

2022 - 2024

Evaluation Report

General Surgery Education and
Training Program

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Australian Board in General Surgery



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1. INTRODUCTION

The Evaluation Strategy was established to examine the effects of the GSET program and Curriculum in terms of:

- Ability to assess Trainees against the Curriculum milestones
- Ability of the assessments and milestones to guide feedback
- Ability to adequately progress Trainees
- Changes in behaviours based on clear competencies outlined in the Curriculum
- Increased learning and knowledge based on clearly outlined Curriculum competencies and milestones

A logic model has been utilised to construct the evaluation strategy as it is an outcomes-based approach that focusses on changes that have occurred.

This report has been written by Ms Monica Carrarini MSurgicalEd, GSA Director – Education and Training and reviewed by the GSET Evaluation Subcommittee and the Australian Board in General Surgery.

1.1. Terminology

The following terms and acronyms will be utilised throughout the report:

Term/Acronym	Definition
Core	The first three years of the GSET program.
EPA	Entrustable Professional Activity
GSET	General Surgery Education and Training
PBA	Procedure Based Activity
Principal	The fourth and fifth years of the GSET program.
Supervisor	Refers to either the approved Hospital Surgical Supervisor in General Surgery for a particular hospital, or the delegated unit Supervisor in an accredited hospital post.
TIMS	Trainee Information Management System
Trainer	A consultant who is part of an accredited hospital post.

Table 1 – Terms, acronyms, and their definition

1.2. Data Sources

The evaluation contains analysis data from TIMS as well as from questionnaires provided to Supervisors, Trainees, and Trainers. The questionnaires were sent to Supervisors who were allocated a GSET Trainee for the first time in 2024, Trainers who engaged in either undertaking EPAs or PBAs for the first time in 2024, and all Trainees who commenced in 2024. Supervisors who supervised a Trainee in 2022 - 2023, Trainers who participated in EPAs and PBAS in 2022-2023, and Trainees who commenced in 2022-2023 were not surveyed this year. However, data includes the results from questionnaires sent in all three years (that is 2022, 2023, and 2024). The questionnaires were open for three weeks and all participants were informed that the data would be de-identified and used for the purposes of evaluation.

The below table provides an overview of the number of Supervisors, Trainers, and Trainees that the questionnaires were sent to, together with the number of responses. The data also shows the comparison to between 2022-2024.

Type	Total Surveyed			Total Responses			Response Rate		
	2022	2023	2024	2022	2023	2024	2022	2023	2024
Supervisors	137	157	115	43	36	29	31.39%	22.9%	25.2%
Trainers	423	516	356	37	34	55	8.75%	6.59%	15.4%
Trainees	81	100	109	27	24	20	33.33%	24%	18.3%

1.3. Limitations

In 2022-2023 the survey response rate was low particularly for Trainers however we see an increase in participation in 2024. Participation bias may have impacted upon our findings if those that responded were not representative of Supervisors, Trainers, and Trainees overall.

GSA staff have also been unable to export comments from assessment forms, therefore there has been no ability to undertake a deep dive to the volume of comments by Supervisors, Trainers, and Trainees nor a thematic analysis of the comments provided on assessments.

1.4. How to read the Report

The report has been written around the various outcomes and explores the specific evaluation questions and anticipated outcomes as per the Evaluation Strategy.

Each section will provide the reader with the:

- Overall outcome
- The specific evaluation question
- The anticipated outcome
- The specific indicator

1.5. Executive Summary

Goal Setting

Goal Setting process appears to be a struggle for both Trainees and Supervisors. Despite reminders by GSA staff to both groups at both the start of the term and mid term, it appears that this exercise is not being carried out. Whilst the Goal Setting process is not a mandatory requirement in the Training Program, it is a valuable part of adult learning.

The feedback provided suggest that whilst Trainees and Supervisors value goal-setting in terms of structuring a Trainee's educational journey and enhancing ownership of their learning , its effectiveness is significantly influenced by factors such as the level of Supervisor engagement, workload, and time constraints.

EPAs

The completion rate for EPAs has remained high throughout 2022 – 2024, that is we have not seen a drop in Trainers completing the forms. The Board previously agreed that there would be a 90 day time limit for Trainers to complete EPAs. The data from 2022-2024 suggests that 91.69% of EPAs are being completed in this timeframe which supports the Board's decision.

At the end of Term 2 – 2024 16 Trainees were identified as not meeting the EPA requirements. However, upon review all Trainees except for two GSET1 Trainees had entered EPAs but they had not been rated by the Trainer. Upon review of the remaining 14 Trainees, it was determined that had the Trainers rated the EPAs they would have met the requirements. Therefore, it does appear that the number of EPAs set are achievable to date up to GSET3.

It should be noted that there is a considerable amount of work undertaken by GSA Staff to send monthly reminders to Trainers to complete EPAs as well as prompts to Trainees reminding them of the requirement.

The majority of EPAs are being rated as Entrustable across both the Core and Principal EPAs. One criticism of the Entrustable ratings is that the binary system does not capture the gradual development of competency. However, feedback suggests that Trainees will only submit an EPA when they feel they are competent, therefore a graded rating may not achieve a different result.

There has been an increase (46.87% in 2022 to 67.39% in 2024) in the view of Trainers in terms of whether the EPAs have been useful in their ability to determine the Trainee's level of competence or skill. The progression in agreement that the EPAs effectively assess competence may reflect the influence of the Kübler-Ross Change Curve as individuals adapt to the GSET program. Initially, the introduction of work-based assessments likely triggered resistance or uncertainty, aligning with the early stages of the curve such as denial and frustration, as Trainers adjusted to new expectations. Over time, however, as familiarity with the EPAs grew and Trainers began to see their practical value in assessing competence, attitudes may be shifting. The increase in agreement by 2024 suggests that many Trainers have moved through the curve into phases of acceptance and even integration, where the benefits of the change are recognised. This pattern is consistent with how individuals often experience change—initial discomfort followed by gradual adaptation and eventual endorsement.

However, there is still an amount of skepticism surrounding the EPAs by all stakeholders that responded particularly in the sense that the EPAs were felt to have been completed prior to commencing GSET.

The first significant change to the EPAs was approved by the Training Board in March 2025 in terms of removing the Opportunistic Teaching Session EPA.

PBA

The completion rate for PBAs has remained high throughout 2022 – 2024, that is we have not seen a drop in Trainers completing the forms. The Board previously agreed that there would be a 90 day time

limit for Trainers to complete EPAs. The data from 2022-2024 suggests that 90.67% of PBAs are being completed in this timeframe which supports the Board's decision.

At the end of Term 2 – 2024 10 Trainees were identified as not meeting the EPA requirements. However, upon review all Trainees had entered PBAs but they had not been rated by the Trainer. It was determined that had the Trainers rated the PBAs they would have met the requirements. Therefore, it does appear that the number of PBAs set are achievable to date up to GSET3.

It should be noted that there is a considerable amount of work undertaken by GSA Staff to send monthly reminders to Trainers to complete PBAs as well as prompts to Trainees reminding them of the requirement.

The majority of PBAs are being rated as Able to Perform Independently across both the Core and Principal however there are slightly more rated as Not Able To compared to EPAs. A consistent concern has been the significance of the word "independent" in the rating. The feedback has been that this is seen as being able to perform at the level of a consultant. Despite constant communication, webinars, videos, and training around this issue, the feedback has been consistent that the word does not correlate to the principles of a education. The Australian Board in General Surgery agreed in November 2024 to alter the ratings however due to a decision by the GSA Board of Directors the funding was not approved to alter TIMS to reflect this decision. The Chair of the Australian Board in General Surgery has written a reply to the GSA Board requesting that this decision be reviewed and approved as otherwise this significant change will not be able to be implemented.

Compared to EPAs, the PBAs are seen more favourably by all users.

Curriculum, Milestones, and In Training Assessment

The majority of stakeholders agree that the newly structured Curriculum and milestones provide an increased ability to assess a Trainee's progress and skill level against a standard. Trainees and Supervisors found the milestones easy to understand and beneficial for ensuring they were not deviating from the expected competencies and that there was consistency across Supervisors.

As the GSET program is currently in it's fourth year, it is vital at this point to ensure that the milestones remain contemporary and relevant. The Curriculum should therefore be reviewed during the 2026 Training year which will be the fifth year of the program.

Research Requirement

A concern was raised through the Training Committees, that the research requirement of obtaining 500 points may be onerous and that the requirement may disadvantage female Trainees. The Evaluation Subcommittee agreed to monitor the completion of the Research Requirement and particularly monitor for any disadvantage towards female Trainees.

The data suggests that there is no disadvantage to female trainees, noting that the points awarded are proportionate to the number of female and male Trainees in the program.

As the GSET Program is entering the fourth year, the recommendation is to continue to monitor the completion of the Research Requirements into 2026 (the first year were Trainees will be completing the Program). During 2026, if it appears that Trainees are not able to meet the Requirement, the Board will review and make a determination. The intent of the Board is not to hold up Fellowship.

Course Completion by end of Core

Only three Trainees were unable to complete one mandatory course (CCrISP). The Board determined that the Trainees would be able to progress to GSET4, as they were all enrolled in a course and would therefore be able to meet this requirement.

SEAM

SEAM continues to be achievable by the end of GSET2 with all Trainees successfully completing the requirements.

1.6. Recommendations and Considerations

The report has been presented to the Australian Board in General Surgery for review and consideration. The Evaluation Subcommittee puts forward the following recommendations and considerations which were approved by the Australian Board in General Surgery:

EPAs and PBAs

- Develop definitions for direct and indirect supervision for EPAs
- That communication be provided to Trainees regarding the importance of EPAs in the context of being on the General Surgery Training Program.
- Remind Trainees of importance of informing Assessors their intent to undertake an EPA or PBA.
- Form Working Party from the GSET Evaluation Subcommittee to review whether the number of EPAs need to be reduced

Curriculum

- That the Curriculum be reviewed during 2026 to ensure that the competencies and milestones remain contemporary and relevant.

Research Requirement

- Review the allocation of Research points

2. EVALUATION

2.1. Commencement on GSET Program

<i>Outcome</i>	<i>Commencement on GSET program</i>
<i>Anticipated Outcome</i>	<i>Selection of cohort of Trainees to commence on GSET program in 2024</i>
<i>Indicator</i>	<i>70-80 candidates commence training in GSET in 2024</i>

The following number of Trainees commenced on the Training Program in 2024. Ninety-eight Trainees commenced in Term 1, with a further 11 Trainees commencing in Term 2 - 2024.

Region	2024	
	Term 1	Term 2
NSW-ACT	48	3
VIC-TAS	23	4
QLD	18	2
WA	6	1
SA-NT	3	1
Total	98	11

Table 3 – Number of Trainees who commenced in 2024

2.2. Trainees in Clinical Training

The following number of Trainees were in clinical training, research, or interruption for the 2024 training year.

Note: The terminology inactive refers to Trainees who were either on Interruption or Research, that is not in clinical training.

Region	Term 1			Term 2		
	Clinical	Inactive	Total Trainees	Clinical	Inactive	Total Trainees
NSW-ACT	105	6	111	104	10	114
VIC-TAS	71	5	76	74	6	80
QLD	48	3	51	49	4	53
WA	18	3	21	20	1	21
SA-NT	17	0	17	18	0	18
Total	259	17	276	265	21	286

Table 4 – Total Number of Trainees on Training Program

2.3. Goal Setting

<i>Outcome</i>	<i>Trainees able to set goals for continued learning and development</i>
<i>Evaluation Question</i>	<i>Have Trainees been able to appropriately set goals for their continued learning?</i> <i>Has the setting of goals assisted Trainees in having conversations with Supervisors about learning expectations for the term?</i>
<i>Anticipated Outcome</i>	<i>Trainees able to set specific goals related to the Curriculum, EPAs, and PBAs each term</i> <i>Trainees able to have conversation with Supervisors</i>
<i>Indicator</i>	<i>100% of Trainees have completed the online goal setting within three weeks of the commencement of term</i> <i>Trainees report satisfaction with goal setting process and increased tailoring of experience</i>

<i>Outcome</i>	<i>Supervisors utilise goal setting to assist in planning Trainee's learning experience</i>
<i>Evaluation Question</i>	<i>Has the setting of goals assisted Supervisors in adapting the learning experience for Trainees?</i> <i>Has the setting of goals assisted Supervisors in adapting the learning experience for Trainees?</i>
<i>Anticipated Outcome</i>	<i>Trainees able to set specific goals related to the Curriculum, EPAs, and PBAs each term</i> <i>Supervisors increased understanding of goals Trainees wish to accomplish during the term and ability to provide those opportunities.</i>
<i>Indicator</i>	<i>Supervisors increased understanding of goals Trainees wish to accomplish during the term and ability to provide those opportunities.</i> <i>Supervisors report increased understanding of Trainees needs and ability to tailor experience in rotation</i>

2.3.1. Goals Entered and Acknowledged by Supervisor

In Term 1 – 2024, 58.30% of Trainees (n = 151) entered their goals into TIMS. We note that this is on par with the results from Term 1 – 2023. Of those that entered their goals, 89.40% of Supervisors acknowledged the goals in TIMS which is an increase from Term 1 – 2023.

In Term 2 – 2024, the number of Trainees who entered their goals dropped to 40.75% (n = 108). However, the number of Supervisors who acknowledged the goals increased to 91.67%. This follows the same pattern as per Term 2 – 2022 and Term 2 - 2023 where the number of Supervisors that acknowledged goals increased yet the number of Trainees who entered their goals decreased.

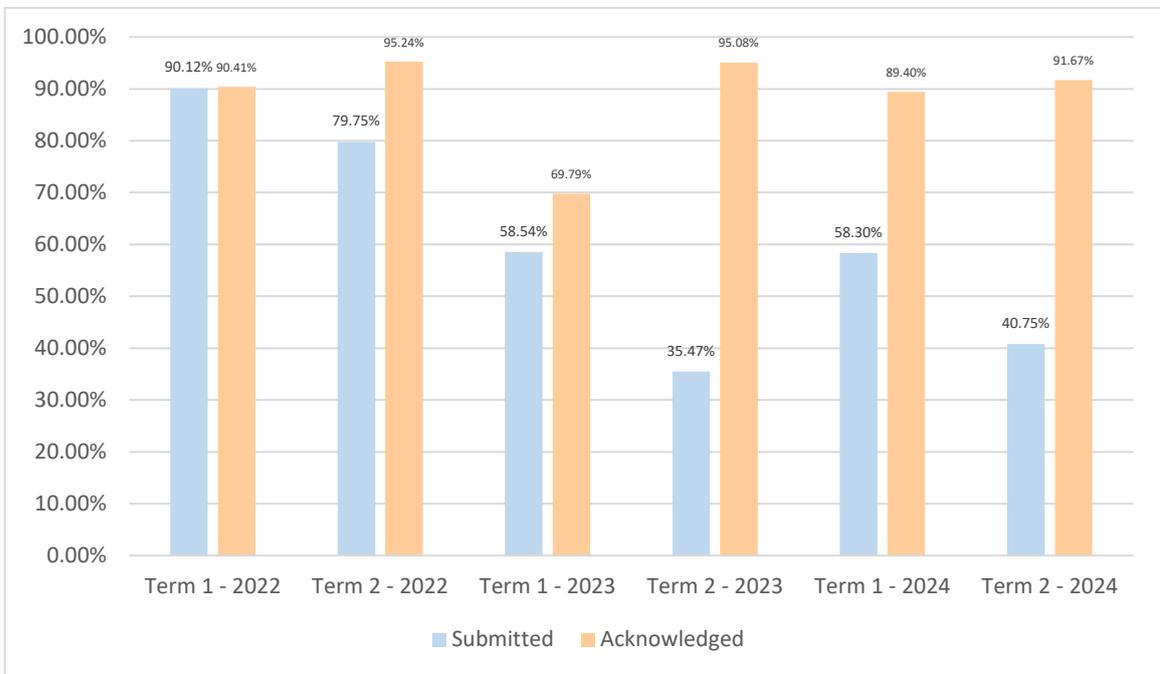


Figure 1 – Goals entered versus acknowledged in 2022 - 2024

2.3.2. Review of Goal Setting Process

The GSET Regulations state that at the commencement of the Term, Trainees are to complete a goal setting form on TIMS. Trainees who commenced in 2024 and Supervisors who supervised a GSET Trainee for the first time in 2024 were asked if they were aware of this requirement. The majority of Trainees and Supervisors indicated that they were aware of the regulation.

When comparing Trainee responses to 2022 and 2023, the percentage has remained the same between 2023 and 2024. However, for Supervisors we see less being aware of the Regulation. This is despite reminders from GSA Staff to both Supervisors and Trainees regarding the Goal Setting exercise at the commencement of each Term. Whilst we see from Figure 1 that the majority of Supervisors are acknowledging the goals, we do see a drop in the number of Trainees who are actually submitting them. This may be contributing to Supervisors not being aware of the Regulation.

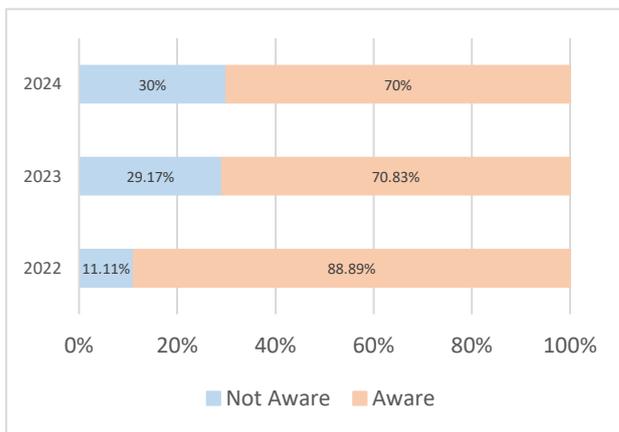


Figure 2 – Awareness of Goal Regulation by Trainees 2022-2024

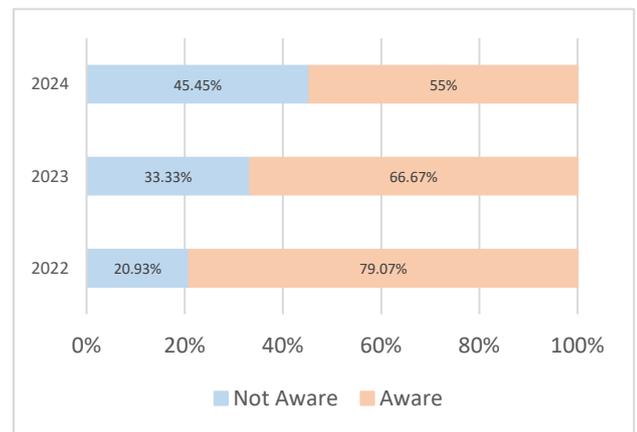


Figure 3 – Awareness of Goal Regulation by Supervisors 2022-2024

Trainees who responded to the questionnaire were asked if they discussed their goals with their Supervisor. Whilst the majority indicated they had discussed with their Supervisor, a high number also indicated they did not. Whereas the majority of Supervisors indicated that for Trainees who had submitted their goals, they did discuss them with their Trainees. We see that this pattern is consistent throughout 2022 – 2024.

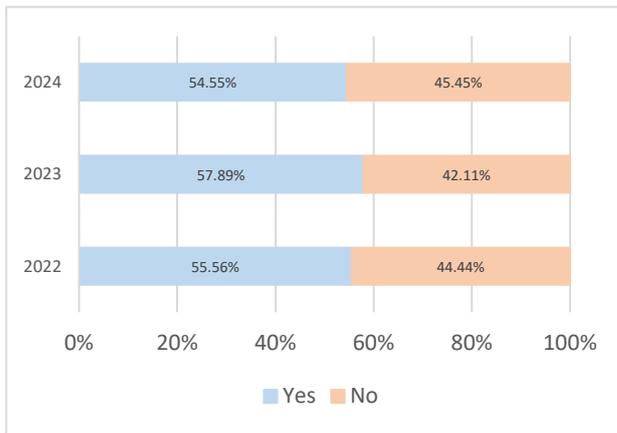


Figure 4 – Percentage of Trainees who discussed goals with Supervisor 2022 - 2024

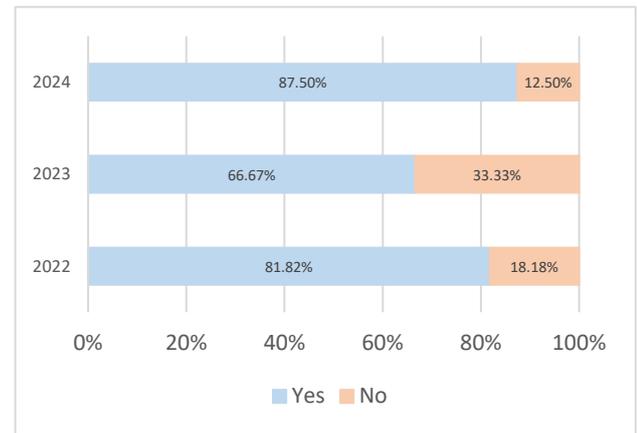


Figure 5 – Percentage of Supervisors who discussed goals with Trainee 2022 - 2024

2.3.3. Inhibitors to Goal Discussion between Trainee and Supervisor

Trainees were asked what factors contributed to not discussing the goals with their Supervisor. Whilst the number of Trainees who answered this question was low (n = 12(2022), 8(2023), 7(2024)), the following themes have been consistent throughout the years:

- **Lack of Supervisor Engagement and Interest**
 - A sense of disengagement from Supervisors regarding the goal-setting process. Supervisors were often described as either unaware of the importance of goal-setting or uninterested in discussing or participating in the process.
 - Several responses imply that the responsibility for goal-setting often falls on the Trainee, with little to no support or initiative from the Supervisor. Some mention creating goals independently or bringing up the topic themselves without significant input from the Supervisor. This places the burden of the process on the Trainee rather than creating a structured, supported environment for goal-setting.
 - The overall feeling seems to be that Supervisors were either too busy or simply did not prioritise this aspect of the training.
- **Communication Breakdowns and Lack of Guidance**
 - Lack of clear communication between Trainees and Supervisors about expectations, especially around goal-setting. Phrases such as “unclear who should raise the topic,” “lack of guidance,” and “Supervisors were not aware of the process” point to an absence of clear directives or understanding regarding what was expected in terms of goal setting.
 - In some cases, Trainees felt uncomfortable raising the topic themselves, which may indicate a breakdown in open communication channels.
- **Time Constraints and High Workload**
 - Time appears to be a significant barrier in many responses. High workloads and other pressing responsibilities seem to have led to a lack of time for meaningful discussions about goals.
 - The fast pace and demands of the clinical environment appear to leave little room for goal-setting discussions, leading to them being pushed aside or disregarded.
- **Unawareness of the Process or Requirements**
 - A recurring theme is the lack of awareness about the goal-setting process. Many Trainees express not knowing that goal setting was a requirement.

