

**SURGICAL EDUCATION** OPEN ACCESS

# Holding a Mirror to Ourselves: Remediation Policy in Surgical Training in Australia and Aotearoa New Zealand

 Kathryn McLeod<sup>1,2,3</sup>  | Robyn Woodward-Kron<sup>4</sup> | Prem Rashid<sup>5</sup>  | Debra Nestel<sup>3</sup>

<sup>1</sup>Department of Urological Surgery, Barwon Health, University Hospital, Geelong, Australia | <sup>2</sup>School of Medicine, Deakin University, Geelong, Australia | <sup>3</sup>Department of Surgery (Austin), University of Melbourne, Heidelberg, Australia | <sup>4</sup>Department of Medical Education, The University of Melbourne, Melbourne, Australia | <sup>5</sup>Department of Urology, Port Macquarie Base Hospital, School of Clinical Medicine, The University of New South Wales, Port Macquarie, Australia

**Correspondence:** Kathryn McLeod ([rzetelski.west@gmail.com](mailto:rzetelski.west@gmail.com))

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## ABSTRACT

**Introduction:** Remediation is a critical component of surgical training, designed to support trainees who are not progressing as expected and to ensure they reach the standards required. Despite its importance, remediation practices remain poorly understood. A clearer understanding of current remediation practices is essential if training bodies are to better support trainees, protect patient safety, and strengthen the integrity of training programs. The aim of this study was to examine the current remediation policies affecting surgical trainees in Australia and Aotearoa New Zealand (ANZ).

**Methods:** We undertook a systematic approach for document analysis in health policy research of publicly available documents from the regulators and accrediting professional bodies relating to underperformance and remediation within the Surgical Education and Training (SET) program in ANZ.

**Results:** In total, 47 documents were reviewed in relation to the management of underperformance and remediation within surgical training. Four themes were identified: when policy shapes remediation; similarity of remediation processes; inconsistent terminology and focus on due process.

**Conclusion:** This study examined the current remediation policy affecting surgical trainees in ANZ, which is shaped from standards and regulations set by multiple organizations. Although this creates similar regulatory processes across training programs, it results in a strong focus on due process rather than the educational aspects of remediation. Inconsistent terminology around assessment and remediation further impedes effective comparison and data collection. Addressing these concerns will allow opportunities for improving future remediation processes.

## 1 | Introduction

Remediation is defined as the formalized support for trainees with significant underperformance to return to expected standards [1]. Successful remediation of underperforming surgical trainees is of critical importance for the trainees themselves and its impact on patient outcomes [2]. Underperformance is relatively common, with an overall prevalence rate of 10% of trainees

in difficulty in the United States and Canada, with a subsequent 18% attrition rate. General surgery trainees in difficulty had an attrition rate of 19%, whereas the combined attrition rate in other surgical subspecialties was 50% [3]. Within Australia and Aotearoa New Zealand (ANZ) in 2023, five Surgical and Education Training (SET) trainees were terminated and seven SET trainees withdrew from training (12/1296 active trainees) [4]. Reasons for exiting surgical training, as well as the numbers

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and outcomes of trainees undergoing formal remediation are not published.

The lack of available data regarding remediation processes within surgery in ANZ means it is not possible to compare our current practices against recommended guidelines. In Canada, most remediation policies and processes are aligned with some but not all published best practices [5]. A review by To et al. [1] concluded that future directions for improving remediation in surgery should include establishing a defined and standardized remediation framework. However, remediation processes remain poorly understood due to lack of published data from institutions, heterogeneity across training programs and stigma around the discussion of remediation.

Remediation frameworks describe the overarching conceptual and operational model that guides how remediation is designed and delivered; whereas processes refer to the practical sequence of steps followed to deliver remediation for an individual trainee. Remediation policy comprises the formal rules and governance requirements that determine when remediation is initiated, how it is managed, and what procedural safeguards apply.

In the context of health policy and surgical education, standards refer to the formally defined expectations and benchmarks that regulate clinical performance and educational processes [6]. These include frameworks, professional codes of conduct, accreditation requirements, and institutional policies that set the conditions under which remediation is structured and evaluated. Understanding the standards that underpin remediation is essential for appreciating how the process is shaped and enacted within training programs, as well as the constraints within which educators and institutions must operate. A clearer understanding of current remediation policy is essential so that we can identify potential areas for improvement and better support trainee development. The aim of this study was to examine current remediation policies affecting surgical trainees in ANZ.

