

Annual Report of the Director of Training To The AOA AGM, 15 October 2008

Selection Process

A full scale review of the selection process has been undertaken since July. Analysing the strengths and weaknesses of past processes, a more robust system of assessment has now been developed that seeks to be fully compliant with RACS policies and processes while remaining focused on selecting the best and brightest orthopaedic candidates.

The main issues addressed included

1. Reviewing and confirming the policies and processes around the selection
2. Matching a selection process to a pool of candidates with far less experience than earlier trainees
3. Reviewing the weighting of the component parts of the selection process
4. Refining the system which identifies the most appropriate candidate for orthopaedic training
5. Enhancing the participation of assessors through an online facility for In-depth Review forms
6. Reviewing the bank of questions for formal interview
7. Continuing the role of an independent statistician which was established in 2008

It is expected that the whole process will be completed by October 2008 for ratification by the Federal Training Committee at its October meeting.

Curriculum redesign

The FTC has undertaken a review of the Orthopaedic Curriculum. The purpose was to identify the areas of education and assessment which required renewal and where possible to ensure that the component parts of the curriculum, objectives and the in-training assessment were clearly defined and described. This review and redesign process is likely to take 12 months. The focus of the FTC has specifically been on

1. Content of the syllabus
2. Modularisation
3. In-training assessments linked with modules
4. Assessment of progression during training

Progression during training

The increasing failure rates of candidates over the last number of years have led the FTC to scrutinise the processes for assessing satisfactory progress during training. Greater structure has been created around the processes of determining satisfactory progress and ensuring the maintenance of an acceptable standard. This includes

1. Revising the Quarterly Assessment Reports to meet accepted attributes
2. Defining the process for notification of unsatisfactory progress
3. Defining the process for counselling of registrars with unsatisfactory progress
4. Developing formal communications between regional training committees and trainees

Remuneration

The Board of AOA has ratified the proposal to remunerate each Regional Training Committee Chair and the Director of Training for their services with \$3000 and \$6000, respectively.

Hospital Inspections

Hospital inspections were undertaken this year and the main change was the introduction of a new assessment form to be completed by the assessors. These forms nominate the specific areas being assessed, describe the criteria for assessment and provide a range of grades depending on accomplishment. The forms were generally well received as they provided a clearer guide of what was to be inspected, and the task of summarising the inspection into a typed report by each inspector was no longer required. Additionally, these forms provided an excellent historical basis for comparison when subsequent inspections are undertaken.

As a result of the inspections, the Federal Training Committee reaccredited 24 x SET 2+ positions and 2 x SET 1 positions. The accreditation of two additional SET 2+ positions and a further 14 x SET 1 positions to commence in 2009 were also approved. The Committee also resolved to disaccredit a SET 2+ position in a hospital that had failed to meet the minimum criteria for accreditation across three accreditation standards.

Training

This is likely to be the last year whereby trainees will be accepted into SET 2. From 2010, it is expected that all trainees will be entering the orthopaedic training programme as SET 1 trainees. The Federal Training Committee and the Regional Training Committee have acknowledged that all SET 1 positions are under the auspices of AOA and will be regarded as registrars on the programme and NOT "super residents". As such all SET 1 trainees will be selected and appointed by AOA. Unlike other specialties, SET 1 trainees will not be permitted to rotate into resident positions nor will the Federal Training Committee accept institutional discretion to rotate SET 1 trainees in orthopaedics.

Accreditation of new positions

There has been an increase in the numbers of expressions of interest for new SET positions in private hospitals. The process is that any hospital, public or private, may apply for SET positions. The application forms may be obtained from the Sydney offices of AOA, should be completed then forwarded to the Regional Training Committee of that State. The Regional Training Committee then debates the merits of the application. If there is support for the position from the Regional Training Committee, the recommendation is then carried to the Federal Training Committee where further discussion, debate and if appropriate ratification is made. Once an application for accreditation is accepted by the Federal Training Committee, a schedule for inspection is created and inspections duly conducted. This process is time consuming, requires rigour to complete well and has far reaching implications for the trainee and the system. Because of this, a clearly defined policy underpinned by process has been created. It is important that applicants realise that their lack of planning should not become the Federal Training Committee's emergency. It is also strongly recommended that members of orthopaedic departments are aware when their institutions are applying for accreditation of new positions. This includes private hospitals.

International Medical Graduates

The Directors Training and Orthopaedic Services continue to be involved in the assessment of International Medical Graduates. The process which includes a paper based assessment and an interview results in an International Medical Graduate being assessed as incomparable, comparable, or partially comparable for the purposes of awarding Fellowship. Further, the two Directors are involved in assessing IMGS for their suitability to be employed in Area of Need roles.

Overall, the assessment tools used for IMGs are inadequate and there is an urgent need for improvement in the process. There is currently no rigour in establishing the nature, duration, or scrutiny during IMGs' training. Both Directors are dissatisfied with the inadequacy of the process and disappointed by the risk averse stance of RACS. The Director of Training has written a long submission to RACS in regard to this and as of the date of writing of this report no response has been received.

Regional Training Committees

The Regional Training Committees continue to do an outstanding job of implementing many of the policies of the Federal Training Committee. These are often complex and thankless tasks which go unnoticed by many members. The smoothness, consistency and high standard of orthopaedic training is because of the commitment and involvement of each Regional Committee and the supervisors of training that they represent. The Regional Training Committee Chairs have been empowered to implement policy that is pertinent to their States and the logistics of their programme is under their control.

At the time of writing of this report, Dr. Paul Pincus has retired from the Queensland Committee and has been replaced by Dr. Gary Nielson. Dr. Emerik Trinajstik has retired from the Western Australian Committee and has been replaced by Prof David Wood. Dr. Philip Brook (SA), Dr. Ian Incoll (NSW), and Dr. Gary Natrass (Vic/Tas) are continuing in their roles.

Resignation

Ms Robyn Westcott has been AOA's Training Officer for a number of years and during this time she has made an outstanding contribution to the evolution of our training programme. Robyn has attacked her job with great commitment, professionalism and considerable attention to detail. As a Director of Training, I have found her experience and support to be invaluable. Robyn has served with great distinction and leaves us to pursue a deep interest in Academia and is currently completing her PhD. I would like to take this opportunity to thank Robyn on behalf of the Federal Training Committee, the Regional Training Committees and all the supervisors whom she has interacted with.

Acknowledgements

I would like to acknowledge the hard work, rigour, and intellectual input by Ms. Annie Gibbons, National Education Manager, and her team. Annie has met the challenge for change with energy and commitment and is a tremendous support to this Director of Training. Annie's experience in education has helped to focus AOA's efforts in improving its training programme.

I would also like to acknowledge the support of Professor John Collins, Dean of Education RACS, Professor Spencer Beasley, Chair of BSET RACS and Mr. Glenn Petrusch, Director of Training Administration RACS for their wise counsel, advice and support during the first year of my tenure as Director of Training AOA and Chair of the Board of Orthopaedic Surgery RACS.

I am indebted to the support and effort of Dr. David Stabler who is Director of Orthopedic Services for all his tremendous work with IMGs and interactions with RACS.

A handwritten signature in black ink, appearing to read 'Peter F.M. Choong'. The signature is stylized with a large, circular initial 'P' and a long, sweeping horizontal stroke that extends to the right.

Professor Peter F.M. Choong
Director of Training, AOA
Chair of the Board of Orthopaedic Surgery, RACS