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The SET program and supervision

The Royal Australasian College of Surgeons (RACS), is responsible for the delivery of the RACS Surgical Education and Training (SET) program, through its Specialty Training Boards (STBs) and in collaboration with Specialty Society partners. The STBs are responsible for the selection, assessment, supervision and management of surgical trainees in accredited hospital-based training posts, under the direction of appointed supervisors.

The SET program relies on the significant pro bono commitment of Fellows who undertake the supervisor role. Supervisors, who are RACS Fellows in the relevant specialty, offer their time and expertise to train the independent surgical consultants of the future and to ensure that the Australian and New Zealand communities receive healthcare at continuing world class standards.

RACS recognises the multiple responsibilities of surgeons as they provide patient care and manage clinical risks, in addition to delivering comprehensive training and supervision. Sharing knowledge and expertise with the next generation of surgeons is one of the most significant contributions an individual Fellow can make to the community and to the collegiality of RACS.

Supervisor, as a nomenclature, means the designated supervisor for the specialty for an accredited training post at the hospital. Other terms are sometimes used by STBs and are defined in individual STB training regulations.

Standards for supervisors

To assist supervisors in their roles in educating and assessing trainees for the relevant STBs, RACS has developed a set of standards. The standards outline the attributes, roles and responsibilities and effective teaching methods for supervisors, who model the integration of the RACS competencies into daily practice. Defined standards of educational practice for supervisors are necessary to improve and maintain high-quality surgical education and training.

The standards for supervisors are consistent with the accreditation standards of the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) that govern specialist medical colleges.

The RACS Building Respect, Improving Patient Safety Action Plan\(^1\) identifies the need for supervisors to be equipped with appropriate teaching, interpersonal and leadership skills in order to educate trainees. The standards provide a framework to clarify the expectations of the supervisory role and can be referenced as a guide to improve the quality of clinical teaching and learning\(^2\).

The standards encompass the nine RACS competencies that are incorporated into the SET program. The “Becoming a Competent and Proficient Surgeon: Training Standards for the Nine RACS Competencies”\(^3\) provides guidance for supervisors, trainers and trainees to stage training in each of the competencies.

Supervisors as teachers and assessors

Supervisors of training are key personnel in guiding and supporting trainees in their workplace learning and in the assessment of that learning. The workplace is the richest environment for trainees to gain the knowledge, skills and behaviours required for practising clinicians\(^4\). Real life activities engage the trainee on a higher cognitive level and are the foundation of the SET program. Situated learning encourages the learning and consolidation of new skills, knowledge and behaviours. Interacting with role models and responding to feedback assists trainees to attain professional behaviours.

Work-based learning and assessment, as outlined in the RACS Work-based Assessment: A practical guide\(^5\), facilitates the integration of multiple competencies. Relating the learning to different contexts encourages the trainee to review and reconnect their knowledge and skills. This strengthens long-term memory, information retention, retrieval and the transfer of learning.\(^6\)
**Supervisor responsibilities aligned to RACS competencies**

The responsibilities at the core of clinical supervision and trainee support can be mapped to the RACS competencies.

<table>
<thead>
<tr>
<th>Principal Responsibility</th>
<th>Collaboration and Teamwork</th>
<th>Communication</th>
<th>Health Advocacy</th>
<th>Judgement - Clinical Decision Making</th>
<th>Management &amp; Leadership</th>
<th>Medical Expertise</th>
<th>Professionalism &amp; Ethics</th>
<th>Scholarship &amp; Teaching</th>
<th>Technical Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates all RACS competencies with patients and all work healthcare workers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Undertakes trainee orientation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3. Ensures trainees receive appropriate training, observation, assessment and feedback</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Leads in-training assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. Guides trainees’ personal and professional development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6. Liaises with the training board and/or regional subcommittee regarding their trainees’ performance and wellbeing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7. Provides feedback at scheduled performance reviews and when underperformance has been identified</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>8. Coordinates, in liaison with the boards, the remediation process for a trainee with identified underperformance in rotations and/or assessment tasks, including the early and Fellowship examinations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Supervisor role

Supervisors are crucial to meeting the community’s need for safe and effective clinical care. Supervisors ensure safe medical practice while facilitating the learning of future surgeons.

The aim of supervision is to facilitate trainees to become competent surgeons who provide consistently safe and effective surgical care of the highest standard to the Australian and New Zealand communities.

Effective supervision enables trainees to develop their practice safely and in supportive environments that expedite the acquisition of knowledge, skills and professionalism. Supervision promotes a culture of continuous learning and professional development.

The RACS Surgical Supervisors policy, in conjunction with the relevant specialty training program Training Regulations, details the full role and responsibilities of supervisors.

Supervisor attributes

The attributes of an effective supervisor include:

- Competent practitioner
- Reflective and emotionally intelligent
- Motivated to develop educational practice
- Consistently models high standards of professional behaviour
- Well organised
- Develops rapport with trainees
- Manages conflicts of interests
- Available and responsive
- Communicates and collaborates effectively
- Enthusiastic educator

Supervisor support

RACS and the STBs support supervisors by ensuring that supervisors develop the knowledge, skills and behaviours necessary for the role. This is achieved by ensuring that supervisors:

- are appropriately orientated and inducted to their role and responsibilities
- are informed of and are able to access relevant professional development activities; and
- have opportunities for feedback on their performance and opportunities to further develop their supervisory skills
Principal responsibilities of a surgical supervisor

Surgical supervisors, irrespective of specialty, will perform tasks aligned to eight principal responsibilities that are the core of clinical supervision and trainee support. The following table lists those responsibilities and related tasks that are reflective of an effective supervisor. Each responsibility can also be mapped to the RACS competencies.