Overall, these responses point to a combination of systemic issues (e.g., lack of Supervisor engagement and time constraints) and cultural factors (e.g., perceived lack of value or awareness of goal-setting) that hinder effective implementation of goal-setting in this context. The lack of support for goal-setting, coupled with high workloads and communication breakdowns, suggests that Trainees often have to navigate this process largely on their own, without sufficient guidance or consistent follow-up from their Supervisors.

2.3.4. Using Goals during Rotation

Trainees were asked if their Supervisor attempted to tailor the rotation to their goals. The response rate for this question is significantly low, however the below indicates the responses from the Trainees between 2022 – 2024.

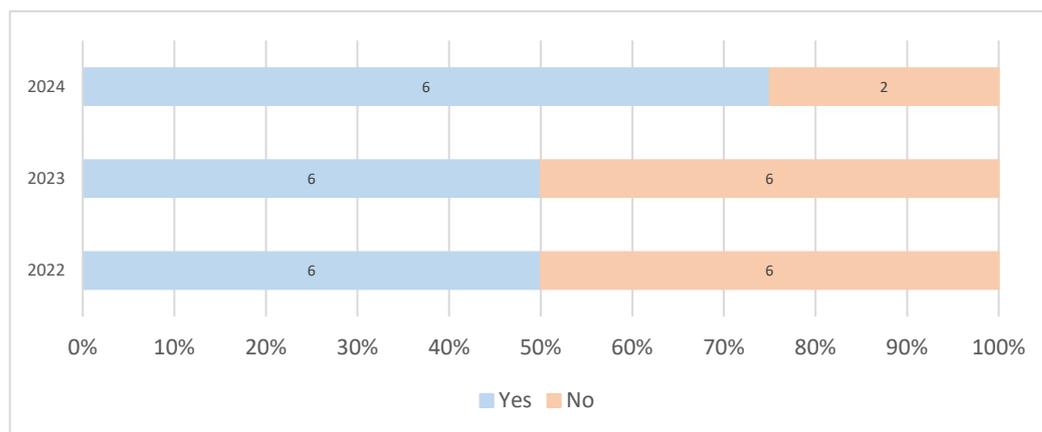


Figure 6 – Did Supervisors tailor goals throughout rotation - 2022 - 2024

Supervisors were also asked how the goal setting assisted in tailoring the rotation to the Trainee's goals. Supervisors indicated that the process assisted them in the following ways (n = 23(2022), 20(2023), 9(2024)):

- **Clear Structure, Focused Planning, and Flexibility**
 - A predominant theme is the benefit of structured planning for Trainees, both in terms of setting expectations and aligning goals. Multiple responses indicated that the process helped Trainees organise their learning and set clear, measurable goals for the term.
 - Many respondents appreciate that the goal-setting process created a roadmap for the term, enabling both Trainees and Supervisors to focus on what needed to be achieved.
 - Many responses highlight how the process allows for tailored learning experiences that cater to individual Trainees' goals and needs. For instance, "allowed focused teaching objectives, e.g., extra attention on specific procedures/techniques," and "made it specific to their needs and goals."
 - The process is seen as valuable because it adjusts to the Trainee's level and experience, allowing for more targeted learning opportunities: "it helped to focus on specific procedures/EPAs," "identifying training needs and tailoring the approach accordingly."
- **Personal Responsibility and Ownership**
 - Several responses emphasise that the process encourages Trainee ownership of their learning.
 - Trainees are seen as more accountable for their learning, and they actively engage with their training environment to ensure they meet their goals: "focused on their aims for the term," "allowed Trainees to start planning for their training."
- **Alignment of Expectations Between Trainees and Supervisors**
 - A significant theme in the responses is the alignment of expectations between Trainees and Supervisors. The goal-setting process helped ensure both parties were on the same page regarding the Trainee's objectives for the term: "Helped to match their expectations with the expectations from the team," and "allowed for joint understanding of goals."
 - This alignment allowed Supervisors to focus on the Trainee's specific needs and plan accordingly, such as facilitating access to certain cases or providing additional teaching for certain procedures.
 - A theme that appears in some responses is the realism of the goals set, with comments indicating that goal-setting helped ensure that the goals were "realistic for the rotation" and aligned with what could realistically be achieved during the term: "More allowed Trainees' goals to be realistic for the rotation."

- **Variable Impact and Engagement**

- While many responses indicated positive feedback, there was a mixed perception regarding the actual impact of the goal-setting process. Some Supervisors felt that it did not change much about the rotation or that it was just another task to complete: "It did not really assist all that much to be honest," and "no difference from previous method."
- Some Supervisors felt that the process did not always lead to significant improvements or new opportunities.

Trainees were also asked if they had used their goals to tailor their own experience during the rotation. Between 2022 – 2024, the following themes were prevalent in the Trainee's responses, which are not dissimilar to responses from Supervisors.

- **Goal Setting as a Useful Tool for Planning and Reflection**

- Many Trainees viewed goal-setting as a valuable tool for planning and structuring their training. Phrases like "was a useful tool, achieved most of the planned goals," "provided a clear focus to achieve my goals," and "good process to think about and create goals" suggest that Trainees found the goal-setting process helpful for framing their learning objectives.
- Setting goals at the beginning of the term, and reviewing them at the end, provided Trainees with a tangible framework to assess their progress. This reflective process helped them track what they had achieved and what they still needed to accomplish.
- In some cases, goals served as a "roadmap" for the term, helping Trainees understand what they had completed and what they still needed to achieve in terms of technical skills, academic requirements, and other training milestones.

- **Clarity and Specificity of Goals**

- Several Trainees emphasised the importance of clear, measurable goals. Responses such as "specific measurable goals" and "my goals were clear and objective with easily measurable results" show that Trainees appreciated goals that were tangible and achievable.
- Goals related to specific skills (e.g., operative procedures, EPAs, PBAs) were commonly mentioned, and Trainees seemed to value goals that had clear benchmarks. This focus on specificity helped them direct their efforts more efficiently and align their learning with the curriculum or training requirements (e.g., GSET curriculum, EPAs, PBAs).

- **Personal Responsibility and Initiative**

- A key theme that emerged is the sense of personal responsibility and self-direction in achieving goals. For example, Trainees mentioned seeking out opportunities to meet their goals, "advocating to be in those cases," and "trying to insert self into more opportunities to meet these."
- This self-driven approach suggests that goal-setting encourages Trainees to take ownership of their learning.

- **Engagement with Supervisors and Feedback**

- The role of Supervisors in goal-setting is a recurring theme, and there is a mixture of positive and negative experiences. Some Trainees were proactive in discussing their goals with Supervisors, seeking feedback on the feasibility of their objectives, and ensuring their goals were aligned with the unit's expectations.
- However, many Trainees noted that Supervisors were either too busy or disengaged to effectively support or discuss their goals. This is reflected in responses like "Supervisors too busy to sit down with Trainee" and "I don't think doing this changed my opportunity to operate/teaching."
- These challenges point to a gap between the Trainees' expectations for Supervisory involvement and the realities of clinical work, where Supervisors may not always have the time or capacity to engage meaningfully with the goal-setting process.

- **Limited Practical Utility**

- Trainees indicated that, while goal-setting was useful in theory, it often did not have a practical impact on their day-to-day clinical training. Phrases like "did not find it particularly useful" and "didn't really refer to or use the goals during the term" suggest that goal-setting often takes a backseat to more immediate tasks and responsibilities.

- **Workload and Time Constraints**
 - Time constraints are frequently mentioned as barriers to engaging with the goal-setting process. Many responses describe the clinical workload as overwhelming, with Trainees focused primarily on immediate tasks rather than long-term goals. Statements like “realistically, I was mainly just trying to keep my head above water day to day” and “very busy clinical rotation, no time for college requirement” illustrate how heavy workloads can overshadow structured goal-setting activities.
- **Perceived Lack of Tailoring**
 - A number of Trainees felt that their rotations were not adequately tailored to meet their individual needs, with several mentioning that their goals were set more as a formality or that they had to push themselves to create opportunities to meet their goals.

Overall, these responses indicate that goal-setting can be a valuable tool for structuring a Trainee’s educational journey and enhancing ownership of their learning. However, its effectiveness is significantly influenced by factors such as the level of Supervisor engagement, workload, and time constraints. Goal-setting is most effective when it is actively supported by Supervisors, tailored to individual learning needs, and integrated meaningfully into the daily clinical practice. Without this, it risks becoming another administrative task that doesn’t contribute to the Trainee's overall learning and development.

2.4. Entrustable Professional Activities (EPAs)

2.4.1. EPA Completion Rate

<i>Outcome</i>	<i>Commencement of GSET program</i>
<i>Indicator</i>	<i>100% of Supervisors and trainers able to log into the system and undertake assessments</i>

Supervisors and Trainers have continued to be able to log into the system and undertake the EPAs. Overall, there were 25,678 EPAs entered into TIMS by Trainees across 2022 - 2024 training terms as follows:

	2022	2023	2024	Total
Core EPAs	3429	7776	10612	21817
Principal EPAS	236	998	2627	3861
Total	3665	8774	13239	25678

Table 5 – Total Number and Level of EPAs Entered

Overall, 96.53% of EPAs were rated by Trainers with a small margin of 3.47% (890) which have not been rated. The completion rate has remained relatively stable from the commencement of GSET in 2022. This demonstrates that Trainers are engaging in the assessment process in terms of completing the required assessment.

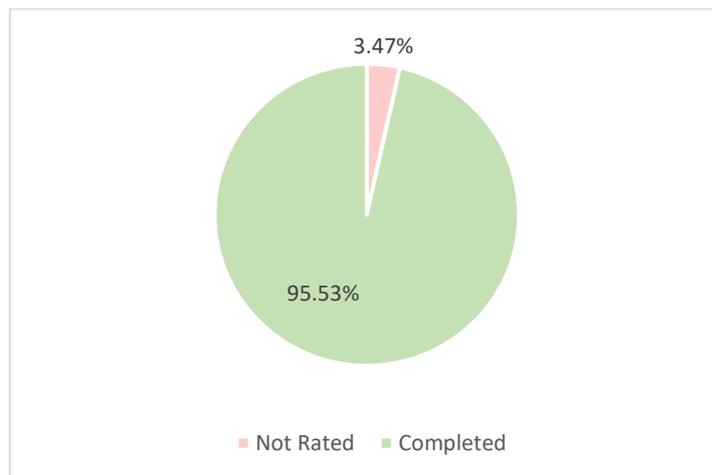


Figure 7 – Percentage of EPAs entered by Trainees versus Rated by Trainer

The below graph depicts the EPAs that were entered by Trainees versus those completed by Trainers over the period from Term 1 – 2022 to Term 2 – 2024. *Note: The Term 2 – 2024 ends in February 2025. Completed signifies the EPA was rated by the Trainer and acknowledged by the Trainee.*

There is a large spike in EPAs being entered in January 2024 and 2025. This is likely due to Trainees needing to complete the EPA requirements by the end of Term and the follow up by GSA staff.

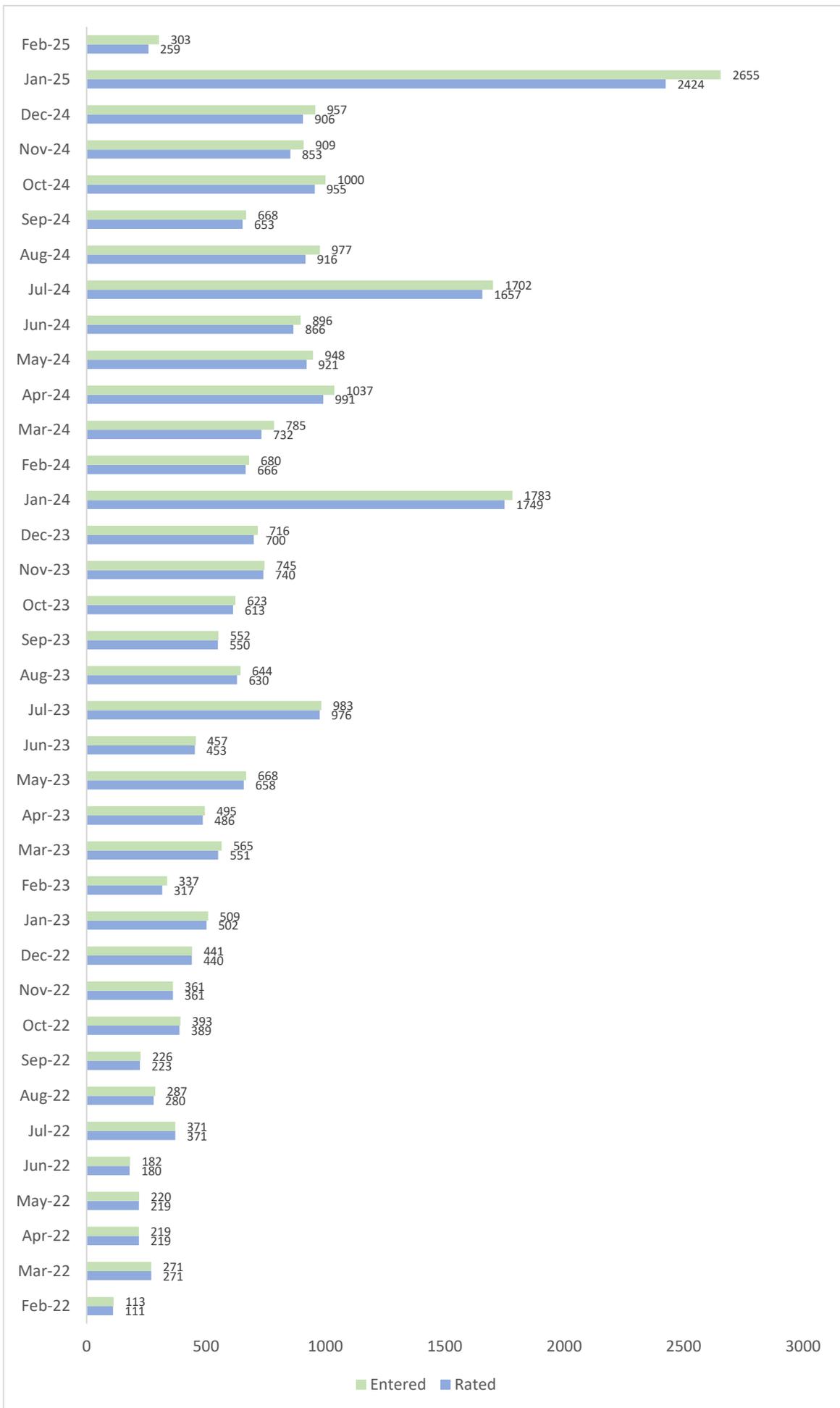


Figure 8 – EPAs entered by Trainees versus Rated by Trainer per month from Term 1 – 2022 to Term 2 - 2024

2.4.2. EPA Completion Rate by Region

The below graph breaks down the EPAs by Training Region, depicting the number entered, completed (that is rated), and the number of EPAs not rated by Trainers.

The below data indicates that there is no one Training Region that is not engaging with the EPA process.

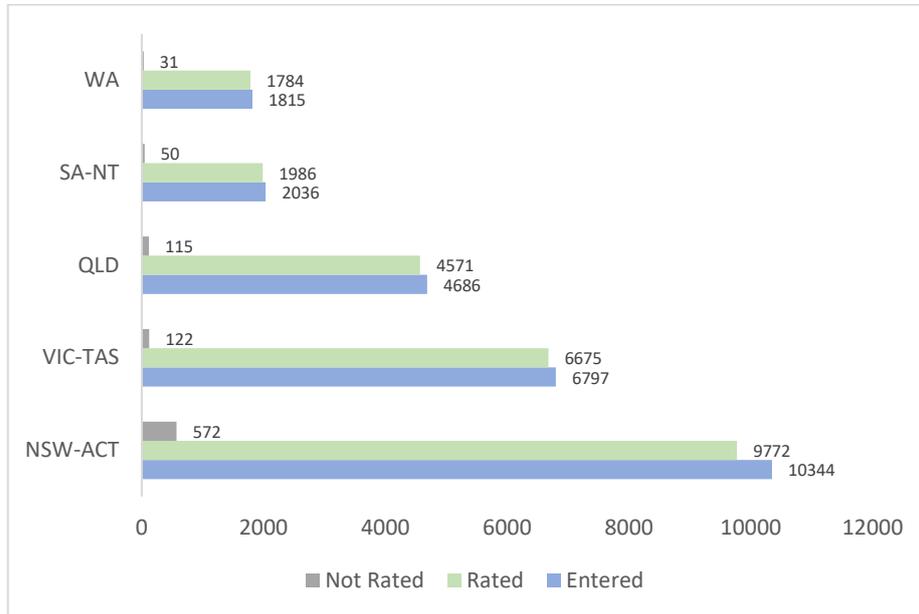


Figure 9 – Regional breakdown of EPAs entered, completed, and not rated

Note: In the below table, the number of Trainees has been taken from the highest value for the 2024 Training year. For example in NSW-ACT there were 104 Trainees in Term 2 but 105 in Term 1, therefore the highest number is represented in the table.

Region	No: of Trainees	Entered	Completed	Not rated	Completion %	Not Rated %
NSW-ACT	105	5048	4844	204	95.96%	4.04%
VIC-TAS	74	3683	3562	121	96.71%	3.29%
QLD	49	2147	2067	80	96.27%	3.73%
SA	20	770	740	30	96.10%	3.90%
WA	18	795	783	12	98.49%	1.51%

Table 6 – Regional breakdown of EPAs entered, completed, and not rated

2.4.3. Time Taken to Complete EPAs

In TIMS, EPAs are commenced by the Trainee, assigned to the Trainer for rating, and then returned to the Trainee for acknowledgement and final submission. The Guide to EPAs describes the following process:

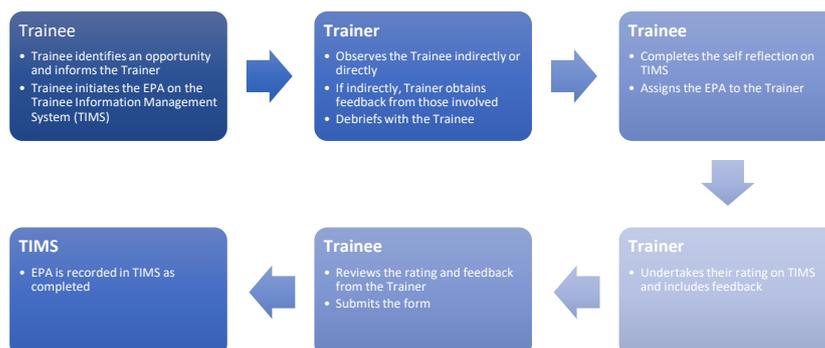


Figure 10 – EPA Process as described at Training Webinars

The below data depicts the number of days taken to complete an EPA from commencement by the Trainee to completion by the Trainer. The majority of assessments are being completed on the day that the Trainee submits to the Trainer. This is the ideal situation.

Note: 0 indicates that the assessment was completed on the same day.

	Time in Days
Mean	28.85
Median	8
Mode	0
Max (longest time)	1068
Standard Deviation	57

Table 7 – Days Taken to Complete EPAs

The below table summaries the range of time frames for completion. We can see that 91.69% of EPAs are completed within 90 days. This is the timeframe in which the Board has agreed will be implemented.

Number of Days	No: Completed	%
0 - 14 (within 2 weeks)	15099	60.91%
15 - 28 (between 3-4 weeks)	2967	11.97%
29 - 42 (4 - 6 weeks)	1648	6.65%
43 - 90 (7 - 12 weeks)	3015	12.16%
100 - 199	1621	6.54%
200 - 299	246	0.99%
300 - 365	93	0.38%
366 - 550 (between 13 and 18 months)	66	0.27%
551 - 730 (between 19 months to 24 months)	18	0.07%
731+ (Over two years)	15	0.06%
Totals	24788	100%

Table 8 – Range of timeframe for completion

The below data depicts the number of days taken to enter an EPA from the Activity Date to the date the Trainee created the EPA. The majority of EPAs are being entered by the Trainee on the day that the activity is undertaken. This is the ideal situation. *Note: 0 indicates that the EPA was created on the same day*

	Time in Days
Mean	19
Median	5
Mode	0
Max (longest time)	734

Table 9 – Days Taken to Enter EPAs

The below table summaries the range of time frames for submission of EPA following the activity. We can see that 64.35% of EPAs are completed within 14 days. This is the timeframe in which the Board has agreed will be implemented.

Number of Days	No: Completed	%
0 - 14 (within 2 weeks)	16524	64.35%
15 - 28 (between 3-4 weeks)	2709	10.55%
29 - 42 (4 - 6 weeks)	1559	6.07%
43 - 90 (7 - 12 weeks)	2945	11.47%
91 - 199	1806	7.03%
200 - 299	104	0.41%
300 - 365	20	0.08%
366+ over one year	11	0.04%
Total	25678	100%

Table 10 – Range of timeframe for submission of EPAs by Trainee

2.4.4. EPA Requirements Completion

<i>Outcome</i>	<i>Trainees with knowledge of assessment processes</i>
<i>Evaluation Question</i>	<i>Do Trainees have the necessary information, understanding, and tools to commence completing EPAs and PBAs?</i>
<i>Anticipated Outcome</i>	<i>Trainees have confidence to commence undertaking EPAs and PBAs during first term in training</i>
<i>Indicator</i>	<i>95% of Trainees complete the minimum number of EPAs and PBAs by end of second term of training</i>

Trainees must complete the following number of EPAs by the end of the corresponding GSET level, noting that the totals are cumulative:

GSET Level	No: of EPAs
GSET1	35
GSET2	70
GSET3	100

Table 11 – EPA Requirements

At the end of Term 2 – 2024 the following number of Trainees had not met the requirements.

GSET Level	No: of Trainees
GSET1	7
GSET2	5
GSET3	4
Total	16

Table 12 – Number of Trainees who had not met the requirements

All Trainees except for two GSET1 Trainees had entered EPAs but they had not been rated by the Trainer. Upon review of the remaining 14 Trainees, it was determined that had the Trainers rated the EPAs they would have met the requirements. Regarding the remaining two Trainees, one Trainee received a Below Performance Expectation End of Term Assessment and was therefore unable to progress. The second Trainee completed the requirements following a review meeting and was subsequently able to progress to GSET2.

GSA staff continually reminded Trainees of the requirement with final reminders being sent three weeks prior to the due date.

2.4.5. EPA Ratings

The rating for EPAs is either Entrustable or Not Entrustable and are defined as follows.

- Entrustable defined as when a Trainee can be trusted to perform the activity at the required standard of performance with distant supervision, when an assessor is confident that a Trainee knows when to ask for additional help, and the Trainee can be trusted to seek appropriate assistance in a timely manner.
- Not Entrustable defined as when a Trainee is unable to be trusted to perform the activity at the required standard without close supervision and direction

The majority of Trainees were rated as Entrustable for EPAs across both Core and Principal EPAs with only 44 Core and 4 Principal EPAs rated as Not Entrustable.

