight the validity and rewards of hospital registrar and career medical officer roles through career portals and support their progression into teaching, administrative, managerial, and leadership roles. RACS encourages dialogue between colleges to address barriers that limit junior doctors from applying to different specialties, particularly focusing on recognising generic knowledge and skills gained through work-based learning.

Implementing routine collection and review of feedback from hospital registrars and career medical officers will help identify areas for improvement and ensure their well-being.

Case studies

14) Suitable case studies to demonstrate:

a) Workforce challenges/issues/obstacles.

In our previous submission we highlighted the following case study (Appendix 1).

***Case Study**: How successful a region is dependent upon their model of care. There is often a disconnect exist between LHDs and primary healthcare. The NSW Grafton Aboriginal care is a good model. Grafton has a multidisciplinary team funded at a relatively low cost, but ironically due to a lack of funding, they have been impacted when it comes to maintaining their services. Waiting list reduction post COVID is fine in the city, but within rural sites LHDs were transferring patients to the city, and if there are any complications local rural surgeons had to step in once the patients are transferred back to rural. The impact of rural to metropolitan transfers have also caused rural surgeons not to be able to sustain their profession. Wagga Wagga NSW has a good rating with regards to length of bed stay, however Wagga Wagga only succeeds due to their relatively small size, close collaborations, known healthcare units for a patient's post-op care and assistance. These models of care need to replicate at other rural and regional services and funded appropriately to maintain service provision. Another issue on concern is that credentialing between public and private hospitals are not always aligned, and as such causes major issues when considering public in private solutions with regards to provision of care.*

B) Challenges in implementing the training programs by the College, including examples of how challenges have been overcome.

Protected time for teaching, supervision and administration by the surgical supervisor is essential to ensure specialist training programs are able to adequately support trainees and the supervisors and trainers supporting their learning. RACS accreditation standards outline the requirements for hospitals to ensure supervisors are provided with protected time, and the necessary infrastructure support, to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.

Training post accreditation | RACS (surgeons.org) [https://www.surgeons.org/Trainees/training-post-accreditation].

National Health Practitioner Ombudsman specialist medical training site accreditation processes review

15) The extent to which the College agrees or disagrees with the conclusions and recommendations set out in the National Health Practitioner Ombudsman report titled "A roadmap for greater transparency and accountability in specialist medical training site accreditation", dated October 2023.

The College is broadly supportive of the work undertaken by the National Health Practitioner Ombudsman with a focus on specialist medical training site accreditation. The external review's focus on strengthening transparency and procedural fairness as part of review processes across the broader system has highlighted a number of opportunities for the Colleges.

A challenge for RACS has been balancing the implementation of system level recommendations alongside the College specific recommendations. As there is significant overlap between some of the recommendations there is hesitancy from the College to develop responses to recommendations that are still being considered more broadly by the Australian Medical Council. With a 12 month timeline to respond to the recommendations this has created a degree of additional uncertainty.

The NHPO's role in accepting complaints with regard to medical colleges and training programs is still being understood. The NHPO pathway, in addition to the College's own complaints processes and those accepted by the AMC or AHPRA has created an environment where issues are being

raised simultaneously with several entities who each require different responses from the College. In effect, this can create a duplication of processes and effort in responding multiple times to a single issue.

Other matters

16) Any other relevant matters raised by the College in relation to the administration of specialist training programs and the sustainability of the workforce generally.

There are no additional matters we seek to raise at this time. We would like to thank the Special Commission of Inquiry for the opportunity to provide this statement.