<table>
<thead>
<tr>
<th>Principal Responsibility</th>
<th>Related Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates all RACS competencies with patients and all healthcare workers</td>
<td>• Role models professional behaviour at all times  &lt;br&gt;• Ensures patient safety  &lt;br&gt;• Leads positive cultural change  &lt;br&gt;• Ensures compliance with training accreditation standards</td>
</tr>
<tr>
<td>2. Undertakes trainee orientation</td>
<td>• Conducts or coordinates post/workplace induction (e.g. systems, protocols, OHS, HR)  &lt;br&gt;• In conjunction with the trainee, develops learning goals and plans aligned to curriculum and trainee’s level of performance  &lt;br&gt;• Identifies and undertakes learning opportunities  &lt;br&gt;• Empowers trainees to undertake self-directed learning</td>
</tr>
<tr>
<td>3. Ensures trainees receive appropriate training, observation, assessment and feedback</td>
<td>• Ensures that training and assessments are aligned to curricula and trainees’ knowledge and skills  &lt;br&gt;• Liaises with trainers regarding trainee learning goals and plans  &lt;br&gt;• Directs trainees to learning opportunities and resources  &lt;br&gt;• Observes trainees and provides regular, specific feedback to guide trainee performance</td>
</tr>
<tr>
<td>4. Leads in-training assessment</td>
<td>• Liaises with trainers to provide comprehensive mid-term formative assessments and end-of-term summative assessments.  &lt;br&gt;• Modifies trainees’ learning goals and plans where indicated.  &lt;br&gt;• Complies with STB and RACS assessment and reporting requirements</td>
</tr>
<tr>
<td>5. Guides trainees’ personal and professional development</td>
<td>• Is available for and provides confidential advice on trainees’ concerns including career advice, wellbeing  &lt;br&gt;• Encourages open communication with trainees  &lt;br&gt;• Encourages trainees to establish work-life balance, e.g. by providing advice regarding flexible training options, career trajectories and leave.  &lt;br&gt;• Facilitates trainees to reflect on decision-making and performance  &lt;br&gt;• Advocates (with Board and employers) for trainee education and career opportunities</td>
</tr>
<tr>
<td>Principal Responsibility</td>
<td>Related Tasks</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 6. Liaises with the training board and/or regional subcommittee regarding their trainees’ performance and wellbeing | ▪ Informs board/regional committee regarding trainee performance  
▪ Advocates for trainee wellbeing  
▪ Alerts training board regarding trainee underperformance  
▪ Identifies trainee stress, fatigue and underperformance, and acts to address these |
| 7. Provides feedback at scheduled performance reviews and when underperformance has been identified | ▪ Adopts effective methods for providing timely, constructive and respectful feedback to guide learning and performance  
▪ Identifies trainee underperformance and communicates this appropriately  
▪ Regularly documents examples of trainee performance  
▪ Highlights and reinforces satisfactory performance |
| 8. Coordinates, in liaison with the boards, the remediation process for a trainee with identified underperformance in rotations and/or assessment tasks, including the early and Fellowship examinations | ▪ Helps trainee to identify areas for improvement  
▪ Works with trainee to clarify agreed standards of performance  
▪ Assists in developing specific strategies for supporting improvement in performance  
▪ Regularly monitors trainee performance and wellbeing  
▪ Complies with reporting requirements |
RACS resources for supervisors

Publications

- RACS *Becoming a Competent and Proficient Surgeon: Training standards for the Nine RACS Competencies*, outlines the nine competencies and describes the stages of progress from a pre-vocational doctor to a competent clinician³.
- RACS *Surgical Competence and Performance: A guide to aid the assessment and development of surgeons*. The framework provides a structured conceptual map of the learning outcomes of the SET program(s): description s of surgical performance as behaviours(⁹).
- RACS *Work-based Assessment: A practical guide for building an assessment system around work*⁹.

Courses

- Foundation Skills for Surgical Educators – mandatory
- Operate with Respect - mandatory
- Supervisors and Trainers for Surgical Education and Training (SATSET) (or module)
- Keeping Trainees on Track (KTOT) (or module)
- Clinical Decision Making
- Critical Literature Evaluation and Research (CLEAR)

Forums

- Academy of Surgical Educators Forum
- Academy Educator Studio Sessions - webinar

eLearning modules

- Let’s Operate with Respect - mandatory
- Keeping Trainees on Track (KTOT)
- Supervisors and Trainers for Surgical Education and Training (SATSET)
- Trainees in Difficulty
- Standards of Performance
- Goal Setting
- Self-Assessment

RACS co-badged programs with the University of Melbourne

- Graduate Certificate in Surgical Education
- Graduate Diploma in Surgical Education
- Masters in Surgical Education
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