	Core	Principal
Entrustable	99.79%	99.89%
Not Entrustable	0.21%	0.11%

Table 13 – EPA Ratings

The EPAs that were rated as Not Entrustable were as follows:

EPA	Number
Core - Arrange And Complete Surgery For A Simple Acute Case	7
Core - Assessing Simple New Elective Case In Outpatient Clinic	9
Core - Delivering Results to a Patient	3
Core - Discharge Planning for a Complex Patient	4
Core - Leading A Team Ward Round	7
Core - Management of Acute admissions - Evening or Weekend Shift	6
Core - Opportunistic Student Teaching Session	2
Core - Present at MDM or X-Ray Meeting	4
Core - Presentation at Departmental Meeting	2
Principal - Delivering News to a Patient - Unable to Undertake Procedure on the Day	1
Principal - Management of a New Cancer Patient In The Outpatient Clinic	3

Table 14 – EPA's rated as Not Entrustable

For those EPAs rated as Not Entrustable, the following competencies were selected as areas in which the Trainee did not meet competency:

Competency Domain	Number of Times Selected
Medical Expertise	22
Judgement and Clinical Decision-Making	24
Communication	20
Collaboration and Teamwork	8
Health Advocacy	4
Professionalism	8
Education and Training	3

Table 15 – EPA Competency Domains selected as not being met

Supervisors and Trainers were asked if the ratings and their definitions were capturing their assessment of the Trainee's performance. The majority of Supervisors and Trainers agreed that the ratings were capturing performance. Whilst from 2022 – 2024 we see a decline in the confirmation from the Supervisors, for Trainers, we notice a decline from 2022 to 2023 but then an increase in 2024.

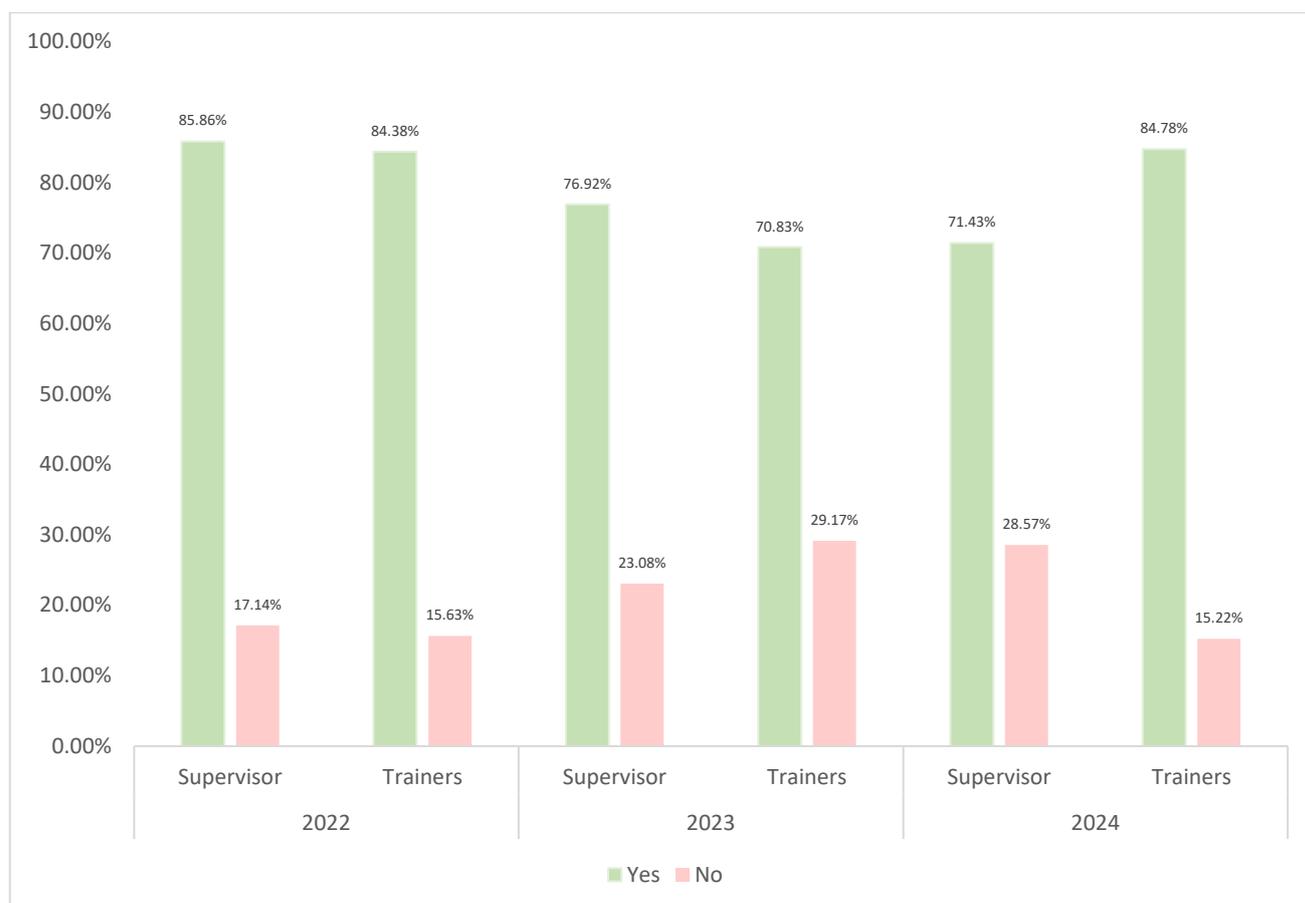


Figure 11 – Appropriateness of EPA ratings 2022 - 2024

Supervisors and Trainers who indicated that the ratings were not capturing the Trainee's performance were asked to expand on their answer. From 2022 – 2024 the feedback provided can be categorised as follows:

- **Binary Nature of the Assessment**
 - A major recurring theme is the criticism of the binary "entrustable vs unentrustable" scale. Many respondents express concern that this approach oversimplifies the complexity of a Trainee's competence: "Too black and white," "unentrustable is too broad," "it's all or nothing."
 - Several responses highlight that competence is not binary and should reflect a spectrum or graduated scale of entrustability: "There should be a middle ground," "competency develops on a gradient," "learning occurs in an incremental level."
 - Some responses suggested the need for a more nuanced assessment scale that reflects the gradual development of competence. Some even propose using graded levels or a numerical scale to better capture the Trainee's progress: "Could do with a spectrum or a numerical number from 1-10," "gradual graduation such as entrustable for simple/mod complex/complex cases would be useful."
- **Feedback and Support for Trainees**
 - The respondents stressed that the assessment scale should encourage feedback and developmental support rather than simply rating a Trainee as entrustable or not entrustable. The use of the binary assessment may result in inadequate feedback, leaving Trainees in a position where they do not fully understand what needs to be improved.

- One suggestion was that there should be a middle ground that allows for feedback about how close a Trainee is to becoming fully entrustable, offering an opportunity for earlier review of the Trainee's performance: "A middle ground could prompt earlier review of Trainee's performance," "a specific description that suggests borderline performance is equal to not entrustable would be helpful."
- **Perception of the Terminology and Understanding of Entrustability**
 - Some respondents express confusion surrounding the term "entrustable", highlighting a lack of clarity about its meaning or how it should be applied.
 - There is also concern that if a Trainee is assessed as "unentrustable," it can be perceived as a failure even if they are progressing appropriately for their level of training: "Unentrustable is like a fail mark," "Trainees avoid submitting non-entrustable reports," "may not be trustable but performing at the expected level."
 - Several responses suggest that the definitions of terms like 'entrustable' and 'distant supervision' are too vague and need more clarity and precision: "Definitions are somewhat vague," "what does 'distant supervision' mean?"

Recommendation

- Develop definitions for direct and indirect supervision

2.4.6. EPAs Ability to Assess or Reflect on Competency

<i>Outcome</i>	<i>Trainees with knowledge of assessment processes</i>
<i>Evaluation Question</i>	<i>Do Trainees have the necessary information, understanding, and tools to commence completing EPAs and PBAs?</i>
<i>Anticipated Outcome</i>	<i>Trainees have confidence to commence undertaking EPAs and PBAs during first term in training</i>
<i>Indicator</i>	<i>Trainees have a clear understanding of EPAs and PBAs and the process required to complete them</i>

Trainees were asked in the questionnaire if the EPAs provided them with the ability to reflect on their own level of competency or skills. Similarly, Supervisors and Trainers were asked if the EPAs provided them with the ability to determine the Trainee’s level of competence or skill.

Generally, all three groups agreed that the EPAs did assist in assessment or reflection of competency. However, we see in the first year, 2022, that Trainers did not agree that the EPAs were able to assess competency, however we see this alter in 2023 and again increase in 2024. The view of Trainees and Supervisors has remained stable throughout the years.

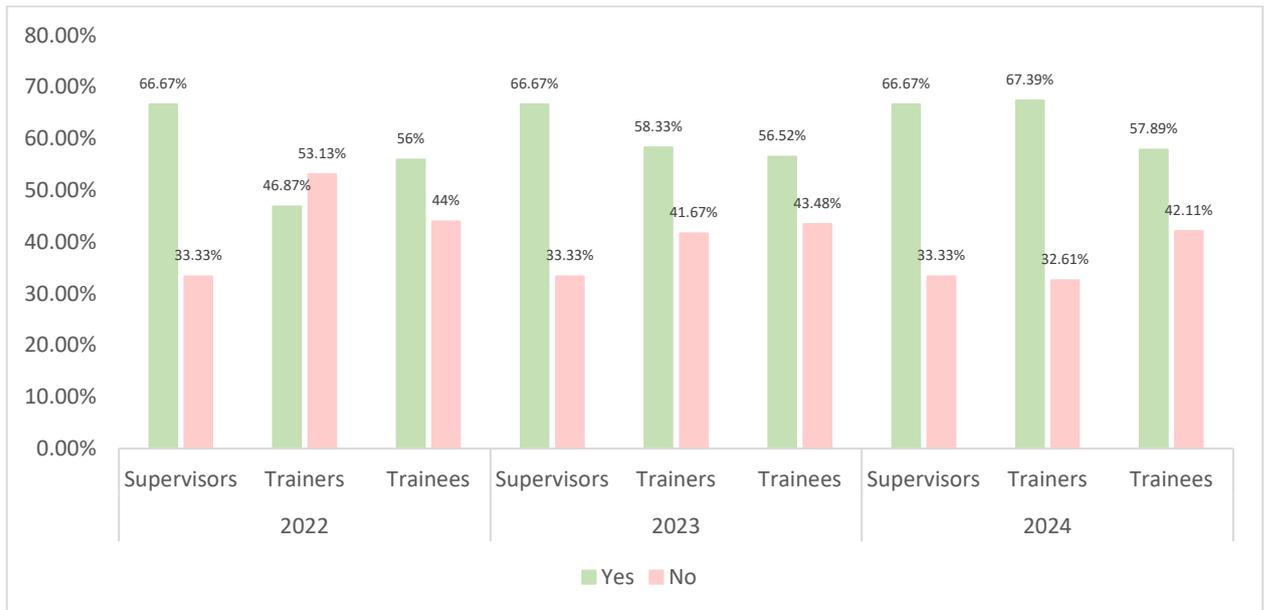


Figure 12 – EPAs ability to assess or reflect on Competency – 2023 results compared to 2022

Trainees were asked to provide insight into how the EPAs assisted in reflecting on their level of competencies. The responses from 2022 – 2024 highlight several themes related to reflective practice, learning, and professional development.

- **Self-Reflection, Self-Awareness, and Growth**
 - Many responses indicated that the process of completing the forms prompted Trainees to reflect on their own performance, capabilities, and development. This can lead to enhanced self-awareness, with responses like "forces you to reassess your performance," "thought about how I'd improve," and "helped me to think about each component."
 - Reflection was positioned as a tool for Trainees to evaluate their progress over time, noting improvements in confidence or decision-making: "I felt I was becoming more confident with certain things, such as making decisions fast on a ward round"
 - Some Trainees noted that whilst the reflection appeared "forced", this "forced reflection" made Trainees pause and think critically about their performance. Phrases like "just having to commit the time to write a reflection" and "forced reflection" point to this.
 - Several responses focused on how reflection lead to identifying areas for improvement and making progress. Responses like "help improve on my shortcomings," "thought about how I'd improve," and "helped me to think harder about what I did and how I could improve" highlight this aspect.
- **Competency and Skill Development**
 - Many comments discussed the process of breaking down tasks. For example, "breaking down of different components" and "EPA form forced me to reflect on whether I was fulfilling key competencies."
 - The responses suggest that this process helped Trainees better understand which areas they excel in and which require further development, such as understanding "how different competencies apply to each one."
 - The completion of forms provided structure to the Trainees' learning, ensuring that all aspects of their development were tracked and assessed. "Provides set standards," "focus on achieving training requirements," and "ensures I was covering all aspects of the relevant competency" all point to the importance of having a structured system.
- **Importance of Feedback and Evaluation**
 - Feedback from Supervisors is a key element in responses from Trainees, who note that the process helped them gauge their performance in relation to expectations: "Offers as a checkpoint for me to discuss my work performance with my Supervisor" and "consultant feedback".

Similar themes were expressed by Supervisors and Trainers who indicated that the EPAs did allow for assessment of competency. The following is a summary of the comments received from 2022 – 2024:

- **Structured and Standardised Assessment**
 - EPAs provide a clear, consistent framework for evaluating Trainee performance. Many respondents appreciated the objectivity and repeatability this structure offers, making assessments more reliable and fairer.
 - EPAs allowed trainers to focus on specific tasks, enabling more precise assessments of a Trainee’s strengths, weaknesses, and developmental needs. This helped tailor training and support to individual performance.
- **Feedback**
 - A key strength of EPAs was noted as their emphasis on direct observation, which encourages timely, specific, and actionable feedback. Trainers noted this facilitated better communication and learning moments.
 - The structured nature of EPAs prompted more meaningful discussions, self-reflection, and focused teaching. Trainers reported greater awareness of learning objectives and areas for improvement.
- **Clarifying Expectations and Progress**
 - EPAs were seen as helpful in setting clear performance expectations and monitoring progress over time. Supervisors and Trainers noted that it allowed for a shared understanding of benchmarks.

Trainees, Supervisors and Trainers who indicated the EPAs did not provide them with the ability to reflect on their competency all shared the same feedback on the reasons for this. The following is a summary of the feedback provided from all three groups from 2022 – 2024.

- **Redundancy and Prior Competence**
 - Many felt the core EPA tasks reflected skills Trainees already mastered as unaccredited registrars or prior to GSET entry.
 - The process was described as repetitive and unnecessary, particularly for those with extensive prior experience.
- **Administrative and Time Burden**
 - The EPA system is perceived as burdensome, time-consuming, and logistically difficult, especially for busy consultants.
 - Multiple comments cited the excessive volume of required EPAs resulting in “tick-box fatigue.”
- **Lack of Educational Value**
 - Feedback suggested that EPAs often fail to promote meaningful learning, feedback, or reflection.
 - Many viewed the system as mechanical or superficial, lacking depth in assessing true competence or fostering development.
 - EPAs were seen as too narrow or specific, unable to capture overall capability, judgment, or professional growth.
- **Skepticism and Frustration**
 - There was also a sense of frustration or skepticism about the process, particularly regarding its effectiveness or necessity. Some Trainees expressed that the forms may feel too rigid or unnecessary for everyday tasks that are already well-understood, as seen in responses like "doesn't need to be so involved for the simple everyday tasks" and "I do not consider this process of great use."
 - However, there is some skepticism about the value of certain forms, especially when they are seen as "just a submission to be signed off" or "just a binary thing" with little depth.

Overall, the responses suggest that while reflective practice and structured forms like EPAs are important tools for learning, their effectiveness can be influenced by the Trainee's and trainers engagement, the nature of the tasks, and the quality of feedback provided.

2.4.7. Type of EPAs Completed

The type of EPAs completed has varied. The Core EPAs focused on teaching appear to be the EPAs that have been entered the least number of times, followed next by Discharge Planning for a Complex Patient. The EPAs that have a technical component have been entered and completed the most.

Below is a list of the EPAs and the number of times they have been entered and completed.

EPA Type	No: Entered	No: Completed	No: Not Rated
Core	21817	21092	725
Core - Leading A Team Ward Round	2933	2829	104
Core - Management of Acute admissions - Evening or Weekend Shift	2723	2633	90
Core - Arrange And Complete Surgery For A Simple Acute Case	2690	2600	90
Core - Delivering Results to a Patient	2192	2119	73
Core - Assessing Simple New Elective Case In Outpatient Clinic	2144	2092	52
Core - Presentation at Departmental Meeting	2147	2083	64
Core - Present at MDM or X-Ray Meeting	1927	1860	67
Core - Discharge Planning for a Complex Patient	1820	1755	65
Core - Opportunistic Student Teaching Session	1766	1693	73
Core - Run a Student Teaching Session - Topic Based	1475	1428	47
Principal	3861	3696	165
Principal - Operative Supervision of a Junior Colleague	880	839	41
Principal - Delivering News to a Patient - Unable to Undertake Procedure on the Day	787	752	35
Principal - Arranging Acute Surgery for a Complex Condition	672	648	24
Principal - Management of a New Cancer Patient In The Outpatient Clinic	568	547	21
Principal - Delivering News to a Patient - End of life Prognostic Discussion	521	494	27
Principal - Present at MDM or X-Ray Meeting of a Complex Case	433	416	17
Grand Total	25678	24788	890

Table 16 – Type of EPAs Entered and Completed

2.4.8. Relevance of Core EPAs

Supervisors, Trainers, and Trainees were asked to reflect on the tasks that a Trainee is expected to undertake in their role and the competencies they assess, and rate the relevance of each Core EPA using the following Likert Scale:

- 1 – Not relevant
- 2 – Slightly relevant
- 3 - Moderately relevant
- 4 - Very relevant
- 5 – Extremely relevant

The perspective of Supervisors, Trainers, and Trainees were generally aligned in terms of relevance of EPAs, except for Run a Student Teaching Session, where Trainees rated this EPA as Slightly Relevant or Moderately relevant, whereas Supervisors/Trainers rated this EPA as Very Relevant.

Interestingly, as a group, Trainee’s average rating for each EPA was lower than the Supervisor and Trainer groups, who on average rated each EPA as Very Relevant. This could signify that Supervisors and Trainers value the EPA tasks greater than the Trainees who appear to perhaps view the EPAs as not valuable due to the “feeling” that they have been performing these tasks as unaccredited registers.

Whilst this may be the case, it is important to remember that as unaccredited registers, there has been no formal assessment undertaken by the Board, and hence it is important to ensure that Trainees are able to undertake these tasks.

Recommendation

- That communication be provided to Trainees regarding the importance of these tasks in the context of being on the General Surgery Training Program.

EPA	1	2	3	4	5	Mean
Arrange And Complete Surgery For A Simple Acute Case						
Supervisor	0.00%	3.75%	6.25%	38.75%	51.25%	4.38
Trainer	1.60%	0.00%	8.00%	33.60%	56.80%	4.44
Trainee	5.88%	17.65%	10.29%	29.41%	36.76%	3.74
Assessing Simple New Elective Case In Outpatient Clinic						
Supervisor	2.50%	1.25%	8.75%	35.00%	52.50%	4.33
Trainer	1.60%	1.60%	5.60%	40.00%	51.20%	4.44
Trainee	8.82%	11.76%	14.71%	32.35%	32.35%	3.75
Delivering Results to a Patient						
Supervisor	0.00%	2.50%	5.00%	33.75%	58.75%	4.27
Trainer	1.60%	3.20%	6.40%	30.40%	58.40%	4.44
Trainee	4.41%	13.24%	19.12%	36.76%	26.47%	3.75
Discharge Planning for a Complex Patient						
Supervisor	0.00%	3.75%	6.25%	33.75%	56.25%	4.28
Trainer	1.60%	3.20%	8.80%	37.60%	48.80%	4.43
Trainee	7.35%	17.65%	20.59%	27.94%	26.47%	3.68
Leading A Team Ward Round						
Supervisor	0.00%	1.25%	2.50%	40.00%	56.25%	4.35
Trainer	1.60%	2.40%	5.60%	33.60%	56.80%	4.45
Trainee	11.76%	7.35%	17.65%	25.00%	38.24%	3.63
Management of Acute admissions - Evening or Weekend Shift						
Supervisor	0.00%	1.25%	1.25%	35.00%	62.50%	4.33
Trainer	1.60%	0.80%	7.20%	28.00%	62.40%	4.46
Trainee	5.88%	5.88%	16.18%	36.76%	35.29%	3.65
Opportunistic Student Teaching Session						
Supervisor	0.00%	5.00%	21.25%	51.25%	22.50%	4.31
Trainer	3.20%	7.20%	28.00%	32.00%	29.60%	4.45
Trainee	17.65%	19.12%	25.00%	26.47%	11.76%	3.64
Present at MDM or X-Ray Meeting						
Supervisor	0.00%	2.50%	10.00%	45.00%	42.50%	4.34
Trainer	1.60%	4.80%	15.20%	37.60%	40.80%	4.44
Trainee	7.35%	10.29%	22.06%	39.71%	20.59%	3.73
Presentation at Departmental Meeting						
Supervisor	0.00%	2.50%	10.00%	45.00%	42.50%	4.33
Trainer	1.60%	5.60%	16.00%	41.60%	35.20%	4.47
Trainee	7.35%	16.18%	17.65%	38.24%	20.59%	3.69
Run a Student Teaching Session - Topic Based						
Supervisor	0.00%	6.25%	20.00%	46.25%	27.50%	4.34
Trainer	4.00%	8.00%	24.80%	40.00%	23.20%	4.46
Trainee	7.35%	33.82%	27.94%	22.06%	8.82%	3.72

Table 17 – Relevance of EPAs

2.4.9. Clarity of EPAs

The Opportunistic Teaching Session EPA has consistently received feedback from Trainees, Trainers, and Supervisors through the GSET Evaluation Process that the EPA has been difficult to undertake due to the following reasons:

- The nature of opportunistic does not lend itself to how EPAs are to be undertaken, ie informing the Trainer that the Trainee wishes to be assessed.
- Opportunistic or on the run teaching occurs regularly in various settings and with various staff.
- The competencies assessed are a duplication of the Run a Student Teaching Session – Topic Based and Operative Supervision of a Junior Colleague EPAs.
- Undertakes opportunistic teaching is assessed through the milestones in the In-Training Assessment form.

The Members of the GSET Evaluation Subcommittee met on 5 March 2025 to review the EPA. The members reviewed the EPA together with the Run a Student Teaching Session – Topic Based and Operative Supervision of a Junior Colleague EPAs to ascertain if there was any skill/competency assessed through opportunistic teaching that was not covered by the other two EPAs.