## 2 | Methods

The sampling frame comprised publicly available policy and guidance documents relevant to the management of underperformance and remediation within surgical training programs in ANZ. As the target information was not identified by standardized database search terms, an expansive hand search from publicly accessible online materials was performed from March to August 2025. Documents were identified through systematic searches of official college and society/association websites, supplemented by targeted enquiries to training bodies to ensure completeness. This continued until no new documents were identified. Included documents were those that explicitly described frameworks, policies, or processes for identifying, managing, or supporting underperforming trainees within ANZ surgical training programs. Eligible sources included formal policies, guidelines, procedural manuals, or official statements issued by recognized training or regulatory bodies between 2010 and 2025. Documents were excluded if they related solely to management of qualified surgeons. Duplicate or superseded versions were also excluded, with only the most current policy

retained for analysis. An audit trail (Excel spreadsheet) recorded analytical decisions, coding iterations, and interpretive reflections throughout the document analysis.

Policies, guidelines, and frameworks are products of social, institutional, and cultural processes rather than empirical studies, and as such their “quality” could not be meaningfully graded by traditional evidence levels. We used the systematic READ approach for document analysis in health policy research [7]. In this iterative process, text fragments relevant for underperformance and remediation were inductively selected and coded by K.M. and then underwent reflexive thematic analysis [8]. The coding and resulting themes were discussed by the research team. As this study is entirely based on publicly available documentation and does not involve human participants, no ethical approval was required; nevertheless, the project was reviewed and confirmed as exempt by the institutional ethics committee prior to commencement.

In qualitative research, the researchers’ interpretations are informed by their perspectives. K.M. and P.R. are surgeons and experienced as SET supervisors and regional/national board chairs, so they brought insider knowledge of the practical realities of policy translation and enacting of remediation processes. This enhanced the contextual understanding of the documents, as well as assessing the trustworthiness and quality of the documents. However, it may have also risked interpretive bias or stances, influenced by existing beliefs. We managed this impact by having diverse perspectives of the research team with their varied backgrounds in medical education. R.W.K. has expertise in health communication research and scholarship, and D.N. has extensive experience of surgical education practices. Although neither are involved in policy and remediation processes for SET, they have deep experience in these practices in higher education. This offered what was sometimes an alternative perspective. Beyond the initial coding, the constant involvement in the analysis by all authors was important in checking any unstated assumptions and personal viewpoints. That is, during analysis we regularly asked critical questions of our interpretations and sought disconfirming evidence in the documents.

## 3 | Results

In total, 47 documents were reviewed in relation to the management of underperformance and remediation within surgical training in ANZ (Table 1). Four themes were identified: (1) when policy shapes remediation; (2) similarity of remediation processes; (3) inconsistent terminology; and (4) focus on due process.

### 3.1 | Theme 1: When Policy Shapes Remediation

This theme discusses how remediation policy set by accrediting bodies shapes remediation structures and processes by defining thresholds for performance, procedural requirements, expectations of management, and governance mechanisms that institutions must operationalize within local training programs.

The Royal Australasian College of Surgeons (RACS) is accredited by the Medical Council of New Zealand (MCNZ) and

**TABLE 1** | Document characteristics (see Figure 1 for explanation of acronyms).

	<b>Name of document</b>	<b>Organization</b>	<b>Year of publication</b>
1	Training regulations <a href="https://plasticsurgery.org.nz/education-and-training/training-regulations-and-policies/">https://plasticsurgery.org.nz/education-and-training/training-regulations-and-policies/</a>	NZAPS	2022
2	Training regulation: assessment of clinical training <a href="https://plasticsurgery.org.au/wp-content/uploads/2025/03/Approved-2025-Assessment-of-Clinical-Training.pdf">https://plasticsurgery.org.au/wp-content/uploads/2025/03/Approved-2025-Assessment-of-Clinical-Training.pdf</a>	ASPS	2025
3	Training regulation: hospital training accreditation and reaccreditation <a href="https://plasticsurgery.org.au/wp-content/uploads/2024/08/Final-Approved-Training-Regulation_v1-HTP-Accreditation.pdf">https://plasticsurgery.org.au/wp-content/uploads/2024/08/Final-Approved-Training-Regulation_v1-HTP-Accreditation.pdf</a>	ASPS	2024
4	Training regulation: training requirements and progression <a href="https://plasticsurgery.org.au/wp-content/uploads/2025/07/2025-Training-Regulation_Training-Requirements-and-Progression.pdf">https://plasticsurgery.org.au/wp-content/uploads/2025/07/2025-Training-Regulation_Training-Requirements-and-Progression.pdf</a>	ASPS	2025
5	SET training agreement <a href="https://plasticsurgery.org.au/wp-content/uploads/2024/07/Training-Agreement-2023.pdf">https://plasticsurgery.org.au/wp-content/uploads/2024/07/Training-Agreement-2023.pdf</a>	ASPS	2025
6	Training regulation: dismissal from SET <a href="https://plasticsurgery.org.au/wp-content/uploads/2022/12/APPROVED-2022-Training-Regulation-Dismissal-from-SET-v1.pdf">https://plasticsurgery.org.au/wp-content/uploads/2022/12/APPROVED-2022-Training-Regulation-Dismissal-from-SET-v1.pdf</a>	ASPS	2022
7	AOA 21: Training program requirements <a href="https://www.aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/02410_aoa-21-training-program-requirements_board-approved.pdf?sfvrsn=557daf04_2">https://www.aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/02410_aoa-21-training-program-requirements_board-approved.pdf?sfvrsn=557daf04_2</a>	AOA	2023
8	AOA 21: Additional support policy <a href="https://aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/aoa-21-additional-support-policy-jun-21.pdf?sfvrsn=f0c2d404_2">https://aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/aoa-21-additional-support-policy-jun-21.pdf?sfvrsn=f0c2d404_2</a>	AOA	2021
9	AOA guiding principles of natural justice/procedural fairness in assessment <a href="https://aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/nov-'23-policies-update/202311_guiding-principles-for-procedural-fairness_v1_board-approved.pdf?sfvrsn=26a3d304_4">https://aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/nov-'23-policies-update/202311_guiding-principles-for-procedural-fairness_v1_board-approved.pdf?sfvrsn=26a3d304_4</a>	AOA	2021
10	AOA training program handbook <a href="https://aoa.org.au/orthopaedic-training/learn@aoa-home/learn@aoa/learn@aoa%20-%202018%20onwards#Training%20Program%20Handbook">https://aoa.org.au/orthopaedic-training/learn@aoa-home/learn@aoa/learn@aoa%20-%202018%20onwards#Training%20Program%20Handbook</a>	AOA	2022
11	Trainee learning plan <a href="https://aoa.org.au/docs/default-source/aoa-21/trainee_learning_plan_2020.pdf?sfvrsn=54c0dc04_2">https://aoa.org.au/docs/default-source/aoa-21/trainee_learning_plan_2020.pdf?sfvrsn=54c0dc04_2</a>	AOA	2025
12	AOA 21: Performance improvement plan <a href="https://aoa.org.au/docs/default-source/aoa-21/monitoring-and-review/pip-form-with-fields.pdf?sfvrsn=b285c604_2">https://aoa.org.au/docs/default-source/aoa-21/monitoring-and-review/pip-form-with-fields.pdf?sfvrsn=b285c604_2</a>	AOA	2018
13	AOA 21: Performance appraisal form <a href="https://aoa.org.au/docs/default-source/aoa-21/monitoring-and-review/performance-appraisal-form.pdf?sfvrsn=fe40c604_2">https://aoa.org.au/docs/default-source/aoa-21/monitoring-and-review/performance-appraisal-form.pdf?sfvrsn=fe40c604_2</a>	AOA	2025
14	AOA 21: Accreditation standards for hospitals and training positions <a href="https://aoa.org.au/docs/default-source/training-(public)/accreditation/aoa-accreditation-standards-for-hospitals-and-training-positions-nov-21.pdf?sfvrsn=1b8ed504_2">https://aoa.org.au/docs/default-source/training-(public)/accreditation/aoa-accreditation-standards-for-hospitals-and-training-positions-nov-21.pdf?sfvrsn=1b8ed504_2</a>	AOA	2018
15	AOA training agreement <a href="http://www.aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/updated-docs-july-2025/2024_aoa-21_annual-training-agreement.pdf?Status=Master&amp;sfvrsn=808ba904_1">http://www.aoa.org.au/docs/default-source/aoa-21/aoa-21-regulations-and-policies/updated-docs-july-2025/2024_aoa-21_annual-training-agreement.pdf?Status=Master&amp;sfvrsn=808ba904_1</a>	AOA	2025

(Continues)