The members agreed that the essential competencies as they relate to Education and Teaching were already covered in the Run a Student Teaching Session – Topic Based and Operative Supervision of a Junior Colleague EPAs and that there was no additional merit in the Opportunistic Teaching EPA. The members also noted that opportunistic teaching was better suited to being assessed through the milestones on the In-Training Assessment rather than through an EPA.

It was also noted that through the Evaluation report, the Opportunistic EPA was consistently rated lower in terms of relevance to the program by all stakeholders.

The members then reviewed whether the EPA should be replaced by another Education and Training focussed EPA. However, when reviewing the suggestions for potential EPAs that were highlighted in the Evaluation surveys, no additional teaching and education focussed EPAs were covered and all remaining suggestions were either not suitable or already covered by other EPAs. The members then reviewed the Curriculum to determine if another sub-competency could be developed into an EPA, however upon review it was agreed that the areas did not lend themselves to an EPA in that they would only be able to assess 1 -2 competencies.

Following the review, the Australian Board in General Surgery approved the following recommendations:

- That the Opportunistic Teaching Session EPA be removed from the GSET program
- That the total number of EPAs required by the end of GSET3 is reduced to 90
- That the recommendation be implemented for the 2022 onwards cohorts

2.4.10. Additional EPAs

Trainees were asked if there were any tasks that they undertook in their role, that they felt should be an EPA and Supervisors/Trainers were asked if there were tasks Trainees undertook in their role that should be an EPA. Most responses indicated that no further EPAs were required or that the current list captured the essential tasks.

Some respondents suggested an EPA that involved communication skills and interactions with other medical staff, however these are already assessed as part of the current list of EPAs.

A recurring theme from Trainees, Supervisors, and Trainers indicated that the list of EPAs were basic skills required prior to commencing GSET and they were therefore redundant during accredited training.

2.4.11. Influences on Decision to Request EPA

Trainees were asked what influences their decision to request a particular EPA be undertaken and whether there were any barriers to completing EPAs.

The main themes emerging as influences on their decision to request an EPA were:

- **Requirement-Driven Compliance**
 - Main driver is meeting mandatory numbers for progression (e.g., "need to pass", "35 required", "to get it done").
 - Completion is seen as a tick-box exercise, often done out of obligation rather than learning.
- **Consultant Availability and Willingness**
 - Decisions often depended on whether a trainer is present, approachable, and willing to participate.
 - Trainees gravitated toward consultants who were known to be cooperative, available, or tech-savvy.
 - Surgeon fatigue or resistance to completing EPAs impacted on who is asked and when.
- **Opportunistic Timing**
 - Most Trainees described their approach as opportunistic: completing EPAs when circumstances align (e.g., task observed by consultant, right rotation, quiet clinic).
 - Clinical context, such as being on-call or in relevant rotations, plays a role in when EPAs are triggered.
- **Strategic Planning**
 - A few Trainees adopted a more structured approach, such as tracking EPA progress weekly, utilising rotations with more opportunities, or spreading EPAs across different consultants.
 - Some consider trainer limits on submissions when planning.

The barriers to completing EPAs focussed on consultant availability and familiarity with EPA process. There were comments regarding rotations not having students to teach or there being no clinics to attend.

- **Trainer-Related Barriers**
 - Lack of trainer availability or presence during relevant clinical activities.
 - Limited willingness or engagement from consultants, often due to workload and time pressures, burden of paperwork, and assessment fatigue
 - Reluctance to sign off EPAs not directly observed, even if tasks were performed under supervision.
 - Feedback quality is often poor or absent, reducing perceived educational value.
- **Clinical and Rotational Constraints**
 - Limited opportunity for EPA-relevant activities, particularly in private hospital rotations
 - Terms lacking access to complex cases or teaching roles
- **Time and Workload Pressures**
 - Busy clinical environments (especially emergency settings or overbooked clinics) leave little time for assessments or feedback.
 - High number of required EPAs contributes to feeling overwhelmed or rushed to "tick boxes."

The decision to undertake an EPA are largely driven by necessity as opposed to educational value. The availability and attitude of trainers generally determine how and when EPAs are pursued — often opportunistically, with an emphasis on fulfilling program requirements.

Trainees face significant and multifaceted barriers to completing EPAs, including trainer inaccessibility and heavy workloads. The process is often seen as administratively burdensome, with minimal educational gain, particularly when Supervisors are disengaged or unaware of their responsibilities.

Supervisors and Trainers were asked if Trainees were informing them that they wish to undertake an EPA. We can see that as the years pass, Supervisors and Trainers indicate that Trainees are not informing them that they wish to undertake an EPA.

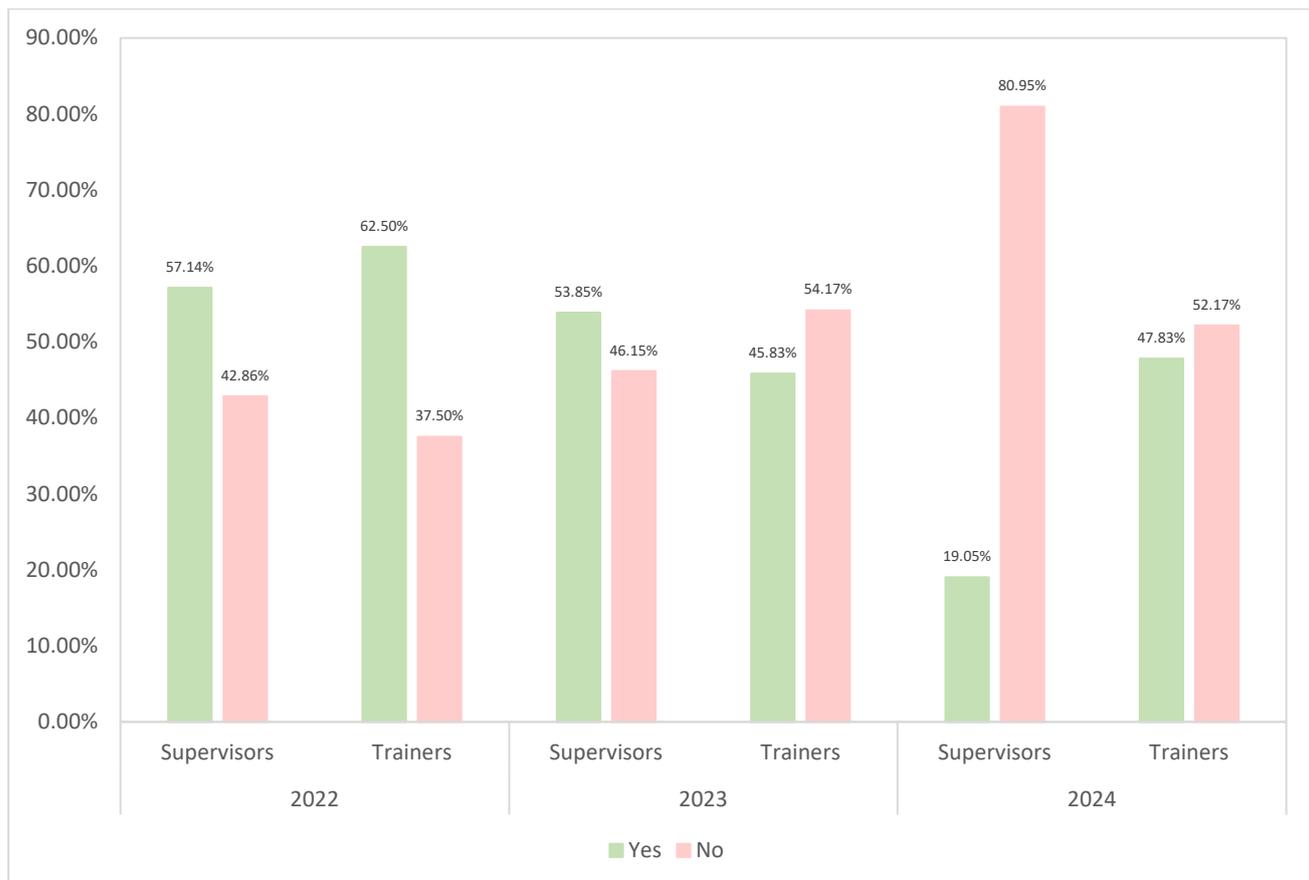


Table 18 – Are Trainees informing Assessors they wish to undertake an EPA

Recommendation

- Remind Trainees of importance of informing Assessors their intent to undertake an EPA.

2.4.12. Feedback during EPAs

<i>Outcome</i>	<i>Increased feedback to Trainees</i>
<i>Evaluation Question</i>	<i>Did the use of EPAs, PBAs, and Curriculum milestones allow for the provision of meaningful feedback to Trainees? Did the EPAs, PBAs, and Curriculum milestones provide a basis for Trainees to seek feedback?</i>
<i>Anticipated Outcome</i>	<i>Supervisors report ability to provide targeted feedback Trainees increase ability to request specific feedback</i>
<i>Indicator</i>	<i>Trainees report increased ability and comfort in seeking feedback Supervisors report increased ability to provide feedback</i>

When asked if the EPAs assisted in receiving feedback, whether that be positive or areas to improve on from their Trainers, the majority of Trainees who responded consistently indicated that it did not. However, the majority of Supervisors and Trainers did indicate that the EPAs assisted in providing increased or specific feedback to Trainees.

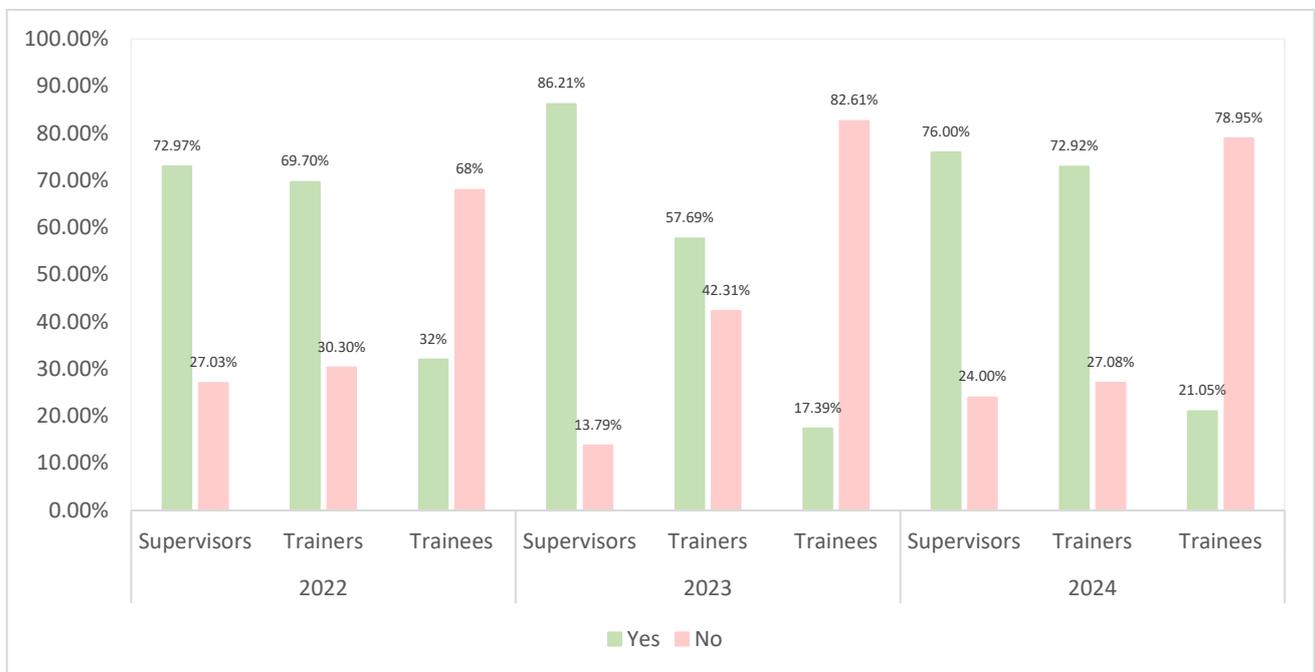


Figure 13 – Feedback during EPAs – Trainee v Supervisor v Trainer Perspective 2023 compared to 2022

2.4.13. How EPAs Assisted in Providing and Obtaining Feedback

Trainees that indicated that the EPAs did enable feedback commented that the EPAs provided for more structured feedback, as well as talking points for discussion.

- **Structured and Formalised Feedback**
 - Trainees noted that EPAs created routine opportunities for feedback that may not have occurred otherwise.
 - They prompted scheduled discussions between Trainees and assessors
 - Helped ensure feedback was not overlooked, even for routine tasks.
 - Trainees noted that EPAs often acted more as verbal discussion starters than written assessments.
 - Several respondents noted that it assisted in initiating feedback conversations, especially with assessors who might not provide unsolicited comments.
- **Guidance**
 - Trainees commented that the EPAs provided reassurance that the Trainee was progressing appropriately.
 - Helped Trainees identify strengths and weaknesses, especially in specific activities.
- **Clarity and Framework**
 - Trainees noted that the reflection assisted in clarifying what competencies or tasks were important.
 - Respondents also noted that the EPAs allowed them to understand what areas of the task were important.

Supervisors and Trainers who indicated that the EPAs did assist in providing feedback outlined the following benefits:

- **Structure and Framework**
 - A dominant theme is the structured nature of EPAs in that they provide a systematic and consistent way to assess and give feedback.
 - This structure helped assessors remember key competencies and provide more comprehensive assessments.
- **Timeliness and Feedback**
 - Many respondents emphasised that EPAs promoted specific, detailed, and task-focused feedback. They also assisted assessors in focussing in on competencies.

- Respondents noted that EPAs supported more immediate or frequent feedback, citing that as feedback is tied to specific tasks, it is often closer to the event. This can improve learning and reinforce performance in the moment.
- Supervisors in particular noted that providing feedback throughout the term, allowed less reliance on the mid and end of term assessments.
- Supervisors and Trainers noted that the Trainee's self-assessment guided feedback and that the EPAs made the process of feedback and progression visible and documentable.
- **Enhancing Teaching and Learning**
 - A number of comments highlighted EPAs as educational tools allowing for teaching moments on professionalism skills as well as encouraging assessors to verbalise what they might otherwise assume.

2.4.14. Why the EPAs did not assist in Providing and Obtaining Feedback

The majority of Trainees indicated that the EPAs did not assist in receiving feedback. The main reasons provide by Trainees included the following:

- **Administrative Burden**
 - EPAs were frequently described as tedious, repetitive, or a “box-ticking” exercise.
 - Trainers found the volume excessive, especially signing off on the same EPA multiple times.
 - The process felt artificial and divorced from actual learning or clinical improvement.
- **Lack of Meaningful Feedback**
 - Feedback was often generic, brief, or absent altogether.
 - No significant educational value added, especially when feedback was delayed or not discussed verbally.
 - Some Trainees noted they received better feedback outside the EPA process.
 - Consultants gave less thoughtful feedback due to assessment fatigue or lack of perceived relevance.
 - Feedback was often retrospective, sometimes weeks later, making it less useful or relevant.
- **Engagement and Time Constraints**
 - Trainees noted that many consultants were time-poor or reluctant to engage meaningfully.
 - Supervisors often saw EPAs as a burden and expressed frustration.
- **Perception of Irrelevance**
 - Trainees questioned the value of assessing basic/core skills already expected at this level.
 - Many felt that mid- and end-of-term reviews, and informal daily feedback, were more useful.

Supervisors and Trainers who felt the EPAs did not contribute to increased feedback noted the following themes. The analysis highlights perceptions of inefficacy, administrative burden, timing issues, Trainee engagement, and a mismatch with actual clinical practice.

- **Perceived as Bureaucratic / Tick-Box Exercise**
 - Many respondents felt that EPAs were inauthentic and used merely to meet a requirement rather than improve learning. Seen as compliance-driven, rather than educationally meaningful.
- **Administrative Burden / Time Constraints**
 - Overwhelming paperwork and the number of EPAs required were commonly cited as barriers.
 - Completing EPAs was described as tedious, time-consuming, and often done after hours, detracting from clinical time.
- **Poor Timing / Lack of Real-Time Feedback**
 - Feedback was often delayed or retrospective, which reduced its relevance and impact.
 - Many EPAs were submitted after the activity, or even after the rotation had ended, removing the possibility of real-time feedback.

- Some respondents expressed frustration that Trainees submit EPAs late, select only EPAs they are confident in, do not seek constructive feedback, and do not undertake meaningfully reflection.

2.4.15. Summary of EPAS

When reviewing all the feedback provided by the Trainees, Supervisors, and Trainers from 2022 – 2024 the following positive and negative aspects emerge:

Theme	Positive Aspects	Negative Aspects
Administrative Burden		<ul style="list-style-type: none"> • Described as tedious and repetitive. • Excessive paperwork and duplication • Artificial and disconnected from actual learning • Often completed after hours, detracting from clinical work • Consultants often time-poor and reluctant to engage.
Relevance	<ul style="list-style-type: none"> • Key clinical tasks are captured 	<ul style="list-style-type: none"> • EPAs viewed as redundant for basic tasks. • Seen as irrelevant to clinical context and training level.
Structured and Formalised Feedback	<ul style="list-style-type: none"> • Initiated feedback that would not otherwise occur • Focus feedback on competencies • Used EPAs to give more frequent, task-based feedback • Made feedback visible and documentable 	<ul style="list-style-type: none"> • Feedback often generic, delayed, or absent. • Less thoughtful due to assessment fatigue • Retrospective timing reduced relevance • Better feedback often received informally outside EPA process
Framework for assessment and learning	<ul style="list-style-type: none"> • Provided structure and documentation • Helped with progression tracking • Clear expectations and standards • Supported fair and consistent assessment. • Helped Supervisors focus assessments • Helped break down and analyse tasks • Ensured comprehensive coverage of skills 	<ul style="list-style-type: none"> • Seen as compliance-driven, not educational. • Mechanical process lacking in depth. • Superficial engagement by both Trainees and assessors • May be over-structured or forced, leading to disengagement. • May feel restrictive or overly formal • Too narrow to assess overall performance.
Guidance / Support for Learning	<ul style="list-style-type: none"> • Reassured Trainees of progress. • Helped identify strengths and weaknesses. • Provided clarity on key competencies • Encouraged trainers to articulate expectations 	<ul style="list-style-type: none"> • Perceived lack of depth in certain forms. • Limited when assessors are disengaged or unskilled in giving feedback. • May still rely on trainer commitment and teaching skill

	<ul style="list-style-type: none"> • Prompted teaching moments on professionalism 	
Reflective Practice & Self-Awareness	<ul style="list-style-type: none"> • Promoted critical thinking about performance. • Encouraged identification of areas for improvement. • Forced reflection led to useful insights. 	<ul style="list-style-type: none"> • Reflection seen as redundant for routine or well-practiced tasks.

Table 19 – Summary of Positive and Negative Aspects of EPAs

2.5. Procedure Based Activities (PBAs)

2.5.1. PBA Completion Rate

<i>Outcome</i>	<i>Commencement of GSET program</i>
<i>Indicator</i>	<i>100% of Supervisors and trainers able to log into the system and undertake assessments</i>

Supervisors and Trainers have continued to be able to log into the system and undertake the PBAs. Overall, there were 11956 PBAs entered into TIMS by Trainees across 2022 to 2024 training terms as follows:

	2022	2023	2024	Total
Core PBAs	1352	3357	4376	9085
Principal PBAS	326	788	1757	2871
Total	1678	4145	6133	11956

Table 20 – Total Number and Level of PBAs Entered

The below graph depicts the PBAs that were entered by Trainees versus those complete by Trainers over a 24-month period from Term 1 – 2022 to Term 2 – 2024. *Note: The Term 2 – 2024 ends in February 2025.*

There is a large spike in PBAs being entered in January 2024 and 2025. This is likely due to Trainees needing to complete the PBA requirements by the end of Term 2 – 2024 and the follow up by GSA staff.

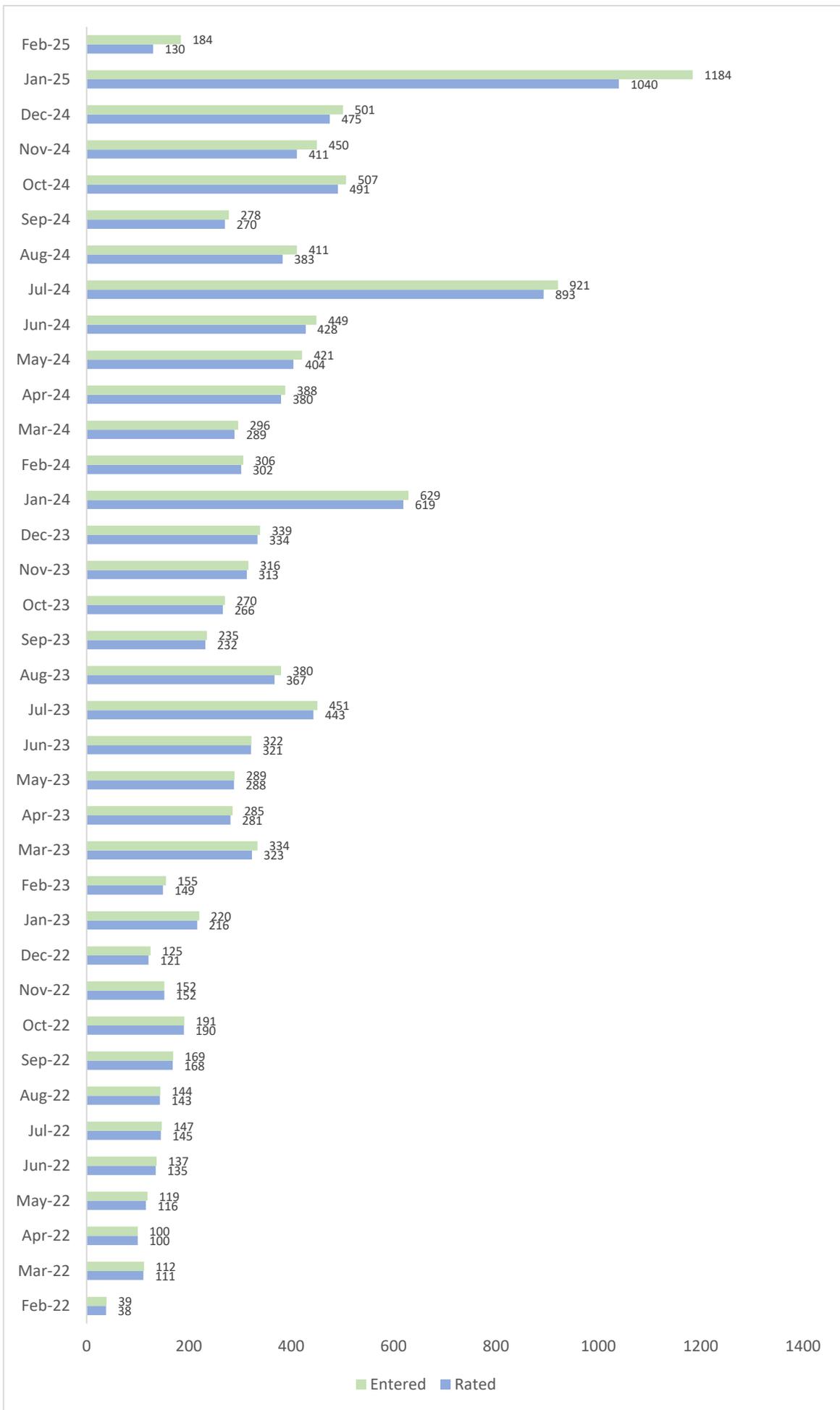


Figure 14 – PBAs entered by Trainees versus Rated by Trainer per month in 2022-2024 Training Terms

Overall 95.91% of PBAs were rated by Trainers with a small margin of 4.09% (489) which have not been rated. This demonstrates the Trainers are engaging in the assessment process in terms of completing the required assessment.