TABLE 1 | (Continued)

	Name of document	Organization	Year of publication
16	In-training assessment report <a href="https://usanz.org.au/publicassets/e8156ec1-0b4f-ef11-9131-0050568796d8/In-Training-Assessment-Report--ITA----updated-1-May-2024.pdf">https://usanz.org.au/publicassets/e8156ec1-0b4f-ef11-9131-0050568796d8/In-Training-Assessment-Report--ITA----updated-1-May-2024.pdf</a>	USANZ	2024
17	Training regulations <a href="https://usanz.org.au/publicassets/d6ee891d-ce44-ef11-9131-0050568796d8/SET-Urology-Training-Regulations----Approved-8-July-2024.pdf">https://usanz.org.au/publicassets/d6ee891d-ce44-ef11-9131-0050568796d8/SET-Urology-Training-Regulations----Approved-8-July-2024.pdf</a>	USANZ	2024
18	Trainee evaluation form <a href="https://www.surgeons.org/Trainees/surgical-specialties/cardiothoracic-surgery/assessment#Cardiothoracic%20Trainee%20on%20probationary%20training">https://www.surgeons.org/Trainees/surgical-specialties/cardiothoracic-surgery/assessment#Cardiothoracic%20Trainee%20on%20probationary%20training</a>	Board of cardiothoracic surgery	2016
19	Performance management of specialist cardiothoracic surgical trainee on probation training <a href="https://www.surgeons.org/Trainees/surgical-specialties/cardiothoracic-surgery/assessment#Cardiothoracic%20Trainee%20on%20probationary%20training">https://www.surgeons.org/Trainees/surgical-specialties/cardiothoracic-surgery/assessment#Cardiothoracic%20Trainee%20on%20probationary%20training</a>	Board of cardiothoracic surgery	2017
20	Training regulations handbook for the SET program in cardiothoracic surgery <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/cardiothoracic-surgery/cardiothoracic-set-program-regulations.pdf?rev=7f4703414fe646948ae8a21066c10122&amp;hash=F450574AF199CAEECA45ABE1348CEF43">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/cardiothoracic-surgery/cardiothoracic-set-program-regulations.pdf?rev=7f4703414fe646948ae8a21066c10122&amp;hash=F450574AF199CAEECA45ABE1348CEF43</a>	Board of cardiothoracic surgery	2018
21	Training regulations: for the SET program in otolaryngology head and neck surgery <a href="https://asohns.org.au/Portals/6/OHNS_Training_%20Regulations_Version%205_5%20EB%20Approved%2016th%20May%202022.pdf">https://asohns.org.au/Portals/6/OHNS_Training_%20Regulations_Version%205_5%20EB%20Approved%2016th%20May%202022.pdf</a>	Board of otolaryngology head and neck surgery	2022
22	Structured learning cycle instructions <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/Structured-Learning-Cycle-SLC-Instructions.pdf?rev=f38a0970917741e4932d28a88920f56c&amp;hash=A90AD2B63D2432B9535F16658B8303CB">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/Structured-Learning-Cycle-SLC-Instructions.pdf?rev=f38a0970917741e4932d28a88920f56c&amp;hash=A90AD2B63D2432B9535F16658B8303CB</a>	Board of paediatric surgery	2025
23	In-training assessment form <a href="https://anzsvs.org.au/wp-content/uploads/2023/02/BOVS-2023-02-09-Vascular-Training-Assessment-Form-1.pdf">https://anzsvs.org.au/wp-content/uploads/2023/02/BOVS-2023-02-09-Vascular-Training-Assessment-Form-1.pdf</a>	Board of vascular surgery	2023
24	Training regulations handbook <a href="https://anzsvs.org.au/wp-content/uploads/2024/12/VAS-REG-0001_2024-12-11_Training_regulations_V6.pdf">https://anzsvs.org.au/wp-content/uploads/2024/12/VAS-REG-0001_2024-12-11_Training_regulations_V6.pdf</a>	Board of vascular surgery	2024
25	Training program regulations <a href="https://www.nsa.org.au/common/Uploaded%20files/SET/REGS_SET_Program.pdf">https://www.nsa.org.au/common/Uploaded%20files/SET/REGS_SET_Program.pdf</a>	SET program in neurosurgery	2024
26	Guide for SET supervisors: for the SET program in general surgery <a href="https://generalsurgeons.com.au/wp-content/uploads/2024/09/SUPERVISORS_Guide-to-Surgical-Supervision_Supervisors-Handbook-v15.pdf">https://generalsurgeons.com.au/wp-content/uploads/2024/09/SUPERVISORS_Guide-to-Surgical-Supervision_Supervisors-Handbook-v15.pdf</a>	Australian board in general surgery	2022
27	Training regulations <a href="https://generalsurgeons.com.au/wp-content/uploads/2024/05/REG-2024-01-Jan-2024-1.pdf">https://generalsurgeons.com.au/wp-content/uploads/2024/05/REG-2024-01-Jan-2024-1.pdf</a>	Australian board in general surgery	2024

(Continues)

TABLE 1 | (Continued)

	Name of document	Organization	Year of publication
28	Paediatric surgery training regulations <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/paediatric-surgery-training-regulations.pdf?rev=1830317559844fd5bc6c52c1786e41c1&amp;hash=88929ACCD462B6F217BEBABFAD028F2E">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/paediatric-surgery-training-regulations.pdf?rev=1830317559844fd5bc6c52c1786e41c1&amp;hash=88929ACCD462B6F217BEBABFAD028F2E</a>	Board of paediatric surgery	2024
29	Accreditation report: the training and education programs of the royal Australasian college of surgeons <a href="https://www.amc.org.au/wp-content/uploads/2022/03/2021-RACS-Report-secured-1.pdf">https://www.amc.org.au/wp-content/uploads/2022/03/2021-RACS-Report-secured-1.pdf</a>	AMC	2021
30	Standards for assessment and accreditation of specialist medical programs <a href="https://www.amc.org.au/wp-content/uploads/2023/06/Standards-for-Assessment-and-Accreditation-of-Specialist-Medical-Programs-by-the-Australian-Medical-Council-2023-secured.pdf">https://www.amc.org.au/wp-content/uploads/2023/06/Standards-for-Assessment-and-Accreditation-of-Specialist-Medical-Programs-by-the-Australian-Medical-Council-2023-secured.pdf</a>	AMC	2023
31	Accreditation report: the training and education programs of the royal Australasian college of surgeons (extension) <a href="https://www.amc.org.au/wp-content/uploads/2024/12/2024-RACS-Accreditation-Report-extension-secure.pdf">https://www.amc.org.au/wp-content/uploads/2024/12/2024-RACS-Accreditation-Report-extension-secure.pdf</a>	AMC	2024
32	General surgery education and training (GSET) programme– Aotearoa new Zealand: training regulations <a href="https://www.nzags.co.nz/wp-content/uploads/2021/12/GSET-Training-Regulations-V1.0-Final.pdf">https://www.nzags.co.nz/wp-content/uploads/2021/12/GSET-Training-Regulations-V1.0-Final.pdf</a>	Aotearoa New Zealand committee in general surgery	2022
33	Becoming a competent and proficient surgeon: training standards for the nine RACS competencies <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/professional-development/mnl_2012-02-24_training_standards_final_formatted.pdf?rev=49725f917b8240ebb890f80f7b70a82c&amp;hash=E8F4330C9CBE3BE60D9A24F52F4867C1">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/professional-development/mnl_2012-02-24_training_standards_final_formatted.pdf?rev=49725f917b8240ebb890f80f7b70a82c&amp;hash=E8F4330C9CBE3BE60D9A24F52F4867C1</a>	RACS	2012
34	Assessment of clinical training policy ETA-SET-016 <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/eta-education-and-training-administration/set-surgical-education-and-training/eta-set-016_assessment_of_clinical_training.pdf?rev=0b5ff568d62b479997ee8274318738d9&amp;hash=ECD7925A4FA111F5E815614FA3B91628">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/eta-education-and-training-administration/set-surgical-education-and-training/eta-set-016_assessment_of_clinical_training.pdf?rev=0b5ff568d62b479997ee8274318738d9&amp;hash=ECD7925A4FA111F5E815614FA3B91628</a>	RACS	2018
35	Activities report <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/workforce-activities-census-reports/2023_RACS_ActivitiesReport_2023_V3_Final.pdf?rev=cabdadc067c41669c4cdefd46f0c375&amp;hash=5A4FFD99636CA6A69E4C29A3B68EE20A">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/workforce-activities-census-reports/2023_RACS_ActivitiesReport_2023_V3_Final.pdf?rev=cabdadc067c41669c4cdefd46f0c375&amp;hash=5A4FFD99636CA6A69E4C29A3B68EE20A</a>	RACS	2023
36	Surgical supervisors, Ref. No. POL 2019 <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/2024-05-13_POL-2019_Surgical_Supervisors.pdf?rev=a45b56928ed9488497b82ede24f2bcf8&amp;hash=996712B69BC4B9782C5B536C51AEBF44">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/2024-05-13_POL-2019_Surgical_Supervisors.pdf?rev=a45b56928ed9488497b82ede24f2bcf8&amp;hash=996712B69BC4B9782C5B536C51AEBF44</a>	RACS	2025
37	Professional skills curriculum <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/Professional-Skills-Curriculum/Professional-Skills-Curriculum-2024.pdf">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/Professional-Skills-Curriculum/Professional-Skills-Curriculum-2024.pdf</a>	RACS	2024
38	Trainee self reflection and goal planning form <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/trainee-self-reflection-and-goal-planning-form.docx?rev=fd10dd0727454950a393dfcb108da219">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/paediatric-surgery/trainee-self-reflection-and-goal-planning-form.docx?rev=fd10dd0727454950a393dfcb108da219</a>	RACS	2025
39	Dismissal from surgical training REG-2070 <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/REG-2070_Dismissal_from_Surgical_Training.pdf?rev=78a38bfc74974ac1b009a872505002a5&amp;hash=C1026869A8EBF689826C293451F8B1BF">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/REG-2070_Dismissal_from_Surgical_Training.pdf?rev=78a38bfc74974ac1b009a872505002a5&amp;hash=C1026869A8EBF689826C293451F8B1BF</a>	RACS	2023