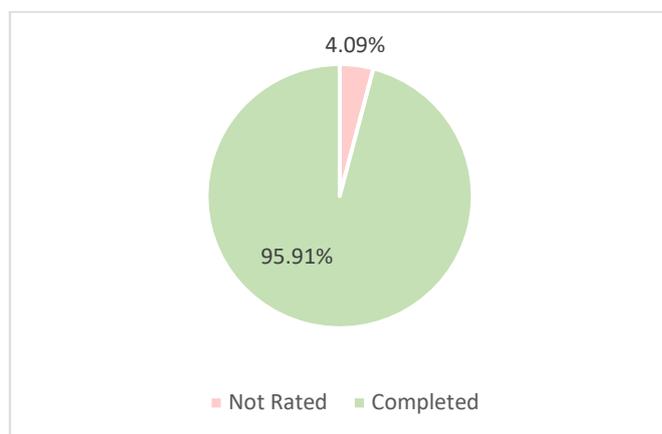


Figure 15 – Percentage of PBAs entered by Trainees versus Rated by Trainer

2.5.2. PBA Completion Rate by Region

The below graph breaks down the PBAs by Training Region, depicting the number entered, completed (that is rated), and the number of PBAs not rated by Trainers.

The below data indicates that there is no one Training Region that is not engaging with the PBA process.

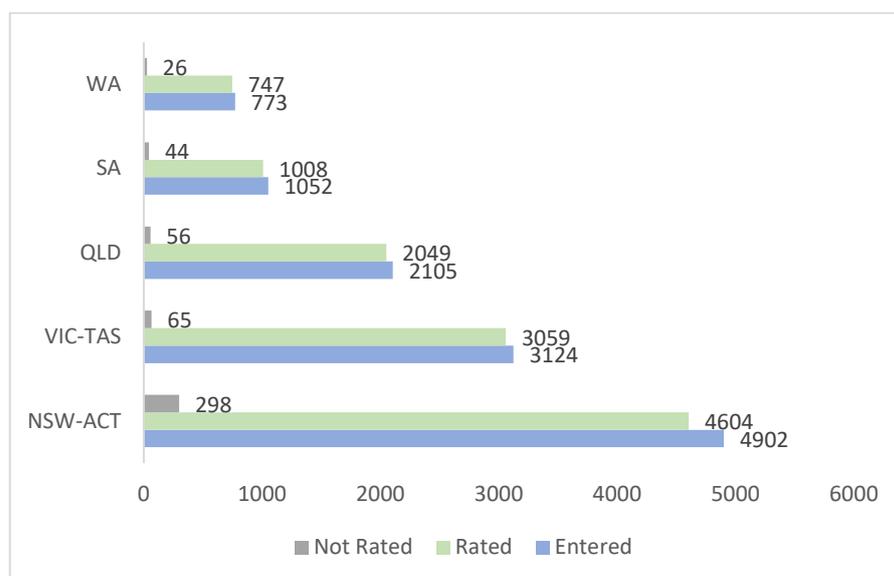


Figure 16 – Regional breakdown of PBAs entered, completed, and not rated

Note: In the below table, the number of Trainees has been taken from the highest value for the 2024 Training year. For example in NSW-ACT there were 104 Trainees in Term 2 but 105 in Term 1, therefore the highest number is represented in the table.

Region	No: of Trainees	Entered	Completed	Not rated	Completion %	Not Rated %
NSW-ACT	105	4902	4604	298	93.92%	6.08%
QLD	74	3124	3059	65	97.92%	2.08%
SA-NT	49	2105	2049	56	97.34%	2.66%
VIC-TAS	20	1052	1008	44	95.82%	4.18%
WA	18	773	747	26	96.64%	3.36%

Table 21 – Regional breakdown of PBAs entered, completed, and not rated

2.5.3. Time Taken to Complete PBAs

In TIMS, PBAs are commenced by the Trainees, assigned to the Trainer for rating, and then returned to the Trainee for acknowledgement and final submission. The Guide to PBAs describes the following process:

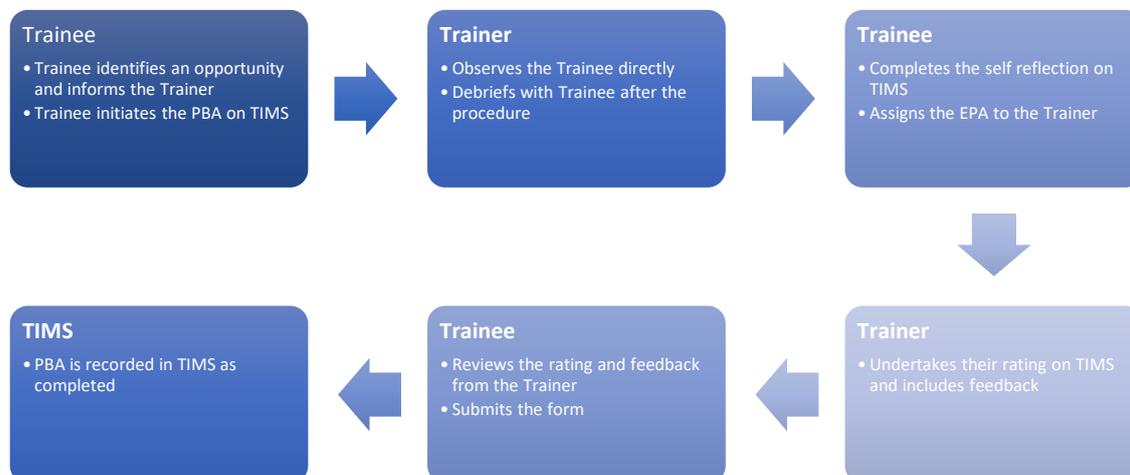


Figure 17 – PBA Process as described at Training Webinars

The below data depicts the number of days taken to complete a PBA from commencement by the Trainee to completion by the Trainer. The majority of PBAs are being completed on the day that the Trainee submits to the Trainer. This is the ideal situation.

Note: 0 indicates that the assessment was completed on the same day

	Time in Days
Mean	31
Median	9
Mode	0
Max (longest time)	1068
Standard Deviation	62.7

Table 22 – Days Taken to Complete PBAs

The below table summarises the range of time frames for completion. We can see that 90.67% of PBAs are completed within 90 days. This is the timeframe in which the Board has agreed will be implemented.

Number of Days	No: Completed	%
0 - 14 (within 2 weeks)	6749	58.86%
15 - 28 (between 3-4 weeks)	1399	12.20%
29 - 42 (4 - 6 weeks)	861	7.51%
43 - 90 (7 - 12 weeks)	1388	12.10%
100 - 199	853	7.44%
200 - 299	119	1.04%
300 - 365	36	0.31%
366 - 550 (between 13 and 18 months)	37	0.32%
551 - 730 (between 19 months to 24 months)	12	0.10%
731+ (Over two years)	13	0.11%
Totals	11467	100%

Table 23 – Range of timeframe for completion for PBAs

The below data depicts the number of days taken to enter an PBA from the Activity Date to the date the Trainee created the PBA. The majority of PBAs are being entered by the Trainee on the day that the activity is undertaken. This is the ideal situation. *Note: 0 indicates that the EPA was created on the same day*

	Time in Days
Mean	22.6
Median	6
Mode	0
Max (longest time)	612
Standard Deviation	38.6

Table 24 – Days Taken to Enter PBAs

The below table summaries the range of time frames for submission of PBA following the activity. We can see that 64.35% of PBAs are completed within 14 days. This is the timeframe in which the Board has agreed will be implemented.

Number of Days	No: Completed	%
0 - 14 (within 2 weeks)	7589	66.18%
15 - 28 (between 3-4 weeks)	1205	10.51%
29 - 42 (4 - 6 weeks)	675	5.89%
43 - 90 (7 - 12 weeks)	1210	10.55%
91 - 199	736	6.42%
200 - 299	35	0.31%
300 - 365	10	0.09%
366+ over one year	7	0.06%
Total	11467	100%

Table 25 – Range of timeframe for submission of PBAs by Trainee

2.5.4. PBA Requirement Completion

<i>Outcome</i>	<i>Trainees with knowledge of assessment processes</i>
<i>Evaluation Question</i>	<i>Do Trainees have the necessary information, understanding, and tools to commence completing EPAs and PBAs?</i>
<i>Anticipated Outcome</i>	<i>Trainees have confidence to commence undertaking EPAs and PBAs during first term in training</i>
<i>Indicator</i>	<i>95% of Trainees complete the minimum number of EPAs and PBAs by end of second term of training</i>

Trainees must complete the following number of PBAs by the end of the corresponding GSET level, noting that the totals are cumulative:

GSET Level	No: of EPAs
GSET1	10
GSET2	25
GSET3	37

Table 26 – PBA Requirements

At the end of Term 2 – 2024 the following number of Trainees had not met the requirements.

GSET Level	No: of Trainees
GSET1	3

GSET2	4
GSET3	3
Total	10

Table 27 – Number of Trainees who had not met the PBA requirements

All Trainees had entered PBAs but they had not been rated by the Trainer. It was determined that had the Trainers rated the PBAs they would have met the requirements. One Trainee received a Below Performance Expectation End of Term Assessment and was therefore unable to progress. A second Trainee completed the requirements following a review meeting, as the Trainee had not completed the PBA requirements, and was subsequently able to progress to GSET2.

GSA staff continually reminded Trainees of the requirement with final reminders being sent three weeks prior to the due date.

2.5.5. PBA Ratings

The ratings for PBAs is either Able to Perform Independently or Not Able to Perform Independently and are defined as follows:

- Able to Perform Independently defined as the Trainee is able to complete the procedure with minimal supervision and guidance, and demonstrates knowledge of when to request appropriate assistance.
- Not Able to Performance Independently defined as the Trainee required close supervision and guidance, and does not demonstrate knowledge of when to request appropriate assistance.

The majority of Trainees were rated as Able to Perform Independently for PBAs across both Core and Principal PBAs.

	Core	Principal
Able to Perform Independently	96.25%	95.78%
Not Able to Perform Independently	3.75%	4.22%

Table 28 – PBA Ratings

The PBAs that were rated as Not Able to Perform Independently were as follows:

PBA	Number
Core - Simple Laparoscopic cholecystectomy with or without Intraoperative Cholangiogram	78
Core - Anastomosis	65
Core - Groin Hernia - Laparoscopic or Open	52
Core - Appendicectomy - Laparoscopic or Open	45
Core - Stoma Formation	29
Core - Opening and Closing Abdominal Incision	28
Principal - Colonoscopy	26
Principal - Thyroidectomy	25
Core - Small Bowel Resection	23
Principal - Wide Local Excision-Mastectomy	19
Principal - Right Hemicolectomy	18
Principal - Axillary Node Dissection	9
Principal - Upper GI Endoscopy	8
Core - Examination under Anaesthesia - Incision and Drainage of Perianal Abscess	8
Principal - Laparotomy or Adhesiolysis	5
Principal – Hartmann’s Procedure or Acute Left Colectomy	3
Principal - Sigmoid Colectomy - Anterior Resection	2
Total	443

Table 29 – PBA’s rated as Not Able to Perform Independently

For those PBAs rated as Not Able to Perform Independently, the following were selected as areas in which the Trainee did not meet competency:

Competency Domain	Number of Times Selected
Intra operative technique	363
Exposure and Closure	191
Consent	220
Pre operation planning	202
Pre operative preparation	192
Post operative management	188

Table 30 – PBA Areas selected as not being met

Supervisors and Trainers were asked if the ratings and their definitions were capturing their assessment of the Trainee’s performance. The majority of Supervisors and Trainers agreed that the ratings were capturing performance.

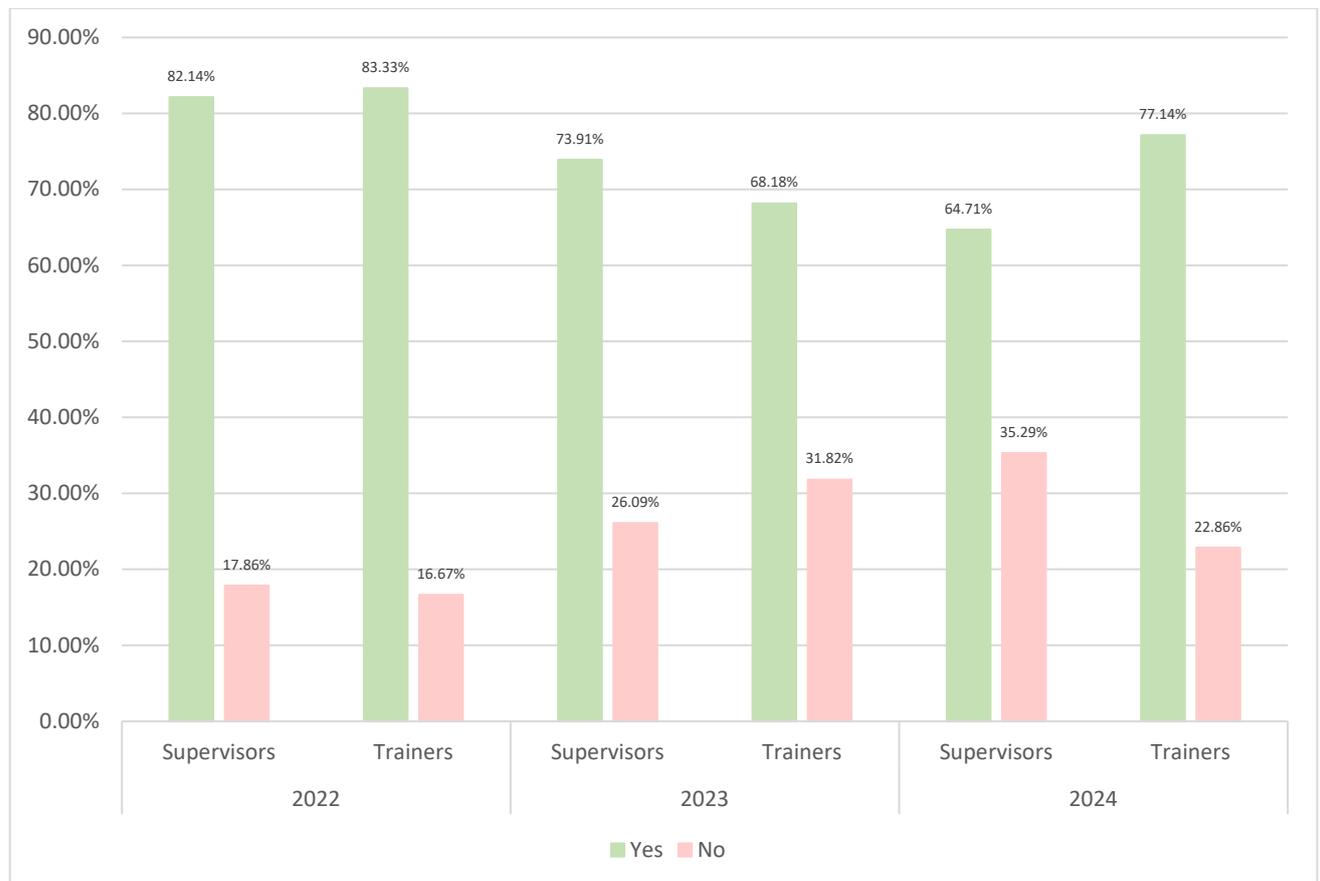


Figure 18 – Appropriateness of PBA ratings

Supervisors and Trainers were asked why the ratings were not capturing the Trainee’s performance. The following illustrates the themes that have emerged pertaining to this question:

- **Binary Rating Scale**
 - Many responses emphasised that the binary nature of the PBA scale did not reflect the spectrum of Trainee ability.
 - Trainees often fall somewhere in between—capable of some steps, requiring help on others.
 - Suggestions include implementing intermediate or graduated scales.
 - Assessors expressed a need for a system that tracks development over time, not just a pass/fail at a single point. Including options such as “improving,” “partial performance,” or “appropriate help-seeking” would better show learning trajectories.

- **Ambiguity Around “Independent”**
 - There is confusion and variability in interpreting what “independent” means.
 - Assessors differ in how they apply the term, especially regarding context and Trainee level.
 - Some define it unrealistically as being able to start a case independently without supervision, which is rarely applicable at junior levels.
- **Context and Complexity Not Accounted For**
 - The complexity of cases and context of the procedure are not factored into the ratings.
 - A Trainee may perform well in a straightforward case but this does not mean they are competent across all versions of that procedure.

The issues appear to be around the word “independent” as this is seen as being able to perform at the level of a consultant. The Australian Board in General Surgery agreed in November 2024 to alter the ratings to the following:

- Able to Perform with Minimal Supervision defined as the Trainee is able to complete the procedure safely with minimal supervision and guidance and demonstrates knowledge of when to request appropriate assistance.
- Requires Significant Supervision defined as the Trainee required close supervision and guidance and does not demonstrate knowledge of when to request appropriate assistance.

2.5.6. PBAs Ability to Assess Competency

Supervisors and Trainers were asked if the PBAs provided them with the ability to determine the Trainee’s level of competence or skill. Both groups agreed that the PBAs did assist in assessment of competency. For Supervisors there was an increase from 2022 however in 2024 the figure decreased. The view of Trainers has not altered from the 2022 results.



Figure 19 – PBAs ability to assess or reflect on Competency - 2023 results compared to 2022

Supervisors and Trainers were asked how the PBAs assisted in assessing competency. The main themes outlined have been:

- **Structured Framework for Assessment**
 - Many responses highlighted that PBAs offer a clear, structured, and standardised framework for evaluating performance.
 - This structure helped trainers and Trainees understand what was expected, broke down procedures into steps, and facilitated objective assessment.

- PBAs served as guidelines or benchmarks that made assessments more transparent and consistent.
- **Focused and Specific Evaluation**
 - PBAs allowed assessors to evaluate individual procedures and specific components or skills, rather than relying on general impressions.
 - This helped in identifying strengths and weaknesses of the Trainee and promoted a granular analysis of surgical ability.
 - Trainers were more likely to closely observe Trainee performance when conducting a PBA, increasing the quality of assessment.
 - It provided a prompt for intentional supervision and ensured that procedural components were directly witnessed.
- **Supports Feedback and Reflection**
 - PBAs created an opportunity for direct, structured feedback.
 - Trainees benefited from genuine self-reflection and could become more aware of their capabilities and areas needing improvement.
 - The assessment process often led to meaningful discussions that otherwise might not have occurred.
 - The Trainee-driven nature of PBAs meant that the onus was on the Trainee to seek out assessments, fostering proactive engagement in their learning.
 - Several responses noted that PBAs allowed for non-judgemental, constructive conversations, which can make performance discussions feel less personal and more educational.
 - PBAs formalised feedback in a way that felt safe and structured for the Trainee.

The themes that related to the PBAs not being able to assess competency included:

- **Redundant with Existing Observation and Judgement**
 - Many assessors reported that they already evaluate Trainee competency through direct observation in theatre or during daily interactions.
 - PBAs were seen as unnecessary duplicates of routine assessments, offering no new insight.
 - PBAs were described as bureaucratic tasks, completed primarily to satisfy administrative or training board requirements. The process was viewed as compliance-driven, not educational or meaningful.
- **Binary System not Reflective of Learning**
 - The binary nature was considered too black-and-white, especially since few Trainees can perform all aspects of a complex procedure independently early in training.
 - Trainers felt forced to mark capable Trainees as “not competent” because the bar was unrealistically high for certain procedures at their current training level.
- **Time Constraints and Practicality Issues**
 - Completing PBAs was seen as too time-consuming, especially when trainers are busy or when Trainees ask for them after the fact.
 - Trainers often lack time to supervise or witness every aspect of the procedure (e.g. pre-op consent to closure), making accurate assessment difficult.
 - Trainees often request PBAs after the procedure, which limits the ability to prepare or observe properly.
- **Ineffective Feedback Mechanism**
 - Some trainers felt Trainees only submit PBAs when confident they’ll receive a good rating, reducing opportunities for formative feedback.
 - Several trainers noted that PBAs did not lead to actionable feedback or improvement.
 - Informal, off-the-record feedback was often seen as more valuable and effective than the structured PBA format.

2.5.7. Types of PBAs Completed

The type of PBAs completed has varied with Appendectomy, Opening and Closing Abdominal Incision, and Simple Laparoscopic cholecystectomy with or without Intraoperative Cholangiogram being completed the most number of times. Of the Principal PBAs, Endoscopy and Colonoscopy have been completed the most. This may be reflective of Trainee's exposure to scopes in early GSET Training.

Below is a list of PBAs and the number of times they have been entered and completed.

PBA Type	No: Entered	No: Completed	No: Not Rated
Core	9085	8745	340
Anastomosis	981	927	54
Appendectomy - Laparoscopic or Open	1928	1860	68
Examination under Anaesthesia - Incision and Drainage of Perianal Abscess	906	871	35
Groin Hernia - Laparoscopic or Open	775	748	27
Opening and Closing Abdominal Incision	1512	1459	53
Simple Laparoscopic cholecystectomy with or without Intraoperative Cholangiogram	1800	1739	61
Small Bowel Resection	566	548	18
Stoma Formation	617	593	24
Principal	2871	2722	149
Axillary Node Dissection	74	70	4
Colonoscopy	810	772	38
Hartmann's Procedure or Acute Left Colectomy	55	53	2
Laparotomy or Adhesiolysis	336	315	21
Right Hemicolectomy	185	174	11
Sigmoid Colectomy - Anterior Resection	44	38	6
Thyroidectomy	108	102	6
Upper GI Endoscopy	899	855	44
Wide Local Excision-Mastectomy	360	343	17
Grand Total	11956	11467	489

Table 31 – Type of PBAs Entered and Completed

2.5.8. Relevance of Core PBAs

Supervisors, Trainers, and Trainees were asked to rate the relevance of each Core PBA using the following Likert Scale:

- 1 – Not relevant
- 2 – Slightly relevant
- 3 - Moderately relevant
- 4 - Very relevant
- 5 – Extremely relevant

The perspective of Supervisors, Trainers, and Trainees were aligned in terms of relevance of PBAs, with the majority rating each PBA as Extremely relevant.

PBA	1	2	3	4	5	Mean
Anastomosis						
Supervisor	0.00%	5.08%	15.25%	20.34%	59.32%	4.34
Trainer	0.00%	4.76%	4.76%	33.33%	57.14%	4.43
Trainee	0.00%	4.88%	7.32%	29.27%	58.54%	4.41
Appendectomy - Laparoscopic or Open						
Supervisor	0.00%	0.00%	0.00%	27.12%	72.88%	4.73

Trainer	0.00%	0.00%	0.00%	23.81%	76.19%	4.42
Trainee	0.00%	0.00%	7.32%	26.83%	65.85%	4.41
Examination under Anaesthesia - Incision and Drainage of Perianal Abscess						
Supervisor	0.00%	0.00%	0.00%	35.59%	64.41%	4.64
Trainer	0.00%	1.19%	2.38%	34.52%	61.90%	4.44
Trainee	0.00%	0.00%	14.63%	24.39%	60.98%	4.43
Groin Hernia - Laparoscopic or Open						
Supervisor	0.00%	0.00%	15.25%	25.42%	59.32%	4.44
Trainer	0.00%	0.00%	3.57%	35.71%	60.71%	4.41
Trainee	0.00%	0.00%	7.32%	31.71%	60.98%	4.47
Opening and Closing Abdominal Incision						
Supervisor	0.00%	0.00%	0.00%	27.12%	72.88%	4.73
Trainer	0.00%	0.00%	1.19%	27.38%	71.43%	4.42
Trainee	0.00%	0.00%	2.44%	34.15%	63.41%	4.43
Simple Laparoscopic cholecystectomy with or without Intraoperative Cholangiogram						
Supervisor	0.00%	1.69%	5.08%	23.73%	69.49%	4.61
Trainer	0.00%	0.00%	0.00%	33.33%	66.67%	4.41
Trainee	0.00%	0.00%	0.00%	29.27%	70.73%	4.50
Small Bowel Resection						
Supervisor	0.00%	3.39%	11.86%	16.95%	67.80%	4.49
Trainer	0.00%	1.19%	7.14%	32.14%	59.52%	4.40
Trainee	0.00%	2.44%	9.76%	31.71%	56.10%	4.48
Stoma Formation						
Supervisor	0.00%	5.08%	11.86%	20.34%	62.71%	4.41
Trainer	1.19%	0.00%	9.52%	35.71%	53.57%	4.39
Trainee	0.00%	4.88%	7.32%	31.71%	56.10%	4.47

Table 32 – Relevance of PBAs

2.5.9. PBA Structure

<i>Outcome</i>	<i>Trainees with knowledge of assessment processes</i>
<i>Evaluation Question</i>	<i>Do Trainees have the necessary information, understanding, and tools to commence completing EPAs and PBAs?</i>
<i>Anticipated Outcome</i>	<i>Trainees have confidence to commence undertaking EPAs and PBAs during first term in training</i>
<i>Indicator</i>	<i>Trainees have a clear understanding of EPAs and PBAs and the process required to complete them</i>

Each PBA provides various areas that the Trainee is to be rated on including Consent, Pre-operation planning, Pre-operative Planning, Exposure and Closure, Intra-operative Technique, and Post Operative Management. Trainees were asked to rate the usefulness of these descriptions, from 1 – Not Very Useful to 5 – Very Useful, in assisting them in reflecting on their own performance and skill level. Supervisors and Trainers were asked how useful the descriptions were in assessing the Trainee's skill level using the same scale. The mean responses are presented below.

Stakeholder	Mean Response		
	2022	2023	2024
Trainee	2.87	3.45	3.31
Supervisor	3.6	3.49	3.53
Trainer	3.68	3.36	3.22

Table 33 – Usefulness of PBA Structure

For Trainees, the mean has increased from 2022 however for Supervisors and Trainers the mean has decreased slightly. The questionnaire did not allow for comments on this question and therefore the reasons for the decline cannot be explored at this point.

2.5.10. Additional PBAs

Supervisors, Trainers, and Trainees were asked if there were any General Surgery procedures that should be included as a PBA during the Core stage of training. The below table outlines the responses for additional PBAs provided by each group:

Supervisors
Excision of skin lesion
Skin grafting
Insertion of chest tube
Trauma laparotomy with abdominal packing
Trainers
Insertion of chest drains
Excision of skin lesions
Trauma laparotomy
Trauma resuscitation and immediate treatment (eg chest drain insertion)
Sentinel lymph node biopsy
Simple inguinal hernia
Trainees
Excision of skin lesion +/- local flap
Split skin graft/full thickness skin graft
Sentinel node biopsy
Diagnostic laparoscopy
Wound debridement

Table 34 – Potential additional PBAs

At this stage, it is not recommended to add further PBAs.

2.5.11. Influences on Decision to Request PBA

Trainees were asked what influences their decision to request a particular PBA be undertaken and whether there were any barriers to completing PBAs.

The main themes emerging as influences on their decision to request a PBA were:

- **Trainer Approachability and Willingness**
 - Trainees were more likely to request a PBA from trainers who were approachable, friendly, and supportive.
 - A trainer's interest in teaching and willingness to give feedback or complete forms played a crucial role.
 - Younger or more tech-savvy consultants were often preferred due to familiarity with the TIMS system.
 - Familiarity and existing rapport with the consultant encouraged Trainees to request PBAs.
 - Trainees are more confident seeking PBAs when they have worked with the consultant multiple times or believe the consultant knows their ability.

- **Opportunity and Availability**
 - PBAs are often undertaken opportunistically, based on available cases and whether the Trainer was present and involved.
 - Theatre timing, pace of the list, time of day, and whether the consultant was available and observing are all key logistical considerations.
- **Confidence and Readiness**
 - Trainees tend to request PBAs when they feel confident in performing the procedure, particularly if they expect to be assessed as able to perform.
 - Trainees may avoid PBAs for complex or unfamiliar cases, waiting instead for procedures where they feel more competent.
 - Decisions are influenced by the type of case (e.g., straightforward vs complex), procedural relevance, and whether the procedure is listed as a PBA. Some Trainees wait for a case to go well before requesting a PBA.
- **Educational Value and Feedback**
 - Some Trainees seek PBAs for the purpose of feedback and critique, especially when they have been the primary operator or want to improve.
 - Others seek out consultants known for giving good operative feedback.

The barriers to completing PBAs focussed on:

- **Limited Clinical Exposure and Case Availability**
 - A common barrier is lack of access to suitable procedures due to Rotation type (e.g., breast, vascular, transplant, or private hospital rotations), Geographic setting (rural or regional hospitals with limited surgical scope), unit caseload (some procedures not routinely performed in certain units or terms), and specialisation (subspecialty PBAs like thyroidectomy or axillary clearance may not be accessible to all Trainees).
- **Consultant Engagement and Willingness**
 - Many Trainees reported consultant reluctance, citing:
 - Lack of interest or belief in PBAs
 - Resistance to additional administrative tasks
 - Lack of familiarity or comfort with TIMS
 - Some Trainees noted that trainers were sometimes not willing to sign off despite allowing independent performance.
- **Time Constraints and Competing Demands**
 - Time was frequently cited as a barrier, both in terms of trainer's limited time during busy or overbooked lists, or Trainees' own time managing multiple non-clinical tasks.
 - Time pressures in private or fee-for-service hospitals, where efficiency is prioritised.

Supervisors and Trainers were asked if Trainees were informing them that they wish to undertake an PBA. The responses suggest that it is variable as to whether Trainees are informing their assessors that they wish to undertake a PBA. This could be leading to frustration by assessors as they are perhaps not viewing the procedure with an assessment and feedback lens. However, all cases undertaken with a Trainee should be part of continued learning and feedback as Trainees are on a training program.

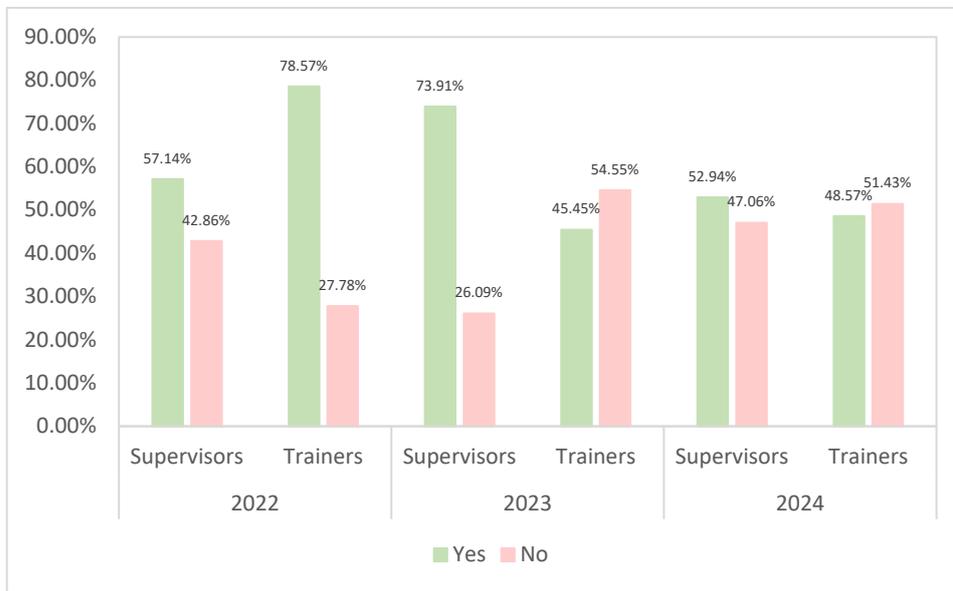


Figure 20 – Are Trainees informing Assessors they wish to undertake a PBA

Recommendation

- **Remind Trainees of the importance of informing Assessors beforehand that they wish to use the case as a PBA.**

2.5.12. Feedback during PBAs

<i>Outcome</i>	<i>Increased feedback to Trainees</i>
<i>Evaluation Question</i>	<i>Did the use of EPAs, PBAs, and Curriculum milestones allow for the provision of meaningful feedback to Trainees? Did the EPAs, PBAs, and Curriculum milestones provide a basis for Trainees to seek feedback?</i>
<i>Anticipated Outcome</i>	<i>Supervisors report ability to provide targeted feedback Trainees increase ability to request specific feedback</i>
<i>Indicator</i>	<i>Trainees report increased ability and comfort in seeking feedback Supervisors report increased ability to provide feedback</i>

When asked if the PBAs assisted in receiving feedback, whether that be positive or areas to improve on from their Trainers, the majority of Trainees who responded indicated that it did. This aligned to Supervisors and Trainers who also indicated that the PBAs assisted in providing increased or specific feedback to Trainees. It appears that all users prefer or value the PBAs over the EPAs.

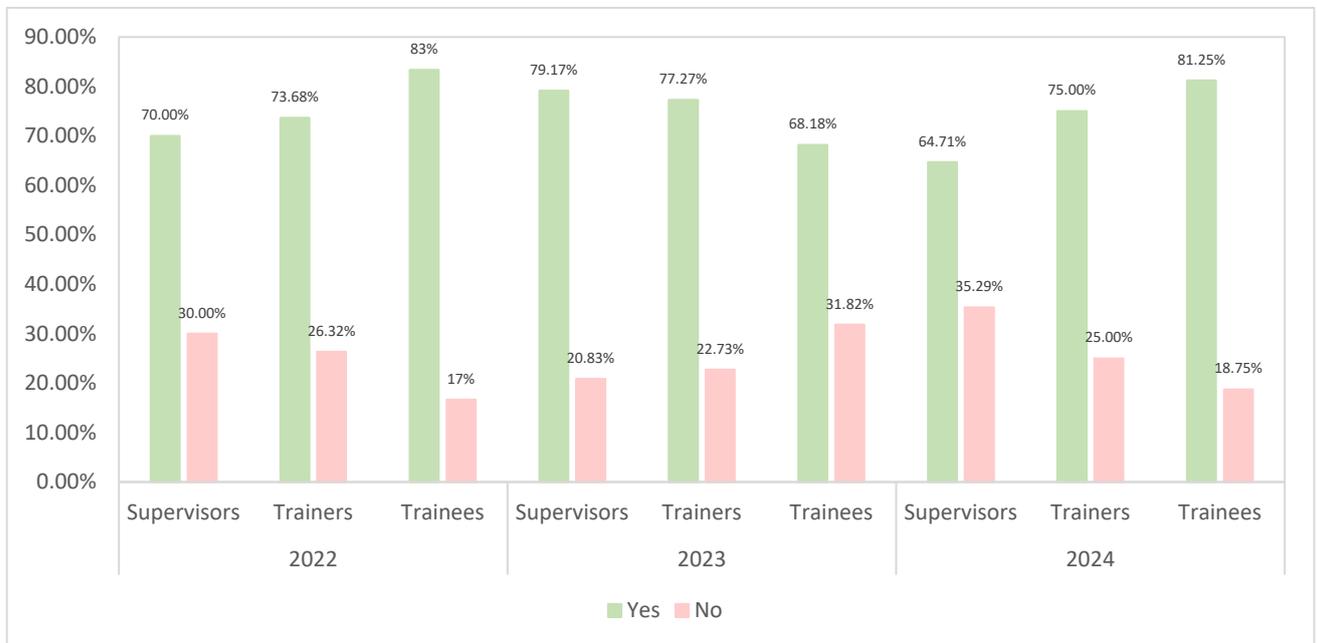


Figure 21 – Feedback during PBAs – Trainee v Supervisor v Trainer Perspective

2.5.13. How PBAs Assisted in Providing and Obtaining Feedback

Supervisors and Trainers indicated that the PBAs provided a framework for giving specific feedback to Trainees and guided the discussion. They also indicated that the PBAs break down of the procedure aided in providing specific feedback and allowed Trainees to reflect on the procedure.

- **Structured Framework for Feedback**
 - Respondents noted that PBAs provided a clear, consistent framework that guided both the trainer and trainee through feedback.
 - It was noted that PBAs broke procedures into components, allowing feedback to be specific rather than general or vague.
 - Many responses mentioned that the structure had ensured no steps or skills were missed during evaluation.
 - Trainers highlighted that PBAs helped focus feedback on individual elements of a procedure, identified and addressed areas for improvement and areas done well.
 - They provided task-specific feedback that was more meaningful than global comments.
- **Encouraged Real-Time and Contemporaneous Feedback**
 - Respondents noted that PBAs prompted immediate or timely feedback following a procedure.
 - They facilitated direct discussion post-case, which improved recall and relevance.
 - However, there was concern that delayed completion had undermined learning and feedback.
 - PBAs reminded consultants to provide feedback where it might otherwise have been forgotten or skipped due to time constraints.
- **Facilitated Trainer-Trainee Dialogue**
 - PBAs helped open up formal conversations between trainers and Trainees about performance.
 - Some trainers noted it had helped bridge communication gaps, especially for difficult or critical feedback.
 - Trainees were prompted to engage in reflection, encouraging active participation in their learning.
- **Enhanced Self-Reflection and Insight**
 - A key theme from respondents was that Trainees had benefited by reflecting on their own performance in a structured way, which in turn had allowed assessors to gain insight into their decision-making and technical skills.
 - It was also helpful to compare the Trainee’s self-assessment with the Trainer’s assessment, which had deepened learning.

- **Standardisation Across Trainers**
 - PBAs contributed to consistency in expectations and feedback between different assessors.
 - They helped calibrate feedback by using standard descriptors and expectations relevant to the training level.

The themes that were prevalent in the Trainee feedback co-relate to many of the themes from the Supervisors and Trainers on how the PBAs aided in receiving feedback. Below is a summary of Trainee responses:

- **Structured and Formalised Feedback**
 - PBAs provided a structured framework for feedback, often leading to more detailed and formalised evaluations.
 - This was especially valuable as it made feedback more likely to happen, as trainers were committed to completing the forms, either verbally or in writing.
 - PBAs helped focus feedback on specific technical skills, particularly in procedures like anastomosis or abdominal incisions, where Trainees had limited prior exposure. This allowed trainers to give targeted advice on improving technical proficiency.
- **Encouraged Reflection and Discussion**
 - Filling out the PBA forms prompted both Trainees and their assessors to reflect on the procedure, providing a structured starting point for discussions about improvement.
 - This dialogue around specific surgical skills was considered particularly helpful for identifying strengths and areas for growth.
 - Regular use of PBAs helped create a system for consistent feedback over time. Trainees appreciated the opportunity to continuously improve their skills, with structured feedback acting as a guide for development.
- **Direct Observation and Real-Time Feedback**
 - PBAs allowed for direct observation of Trainees during procedures, providing opportunities for real-time feedback.
 - This was particularly useful for assessing how well Trainees performed in specific tasks and for offering immediate advice.
- **Improved Trainer-Trainee Communication**
 - The PBAs often forced trainers to engage in more formal feedback conversations, which some Trainees found valuable for improving their skills.
 - Even when feedback was negative, the process made it clear what areas needed improvement.
- **Better Use of Consultant Time**
 - Trainees felt that PBAs seemed to encourage consultants to be more involved in assessing specific aspects of a Trainee's skills.
 - The process ensured that consultants would take the time to provide detailed feedback, often identifying areas for improvement that might otherwise go unaddressed.
 - Many Trainees felt that PBAs were more practical and useful than EPAs. This was because PBAs focused on direct, observable tasks and procedures, while EPAs sometimes felt too general and assumed as part of routine practice. PBAs offered more focused feedback and facilitated discussion of technical skills in a way that EPAs did not.

2.5.14. Why the PBAs did not assist in Providing and Obtaining Feedback

Whilst the majority of Supervisors, Trainers, and Trainees indicated that the PBAs did assist in receiving feedback, there was less comments from participants who did not believe the PBAs assisted. Those that disagreed provided the following feedback:

- **Feedback Happens Regardless of PBAs**
 - Many Trainees and Supervisors noted that feedback was already being given informally and verbally during or immediately after the procedure.

- PBAs often did not change this dynamic. Supervisors felt they were already debriefing after procedures and that PBAs merely formalised an already existing practice, without adding much value.
- **Additional Paperwork**
 - Several responses indicated that PBAs became a "tick-box" or administrative task, often seen as a formality rather than a tool for meaningful feedback.
 - This perception led to minimal engagement with the PBAs, and some Trainees or Supervisors simply completed them to fulfill requirements rather than to stimulate genuine feedback.
- **Timing**
 - Some Trainees and Supervisors pointed out that PBAs were often completed retrospectively, which made it difficult to provide accurate feedback.
 - Recalling specific details of a procedure days after it had taken place was seen as unreliable, and feedback was often less useful when delivered long after the fact.
 - Immediate feedback in real-time was preferred.
- **Time Constraints and Workload**
 - Many Supervisors expressed frustration with the time required to complete the PBAs and provide feedback for each one.
 - This additional workload was often seen as burdensome, leading to feedback being provided in the same way as before, but without the formal documentation.
 - Some felt they simply could not devote time to detailed assessments due to the demands of their clinical work.
- **Lack of Engagement**
 - In some cases, Trainees did not proactively arrange meetings to discuss feedback based on PBAs, leading to missed opportunities for in-depth feedback.
 - Some Trainees treated the PBAs as a checklist, sending requests without engaging in meaningful discussions with their Supervisors about their performance.
 - A number of respondents mentioned that consultants often treated PBAs as a box-ticking exercise, with little genuine engagement. This led to a lack of real feedback, as consultants were either too busy or didn't see the need to provide structured feedback through PBAs when they were already providing verbal feedback during procedures.

2.5.15. Summary of PBAs

When reviewing all the feedback provided by the Trainees, Supervisors, and Trainers from 2022 – 2024 the following positive and negative aspects emerge:

Theme	Positive Aspects	Negative Aspects
Feedback Delivery	<ul style="list-style-type: none"> ● Encourages structured and formal feedback ● Promotes discussion and reflection ● Ensures feedback is not skipped ● Promotes timely feedback when done properly ● Encourages feedback soon after the case 	<ul style="list-style-type: none"> ● Feedback often already given informally ● PBAs seen as redundant ● Feedback quality and engagement varied ● Often completed retrospectively ● Poor recall of events ● Not suited to fast-paced clinical environments
Structure & Framework	<ul style="list-style-type: none"> ● Standardised format ensures consistency ● Breaks procedures into steps ● Focuses feedback on specific skills ● Enables granular analysis of skills ● More objective than general impressions 	<ul style="list-style-type: none"> ● Not all sections relevant to all procedures ● Viewed as bureaucratic ● Binary ratings lack nuance ● "Independent" not clearly defined ● Doesn't reflect complexity/context

	<ul style="list-style-type: none"> Helps track progress 	
Trainer Engagement	<ul style="list-style-type: none"> Some trainers engage more due to formal structure Facilitates difficult feedback conversations 	<ul style="list-style-type: none"> Many trainers view it as a tick-box task Consultant buy-in inconsistent Trainees submit PBAs without discussion
Educational Value & Reflection	<ul style="list-style-type: none"> Encourages self-assessment and comparison with Supervisor Deepens insight into performance Safe space for critique 	<ul style="list-style-type: none"> Feedback not always actionable PBAs often only done after good cases
Administrative Burden	<ul style="list-style-type: none"> Provides a record of Trainee progress and feedback Encourages accountability 	<ul style="list-style-type: none"> Too time-consuming Adds to trainer/Trainee workload Difficult to complete amidst clinical duties

PBAs are widely seen as a valuable tool that supports competency-based assessment through structure, specificity, and meaningful feedback. They promote intentional observation, Trainee reflection, and targeted skill development, while also helping trainers standardise expectations and foster a supportive learning environment. Many trainers viewed PBAs as bureaucratic, rigid, and disconnected from real clinical teaching and assessment. While the intent behind PBAs is to standardise and document competency, their execution often feels like an administrative burden with limited educational benefit, especially when compared to ongoing, real-time observation and feedback during clinical work.

2.6. In Training Assessment and Milestones

<i>Outcome</i>	<i>Increased satisfaction from Supervisors and trainers</i>
<i>Evaluation Question</i>	<i>Did the descriptions of the EPAs, PBAs, and Curriculum milestones provide direction for learning?</i>
<i>Anticipated Outcome</i>	<i>Trainees and Supervisors have a clearer understanding of the standards required for each GSET level</i>
<i>Indicator</i>	<i>Trainees and Supervisors indicate increase usage and reference of the Curriculum milestones (that is the milestones are being integrated in everyday practice)</i>

The In-Training Assessment includes the Competencies, Sub-competencies, and Milestones as per the General Surgery Curriculum. The milestones have been defined for GSET1, GSET2-3, and GSET4-5. The In-Training Assessment is required to be completed at mid-term (formative) and end of term (summative). The Trainee is required to rate themselves for each competency domain taking into consideration the milestones. The Supervisor then rates the Trainee. It should be noted that the process has not altered from the SET program.

The ratings used for each Competency Domain are:

- Meeting Performance Expectation
- Below Performance Expectation

For this component, only Trainees and Supervisors were asked questions as Trainers are not involved in completing the In-Training Assessment. It should also be noted that only the GSET1 and GSET2-3 milestones were reviewed as there are no Trainees currently in GSET4-5.

2.6.1. Usefulness of Milestones

Trainees and Supervisors were asked whether the milestones allowed them to comprehend what the expected skills, behaviours, and knowledge of a GSET1 or GSET2-3 Trainee should be. The below graph indicates that the majority did feel that the milestones accomplished this. Whilst in 2024 we see a drop in the number of Supervisors who agreed, this represents only six (6) respondents.

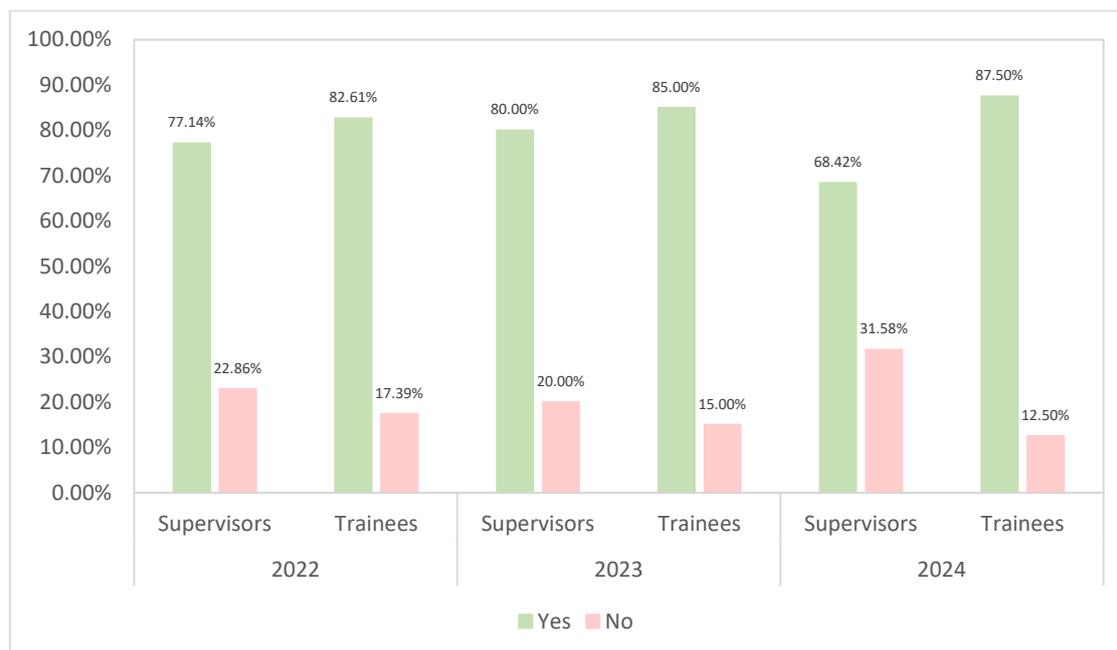


Figure 22 – Milestones and ability to comprehend expected skills, behaviours, and knowledge

Trainees and Supervisors who indicated that the milestones did assist, made the following observations:

- **Descriptive and Clear Expectations**
 - Milestones provided descriptive details on what was expected at each stage of training.
 - They set clear expectations for Trainees and helped them understand their responsibilities and the skills they should have developed.
 - Milestones assisted in tracking a Trainee's progress, especially in terms of procedures and competencies expected at various stages.
 - For Supervisors, milestones offered clear expectations of Trainee performance and provided a framework for understanding what level of responsibility and competency was expected.
 - While the milestones were helpful, some Trainees and Supervisors noted that at early stages, the expectations for performance could have been viewed as similar to those of unaccredited registrars, which might have needed clarification for later stages.
- **Guidance for Improvement**
 - They served as a guide for Trainees, outlining what was expected and providing insights on how to improve.
 - Reflection on milestones helped Trainees identify areas for growth and development.
 - Trainees could compare their progress across terms and identify areas of improvement.
- **Structured Framework**
 - Milestones offered a structured framework that helped break down training into specific stages, making it easier to assess progress.
 - They created a standard to ensure assessments were aligned with the expected level of competence.
 - They helped ensure assessments were pitched at the right level for each stage of training.
- **Reflective Tool**
 - Milestones acted as a reflective tool for both Trainees and Supervisors to evaluate development over time, providing a yardstick to measure growth and compare different trainees.

- They helped Trainees identify where they were in their training and focus on areas requiring further improvement.
- For underperforming Trainees, milestones acted as a helpful tool to identify areas of struggle and set clear goals to help them improve.
- Milestones helped Trainees and Supervisors set goals for improvement and work towards specific competencies over time, fostering a sense of direction in their training.
- **Standardisation**
 - Milestones created consistency in assessment and expectations, making it easier to evaluate and compare trainees at similar stages.
 - They ensured that all Trainees were evaluated based on the same criteria and standards.
- **Simplicity and Accessibility**
 - Trainees and Supervisors found the milestones easy to understand and beneficial for ensuring they were not deviating from the expected competencies.
 - The use of clear descriptors made it easy to assess progress and determine whether trainees were meeting the expectations at various stages.

Trainees and Supervisors who indicated that the milestones did not assist, did not provide any feedback as to why this was the case. In 2024, there were still two Supervisors who indicated they were not aware of what the milestones were. This is despite GSA staff sending information pertaining to the milestones prior to each mid or end of term assessment.

2.6.2. Milestones Ability to Assess Performance

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<i>Did the Curriculum milestones allow for understanding of what was expected at the various GSET level?</i>
<i>Anticipated Outcome</i>	<i>Milestones have been appropriately identified for the various GSET levels</i>
<i>Indicator</i>	<i>90% of milestones are deemed at the appropriate level</i>

Trainees were asked whether the milestones allowed them to easily determine if they were Meeting Performance Expectation or not. Similarly, Supervisors were asked whether the milestones allowed them to easily determine if the Trainee was Meeting Performance Expectation or not. The below graph indicates that the majority did feel that the milestones accomplished this. However, we see a drop in the number of Supervisors who agree with this.

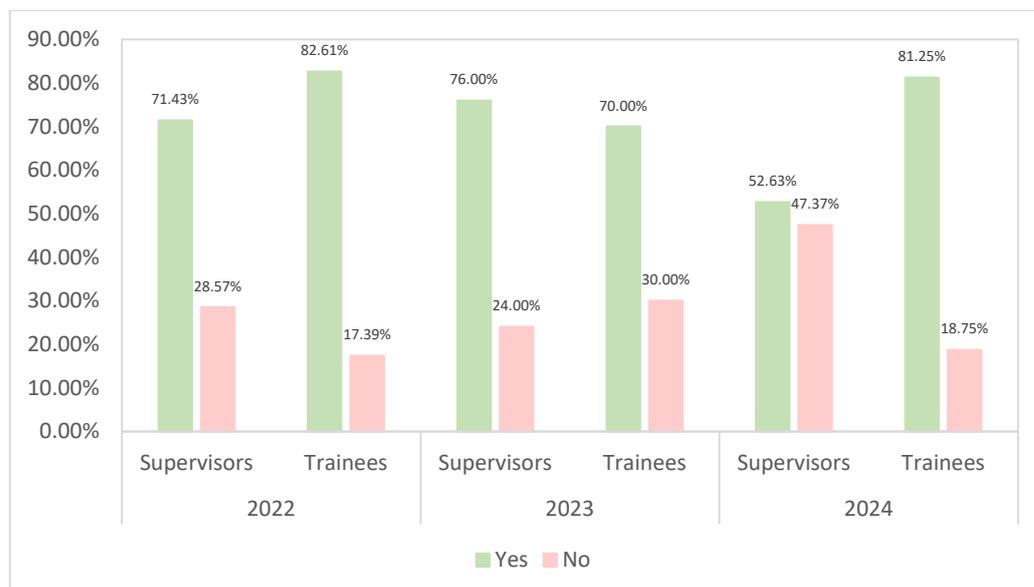


Figure 23 – Milestones ability to assess performance

Trainees and Supervisors who indicated that the milestones did allow for easy assessment, commented that the expectations were clear, practical, and self-explanatory. Trainees felt that feedback from consultants and self-reflection helped assess performance and track progress effectively. The framework clearly outlined expectations and provided a practical, self-explanatory guide for assessing progress. Respondents felt that it supported structured feedback, encouraged consultant input, and fostered collaboration between Trainees and Supervisors. Supervisors felt that the milestones served as a helpful benchmark for competence, enabling comparison across the cohort and aiding in performance evaluation.

Unfortunately, Supervisors who indicated that the milestones did not allow for easy assessment did not provide any further explanation as to why they felt this to be so. Therefore, it is difficult to draw themes or conclusions.

2.6.3. Competency Domain Ratings

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<p><i>Did the Curriculum milestones allow for understanding of what was expected at the various GSET level?</i></p> <p><i>Did the EPAs, PBAs and Curriculum milestones provide greater clarity and ability to identify performance issues?</i></p> <p><i>Did the EPAs, PBAs, and Curriculum Milestones assist in determining the assessment outcome for the rotation?</i></p>
<i>Anticipated Outcome</i>	<p><i>Supervisors are more comfortable in articulating performance issues/areas for improvement</i></p> <p><i>Trainees can better identify their own performance issues/areas for improvement</i></p> <p><i>Better informed assessment decisions</i></p>
<i>Indicator</i>	<p><i>Increased comments on performance from Supervisors</i></p> <p><i>Note: At this stage GSA is unable to export the comments from TIMS therefore we are unable to evaluate the volume of comments.</i></p> <p><i>Reduced requests for reconsideration of assessments based on lack of feedback provided</i></p>

The In-Training Assessment is completed on TIMS, with the Trainee and then Supervisor only needing to select one of the two ratings for each Competency Domain. Where a Competency is rated as Below Performance Expectation, the Trainee and/or Supervisor is required to select the milestones they feel they have not met. Supervisors and Trainees were asked if only selecting one of two ratings made the process easier to complete the In-Training Assessment and reflect on performance. It should be noted that the SET form expects Trainees and Supervisor to completed nine pages worth of tick boxes. GSET Trainees will not have been exposed to the SET form however it is assumed that the majority of Supervisors will have been able to compare the GSET form against their experience with the SET form.

The majority of Supervisors agreed that this process was easier and we see an increase from 2022 to 2024. Whilst we see a dip to 50% for Trainees in 2023, this does increase in 2024.

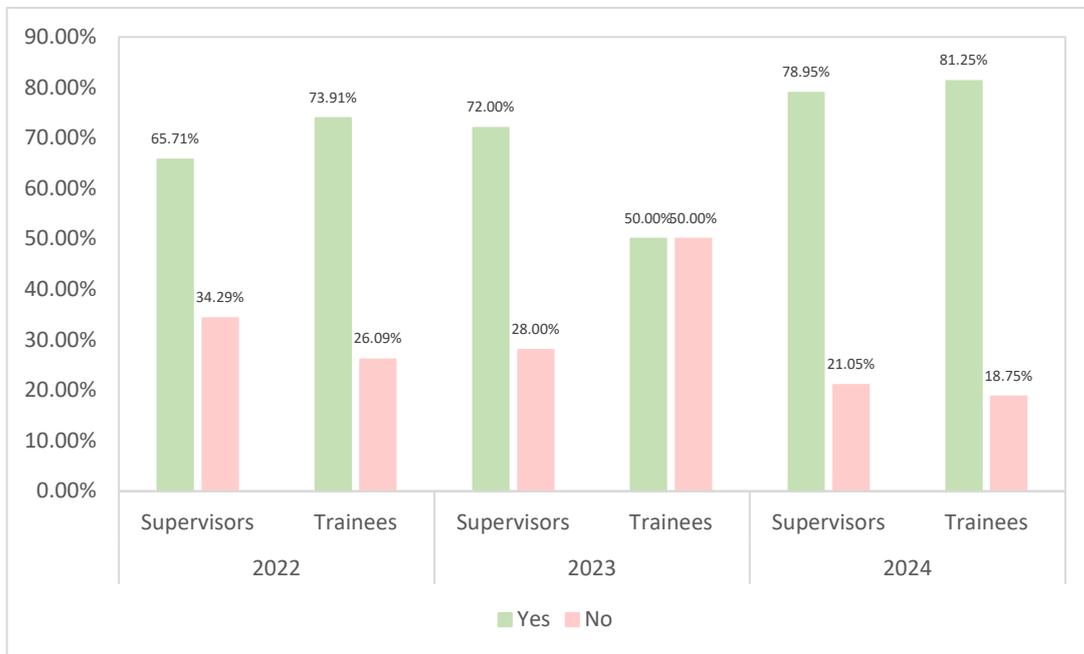


Figure 24 – Ease of process in the In-Training Assessment

When reviewing the comments made by Trainees and Supervisors who provided further explanation on their answers, the responses suggested that the milestone system provided clear expectations and simplified the assessment process overall, but it had mixed feedback. Many found it practical, straightforward, and more efficient than previous paper-based systems, especially with drop-down options and binary outcomes. Some felt that it limited reflection and required better documentation and more specific feedback. However, this is not necessarily a negative in that increased documentation and specific feedback are essential elements to education.

Supervisors were also asked if the two ratings were capturing the assessment of the Trainee's performance. The majority of Supervisors agreed and whilst we see a drop in 2024 this represented five (5) respondents.

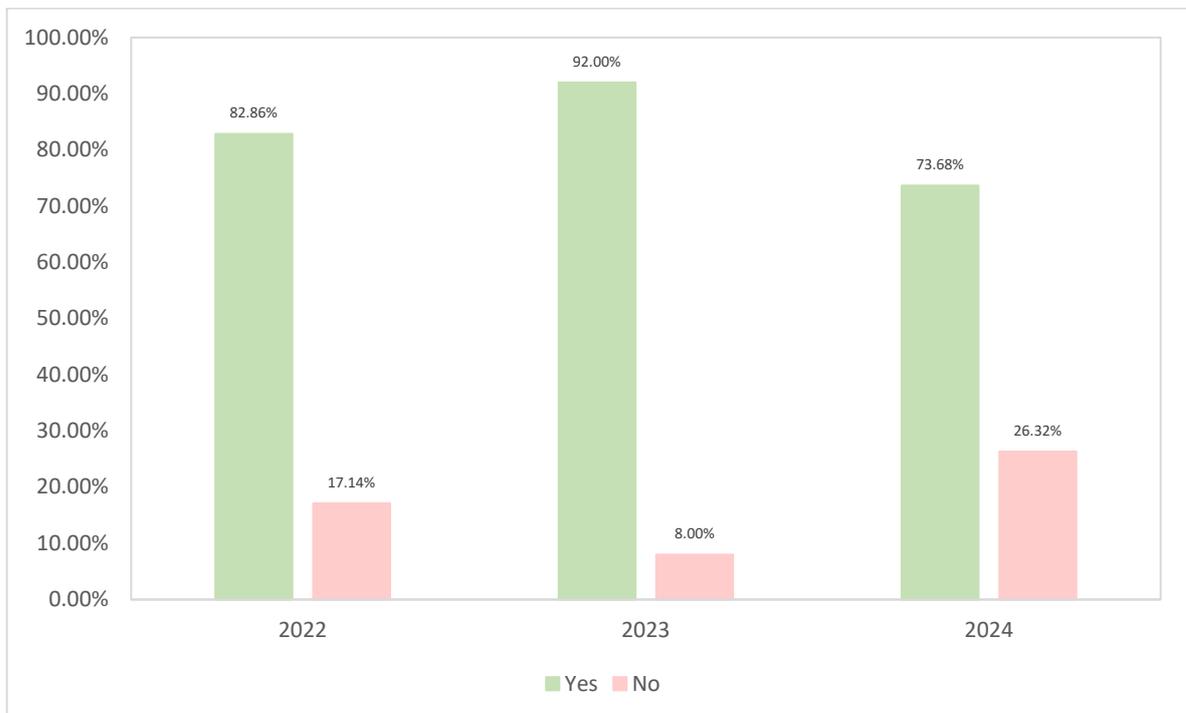


Figure 25 – Rating ability to capture Supervisors assessment of performance

Supervisors indicated that it made feedback easier to provide as the critical aspects of training were included and therefore the Supervisors did not have to interpret what aspects should be assessed.

2.6.4. Milestones - Feedback and Reflection

<i>Outcome</i>	<i>Increased feedback to Trainees</i>
<i>Evaluation Question</i>	<i>Did the use of EPAs, PBAs, and Curriculum milestones allow for the provision of meaningful feedback to Trainees? Did the EPAs, PBAs, and Curriculum milestones provide a basis for Trainees to seek feedback?</i>
<i>Anticipated Outcome</i>	<i>Supervisors report ability to provide targeted feedback Trainees increase ability to request specific feedback</i>
<i>Indicator</i>	<i>Trainees report increased ability and comfort in seeking feedback Supervisors report increased ability to provide feedback</i>

The milestones outline the expected skills, behaviours, or knowledge a Trainee is to demonstrate. Supervisors were asked to rate on a Likert Scale from 1 (not easier to provide feedback) to 5 (easier to provide feedback), whether the milestones allowed them to provide greater (more detailed) feedback to Trainees either positive or areas to improve. The average response from Supervisors from 2022 – 2024 were:

Year	Average
2022	3.0
2023	3.5
2024	3.3

Table 35 – Milestones Ability to Provide Greater Feedback

Trainees were asked an open question as to whether the milestones provided their Supervisor with the opportunity to provide them with feedback on their performance whether that be positive or areas to improve on. The main themes have been consistent in the responses from Trainees citing that the milestones provided a framework for feedback and allowed the Supervisors to give more specific feedback.

Trainees were asked if the milestones allowed them to undertake a deeper reflection on their performance and the expected level to be reached.

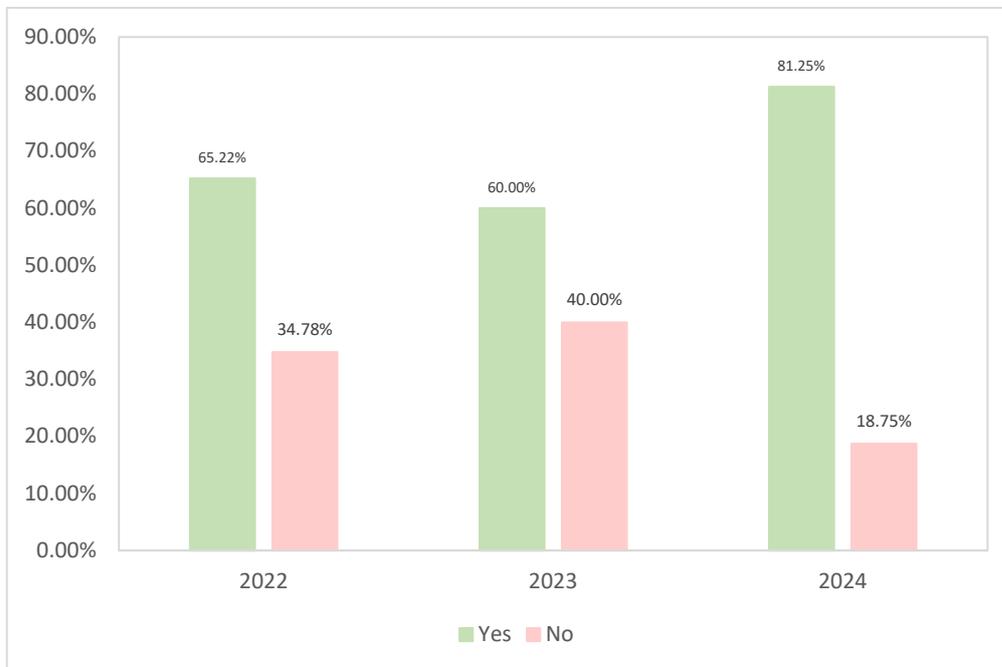


Figure 26 – Milestones allowing for Trainee Reflection

The majority of Trainees did agree that the milestones did assist them and we see a significant increase in 2024. There were no comments from Trainees indicating why they did not assist in reflecting on their own performance. Those that did agree commented that the milestones allowed them to reflect on a variety of areas and as well providing a clear expectation.

2.6.5. Appropriateness of milestones

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<i>Were the milestones appropriate for the various GSET levels?</i>
<i>Anticipated Outcome</i>	<i>Milestones have been appropriately identified for the various GSET levels</i>
<i>Indicator</i>	<i>90% of milestones are deemed at the appropriate level</i>

Both Supervisors and Trainees were asked if there were any milestones that were either missing or not appropriate for GSET1 or GSET2-3. No Trainees or Supervisors indicated that there were missing or inappropriate milestones.

Recommendation

- That the Curriculum be reviewed during 2026 to ensure that the competencies and milestones remain contemporary and relevant.

2.6.6. Number of Trainees Rated as Below Performance Expectation

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<i>Did the EPAs, PBAs and Curriculum milestones provide greater clarity and ability to identify performance issues?</i>
<i>Anticipated Outcome</i>	<i>Performance issues are identified early, and Learning and Development Plans (LDP) instigated to remedy issues</i>
<i>Indicator</i>	<i>Reduction in number of Trainees who are only identified as having performance issues 4-5 years into the program</i> <i>99% of Trainees on LDPs successfully obtain Fellowship</i>

The below table indicates the number of Below Performance Expectation ratings by Trainee's own self-assessment and Supervisors assessment. It is evident that whilst Trainee's appear to be somewhat comfortable in rating themselves as Below Performance Expectation at the mid term, this is not the case at the End of Term. This is most likely due to the summative nature of the End of Term Assessment.

Term	Trainee Rating		Supervisor Rating	
	Mid Term	End of Term	Mid Term	End of Term
Term 1 - 2022	6	0	3	1
Term 2 - 2022	1	0	3	1
Term 1 – 2023	5	0	5	0
Term 2 – 2023	0	0	4	0
Term 1 – 2024	6	0	8	2
Term 2 – 2024	2	0	7	2
Total	20	0	30	6

Table 36 – Below Performance Expectation Ratings

As a comparison, data collected from SET training from 2016 – 2024 indicates the following unsatisfactory assessments rated at mid and end of term by Supervisors (no Trainee in SET rated themselves as Unsatisfactory):

Type	No: of Unsatisfactory Assessments	SET2 Level	SET3 Level
Mid Term	27	12	15
End of Term	11	4	7

Table 37 – SET Unsatisfactory Ratings

The Competency Domains rated as Below Performance Expectation by Supervisors and Trainees are below:

Competency Domain	No: of Times Indicated by Supervisors	No: of Times Indicated by Trainees
Technical Expertise	18	15
Medical Expertise	10	5
Communication	12	0
Leadership and Management	12	0
Judgement and Clinical Decision-Making	9	1
Collaboration and Teamwork	8	1
Health Advocacy	2	2
Education and Training	2	3
Professionalism	7	1

Table 38 – Number of Times Competency Domains were Indicated as Below Performance Expectations by Supervisors and Trainees

Whilst both Supervisors and Trainees rated Technical Expertise the most, Supervisors appear to also be focussing on the Professionalism skills.

All Trainees were placed on a Learning and Development (L&D) plan after mid-term. One Trainee received a Below Performance Expectation End of Term assessment for both Term 1 and Term 2 - 2022. In 2022 and 2023 all remaining Trainees received a rating of Meeting Performance Expectation at the End of Term. In 2024, we have two (2) Trainees in Term 1 that received a Below Performance Expectation at the End of Term (following a Below Performance Expectation rating at Mid Term) and one (1) in Term 2.

The below table also indicates the number of Trainees who were rated as Meeting Performance Expectation but who were placed on a Learning and Development Plan to assist with their progression.

Term	Mid Term	End of Term
Term 1 - 2022	0	1
Term 2 - 2022	0	0
Term 1 – 2023	0	0
Term 2 – 2023	1	1
Term 1 – 2024	2	5
Term 2 – 2024	1	3
Total	4	10

Table 39 – Trainees who were assessed as Meeting Performance Expectation but placed on Learning and Development Plans

When we examine the competency domains for this cohort of Trainees, we see Medical Expertise featuring as the most common domain, followed by Communication, Technical Expertise, and Education and Training. Whereas for Trainees who are rated as Below Performance Expectation we see Technical Expertise indicated the most followed by Communication and Leadership and Management. Whilst Professionalism is indicated for Trainees rated as Below Performance Expectation, we do not see this in Trainees who only require a Learning and Development plan but are otherwise meeting their milestones.

Competency Domain	No: of Times Indicated
Medical Expertise	6
Judgement and Clinical Decision-Making	3
Technical Expertise	4
Collaboration and Teamwork	3
Communication	5
Health Advocacy	0
Leadership and Management	2
Education and Training	4
Professionalism	0

Table 40 – Competency Domains indicated for Trainees requiring L&D Plan

2.6.7. *Extended Learning*

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<i>Did the EPAs, PBAs, and Curriculum milestones identify Trainees who required extended learning?</i>
<i>Anticipated Outcome</i>	<i>Trainees who require more time are identified earlier (by GSET3)</i>
<i>Indicator</i>	<i>Reduction in number of Trainees who require extended learning at the end of training</i>

No Trainee was identified as requiring Extended Learning at the end of GSET1 – 3 in 2022 – 2024. However, this may be due to the number of Trainees identified as requiring L&D plans as well as the number of Trainees rated as Below Performance Expectation at mid and end of term.

2.7. Research Requirement

<i>Outcome</i>	<i>Graduating Trainees who have accomplished all milestones in Curriculum</i>
<i>Evaluation Question</i>	<i>Have Trainees been able to complete their Research Requirement</i>
<i>Anticipated Outcome</i>	<i>Trainees complete Research Requirement by GSET5</i>

The GSET Research Requirement requires Trainees to accumulate a total of 500 points. Points can be achieved through different avenues including:

- Approved Research Projects
- Higher Degrees
- Grants, Scholarships and Awards
- Courses relating to Research (ie CLEAR)
- Research completed Prior to GSET Commencement

A concern was raised through the Training Committees, that the research requirement of obtaining 500 points may be onerous and that the requirement may disadvantage female Trainees and those in rural posts. The Evaluation Subcommittee agreed to monitor the completion of the Research Requirement and particularly monitor for any disadvantage towards female Trainees.

It has been determined that assessing the effect on Trainees in rural posts cannot be undertaken as Trainees are not “labelled” rural Trainees. Instead, Trainees rotate through rural posts early in their training and are provided with a mix of both rural and metro posts throughout their training.

2.7.1. Number of Research Requests

Between 2022 - 2024, 84 female Trainees, 112 male, and 1 non-binary Trainee submitted requests. Whilst slightly more male Trainees entered requests, this is representative of the higher number of male Trainees on GSET during this period (male 58.33%, female 40.97%, and not specified .69%).

The below depicts the percentage of Trainees who have submitted a research request by gender.

Note: Trainees who have withdrawn or dismissed are not included in the data.

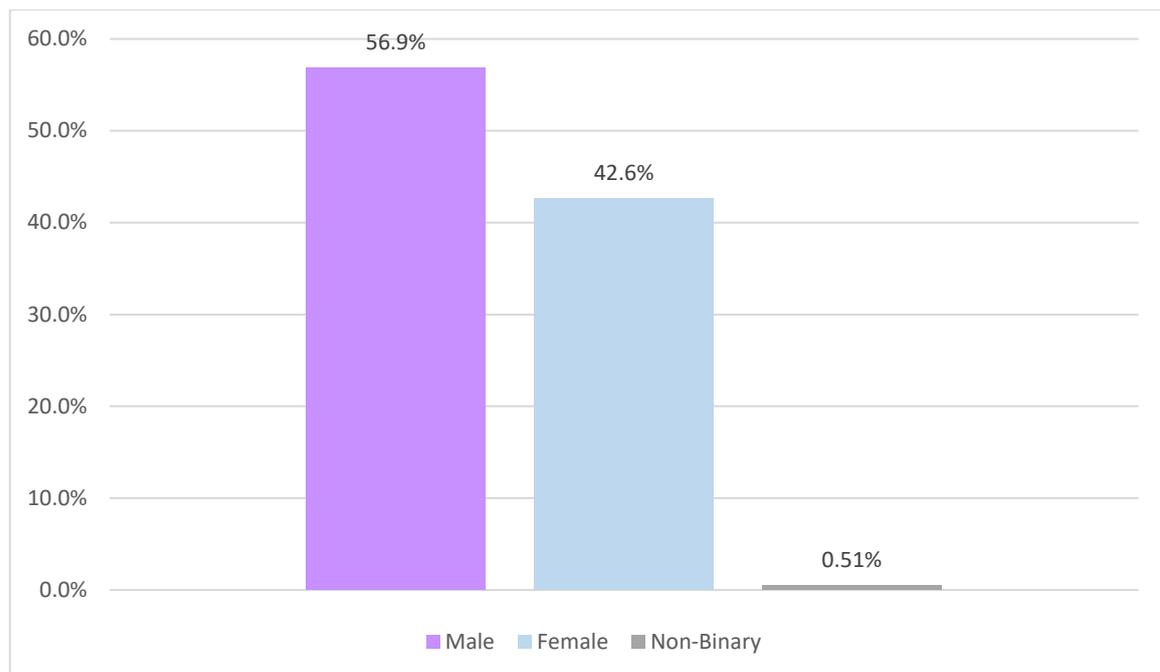


Figure 27 – Percentage of requests submitted by Gender

The following table outlines the number of requests that were either approved or not approved by gender. Noting that only requests that have been finalised, that is the research has been completed, are included below.

Gender	Approved	Not Approved	Total
Female	200	21	221
Male	241	29	270
Total	441	50	491

Table 41 – Research requests approved by gender

The following table outlines the number of requests that are Pending Completion and therefore have not been reviewed by the Training Committee for final approval or otherwise.

Gender	Total Requests Pending
Female	46
Male	78
Non-Binary	1
Total	125

Table 42 – Research requests approved by gender

2.7.2. Research Points Awarded

The following table depict the cumulative number of points awarded by gender. Again, whilst the total number of points is higher for male Trainees, this is representative of the split of Trainees on the program.

Gender	Total Points accumulated
Female	26,785
Male	31,920

Table 43 – Research points awarded by gender

2.7.3. Type of Research Requests

The below table and graphs shows the type of requests that have been submitted. Noting that only requests that have been finalised, that is the research has been completed, are included below.

We note that Research Completed Prior to GSET is the most common type followed by higher degrees. However, this is not surprising as within the first year of training, Trainees will submit the research they completed prior to commencing on the program.

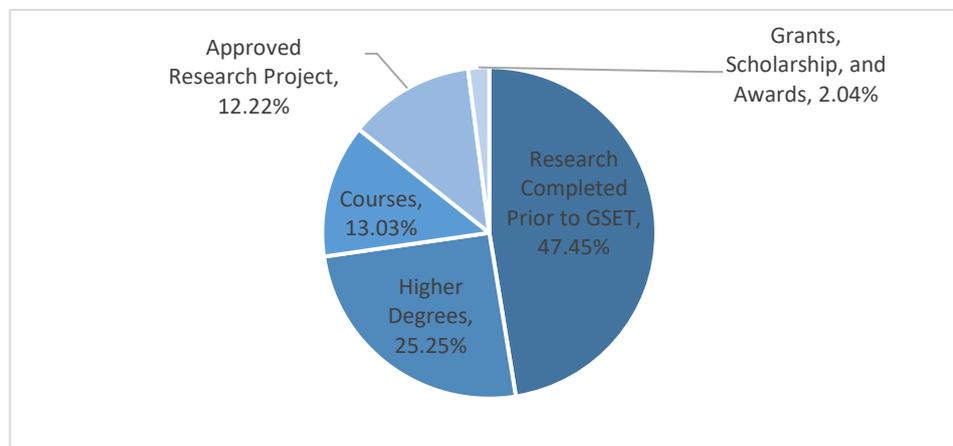


Figure 44 – Type of Research Submitted and Completed

Type of Research	No:	%
Research Completed Prior to GSET	233	47.45%
Higher Degrees	124	25.25%
Courses	64	13.03%
Approved Research Project	60	12.22%
Grants, Scholarship, and Awards	10	2.04%
Total	491	100%

Table 45 – Type of Research Submitted and Completed

When reviewing the requests that are pending either staff review or Trainee (that is the Trainee has approval but is yet to complete the research), we see a high number of Approved Research Projects. It is expected that these projects will be completed by the end of the Trainee’s time on the program and be awarded points.

Type of Research	No:	%
Approved Research Project	106	84.80%
Higher Degrees	19	15.20%
Total	125	100.00%

Table 46 – Type of Research pending review or completion

The below table shows the type of requests that have been submitted versus those approved by gender.

Type of Research	Female			Male		
	Submitted	Approved	Not Approved	Submitted	Approved	Not Approved
Approved Research Project	19	17	2	41	36	5
Courses	37	34	3	27	26	1
Grants, Scholarship, and Awards	5	4	1	5	5	
Higher Degrees	58	54	4	66	58	8
Research Completed Prior to GSET	102	91	11	131	116	15
Total	221	200	21	270	241	29

Table 47 – Type of research by gender

2.7.4. Completion of Research Requirement

To date, 33 Trainees have completed the Research Requirement, that is they have achieved 500 points. Of the remaining Trainees who commenced in 2022 - 2024, the below depicts the range of points that have been awarded and the number of Trainees who have attained those points:

No: of Points	No: of Trainees with Corresponding Points
0	105
25	2
50	16
55	1
75	8
100	15
150	10
155	1
180	1
225	2
250	1

260	2
280	1
300	17
305	1
325	1
350	19
375	6
385	1
400	22
410	2
425	4
435	1
450	13
475	1
500	33

Table 48 – Research Requirement completion

For those who commenced in 2022, there are 14 Trainees who have not completed any research points. The Research Requirement must be completed prior to the awarding of the Fellowship. Of the remaining 91 Trainees who have not achieved any Research Points, 54 commenced in 2024 and 37 in 2023. The above pattern has been consistent with the 2022 and 2023 GSET Evaluation Reports.

Recommendation

- Continue to monitor the completion of the Research Requirement for the 2022 that will graduate at the end of Term 2 – 2026 at which point a decision can be made by the Board as to whether the points are achievable.

2.8. Course and SEAM Completion

<i>Outcome</i>	<i>Graduating Trainees who have accomplished all milestones in Curriculum</i>
<i>Evaluation Question</i>	<i>Have Trainees been able to complete all courses and educational activities in the program?</i>
<i>Anticipated Outcome</i>	<i>Trainees complete all mandatory courses by GSET3</i>
<i>Indicator</i>	<i>No Trainee is rated as Not progressing due to not completing courses</i>

The following courses are required to be completed by the end of GSET3:

- ASSET
- CCrISP
- EMST

The following number of Trainees who were in GSET3.2 in Term 2 – 2024 have not completed the courses. The Trainees have been able to progress to GSET4 as the Trainees had indicated they were either completing the course overseas or by end of Term 2 – 2024.

Course	No: of Trainees Outstanding
ASSET	0
CCrISP	3
EMST	0

Table 49 – Trainees who have not completed Courses by GSET3

By the end of GSET2, Trainees are required to complete the eight (8) SEAM modules. For Trainees who were in GSET2.2 in Term 2 – 2024, all Trainees completed the SEAM modules.

2.9. TIMS

TIMS was developed over a two-year period with the following aims:

- User friendliness
- Ability to capture requirements
- Ability to ensure workflows for assessments
- Ability for staff to track requirements and progress
- Ability for evaluation of data

It should be acknowledged that due to COVID during 2021 and early 2022, TIMS training was not possible to be undertaken on a face-to-face basis. TIMS was demonstrated to Fellows and Trainees through the GSET Webinars and induction sessions. Training videos were also developed for all stakeholders.

Supervisors, Trainers, and Trainers were asked to provide their viewpoint on their experience with TIMS in completing EPAs, PBAS, and In-Training Assessment. Participants were asked on the ease of use utilising a Likert Scale from 1 (not very easy) to 5 (very easy). From 2022 we do see an increase in the ease of use of TIMS in 2024.

Year	Supervisors			Trainers			Trainees		
	EPAs	PBAAs	Overall	EPAs	PBAAs	Overall	EPAs	PBAAs	Overall
2022	3	3	3	3	3	N/A	2	3	2
2023	3.08	3.14	3.22	3.14	3.16	N/A	2.8	2.8	3.23
2024	3.47	3.41	3	3.16	3.12	N/A	3.5	3.5	3.56

Table 50 – Usefulness and Ease of TIMS

The comments from Supervisors and Trainers on their experience with TIMS was mixed. Some indicated that the system worked well, whilst others commented that the system was slow. It is difficult to ascertain if the speed of the system is due to the user’s internet or platform itself. It is also difficult to understand the expectations of the users. One participant commented that “the 1-2 second delays between pages and saving/submitting adds to significant delays to the entire process”. It is unclear how fast the users expect the system to be, as all systems will have a few seconds between pages.

Significant performance enhancements were made in 2024 which may be reflected in the above results. Various stakeholders were also independently contacted to specifically note any increases in speed and performance following the enhancements. During this specific feedback exercises, all users reported an increase in speed.

2.10. Fellowship Examination

<i>Outcome</i>	<i>Accurate assessment and progression of Trainees</i>
<i>Evaluation Question</i>	<i>Did the PBAs assist in determining readiness for the Fellowship Exam both in terms of numbers required and feedback given?</i> <i>Supervisors report increased confidence in not approving Trainees to present for the Examination</i>
<i>Anticipated Outcome</i>	<i>Trainees who are not ready to present for the Examination are not approved</i>
<i>Indicator</i>	<i>Increase in number of Trainees not attempting the Examination at the first available opportunity</i>

2.10.1. Number of Eligible Trainees

Of the cohort that commenced in Term 1 - 2022, two (2) Trainees withdrew from the program and one (1) was dismissed. Following interruptions, research interruptions, Not accredited, and Below Performance Expectation rotations between Term 1 – 2022 and Term 2 – 2024, 58 of the remaining 78 Trainees that commenced in Term 1 – 2022 would be in GSET4.1 in Term 1 – 2025 and eligible to present for the Examination in May 2025 if the requirements had been met. This would be the first opportunity for Trainees in GSET4.1 to present.

2.10.2. Number of Trainees who Applied to Present

Following the application period, of the 58 Trainees that were eligible only 17 elected to apply to present for the Fellowship Examination in May 2025.

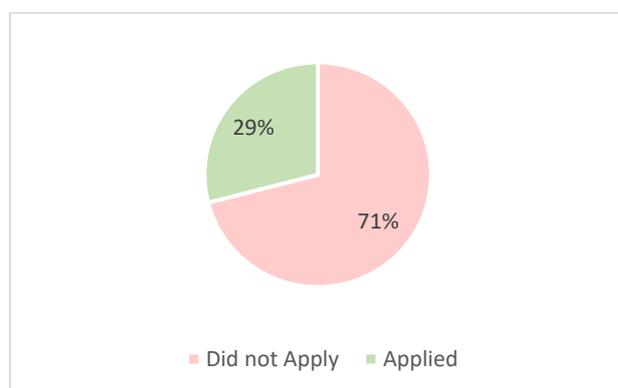


Figure 28 – GSET Trainees who applied versus not applied for May Fellowship Examination

When reviewing the data by Region, we note that the three (3) largest regions, NSW-ACT, VIC-TAS, and QLD, had the highest percentage of Trainees deciding not to apply, with no Trainee in QLD applying to present.

Region	No: of Trainees	Did not Apply		Applied	
		No:	%	No:	%
NSW-ACT	18	12	66.67%	6	33.33%
VIC-TAS	19	14	73.68%	5	26.32%
QLD	11	11	100.00%	0	0.00%
SA-NT	9	4	44.44%	5	55.56%
WA	1	0	0.00%	1	100.00%
Grand Total	58	41	70.69%	17	29.31%

Table 51 – GSET Trainees who applied versus not applied for May Fellowship Examination by Training Region

2.10.3. Reasons why Trainees Determined not to Present

To determine the rationale behind the decision not to present, a survey was sent to the 41 Trainees. The following questions were asked of Trainees:

Question	Option
<p>As a GSET4.1 Trainee in 2025, you were eligible to apply to present for the May 2025 Fellowship Examination. From the options below, please select why you decided not to apply to present for the May 2025 Examination.</p> <p>Select as many options as required.</p>	<ul style="list-style-type: none"> • I did not feel confident to present. • My Supervisor advised me to wait. • I had not met the requirements to be eligible to present. • I felt it best to obtain more clinical experience before presenting. • I wasn't aware I was eligible to present. • Other
<p>Was there any other reason why you did not apply to present for the May 2025 Examination? If so please explain below.</p>	Free text option
<p>When do you plan on presenting for the Fellowship Examination?</p>	<ul style="list-style-type: none"> • September 2025 • May 2026 • September 2026 <p>Other</p>

The response rate for the survey was 70.7% with 29 Trainees responding.

The main reason Trainees elected not to present for the May 2025 exam was due to not feeling confident as well as wanting to obtain more clinical experience. It is vital to consider that the point at which a Trainee can present for the Examination in GSET, ie during their fourth year of training, is the same as SET, that is both cohorts are in their fourth clinical training year.

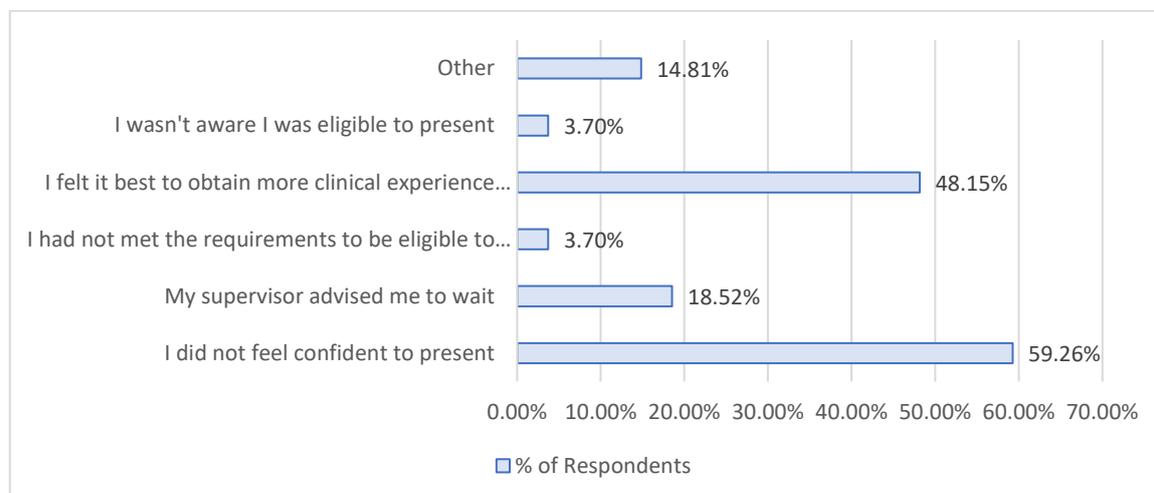


Figure 52: Reasons why GSET Trainees elected not to present for the Examination

Of the 16 Trainees that indicated they did not feel confident, three (3) also selected that they felt it was best to obtain more clinical experience before presenting and two (2) also indicated that their Supervisor advised them to wait. Of the five (5) Trainees that indicated that their Supervisor advised them to wait, only two (2) did not indicate another reason.

When reviewing the open text responses the main themes that appear were:

- Personal Commitments in 2025
 - Trainees cited taking an interruption in 2025 for either personal/family support/reason (n = 7)
 - Two (2) Trainees indicated that they would be concentrating on their research in 2025
- Preparation Quality
 - Trainees indicated that they wanted to spend the additional year undertaking further study before attempting the exam (n = 4)
 - It was also indicated that spending an additional year in clinical training would aid learning and preparedness (n = 3)
 - Two (2) Trainees indicated that they wished to undertake specialist rotations before attempting
- Support
 - Trainees indicated that as their study group would not be presenting in May, they had a desire to keep the study group together and present at the same time (n = 3)
- Timing
 - Two (2) Trainees indicated that with the additional fifth year of training, there was no “rush” to attempt the exam

The majority of Trainees indicated that they would attempt the exam either in September 2025 or May 2026. This is consistent with the comments provided by the Trainees.

Exam Attempt	No:	%
September 2025	14	48.28%
May 2026	10	34.48%
September 2026	4	13.79%
Other	1	3.45%
Total	27	100.00%

Table 53 – When Trainees may attempt the Examination

Based on the data and survey responses, it appears that many GSET Trainees have made a conscious decision not to present for the Fellowship Exam at the first opportunity. What was not asked in the survey was how the Trainee came to the decision not to present and whether this decision was a reflection of the GSET Work based Assessments (EPAs and PBAs) and the Curriculum/Assessment milestones or if there were other factors involved.

As a similar survey was not undertaken for SET Trainees, we are unable to compare reasons for decision not to present. However, throughout the years the majority of SET Trainees have applied to present at the first opportunity. Therefore, we can see on paper at least a difference between SET and GSET Trainees and the timing of the first presentation.

It would be important to continue to monitor the timing of the first attempt at the Examination for GSET Trainees and to compare the GSET pass rate to the SET pass rate.

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