(Continues)

TABLE 1 | (Continued)

	Name of document	Organization	Year of publication
40	Guide to SET <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/guide-to-set.pdf">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/guide-to-set.pdf</a>	RACS	2024
41	Supervisor framework mapping <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Mapping-v2.pdf?rev=c850be38218a4662b298d7339a14509f&amp;hash=B7CA6884C52F490215ACB2C0D7FD36D8">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Mapping-v2.pdf?rev=c850be38218a4662b298d7339a14509f&amp;hash=B7CA6884C52F490215ACB2C0D7FD36D8</a>	RACS	2023
42	Supervisor framework project <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Project_v8-Final-111220.pdf?rev=ca265dd5949b479b8b35969bfe8532a3&amp;hash=BE3F9008AADE752C06B534E3DF8682A0">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Supervisor-Framework-Project_v8-Final-111220.pdf?rev=ca265dd5949b479b8b35969bfe8532a3&amp;hash=BE3F9008AADE752C06B534E3DF8682A0</a>	RACS	2023
43	Self-assessment tool instructions <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Self-Assessment-Form-v2.pdf?rev=a8d36d4544044a52939e1622d729d88c&amp;hash=109D02E52E3A267F543332913C98DE66">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/trainees/Supervisor-Hub/Self-Assessment-Form-v2.pdf?rev=a8d36d4544044a52939e1622d729d88c&amp;hash=109D02E52E3A267F543332913C98DE66</a>	RACS	2023
44	Standards for supervision <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/standards_for_supervision.pdf?rev=b20e6e52c34f48f5ba11a8ec105a9586&amp;hash=DD2F0DF9B519729BDD0D41831C2163C">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/standards_for_supervision.pdf?rev=b20e6e52c34f48f5ba11a8ec105a9586&amp;hash=DD2F0DF9B519729BDD0D41831C2163C</a>	RACS	2023
45	Surgical competence and performance <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-competence-and-performance-framework_final.pdf">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-competence-and-performance-framework_final.pdf</a>	RACS	2020
46	Surgical trainers <a href="https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/2024-05-13_POL-2020_Surgical_Trainers.pdf?rev=de0f30f24e0c44ba86fd7d508b177e0b&amp;hash=77E28567259AFF24E8FF197A3ECF8DF6">https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/2000-2999/2024-05-13_POL-2020_Surgical_Trainers.pdf?rev=de0f30f24e0c44ba86fd7d508b177e0b&amp;hash=77E28567259AFF24E8FF197A3ECF8DF6</a>	RACS	2024
47	Training regulations <a href="https://www.nzoa.org.nz/sites/default/files/Final%20NZOA%20Training%20Regulations%20November%202023.pdf">https://www.nzoa.org.nz/sites/default/files/Final%20NZOA%20Training%20Regulations%20November%202023.pdf</a>	NZOA	2023

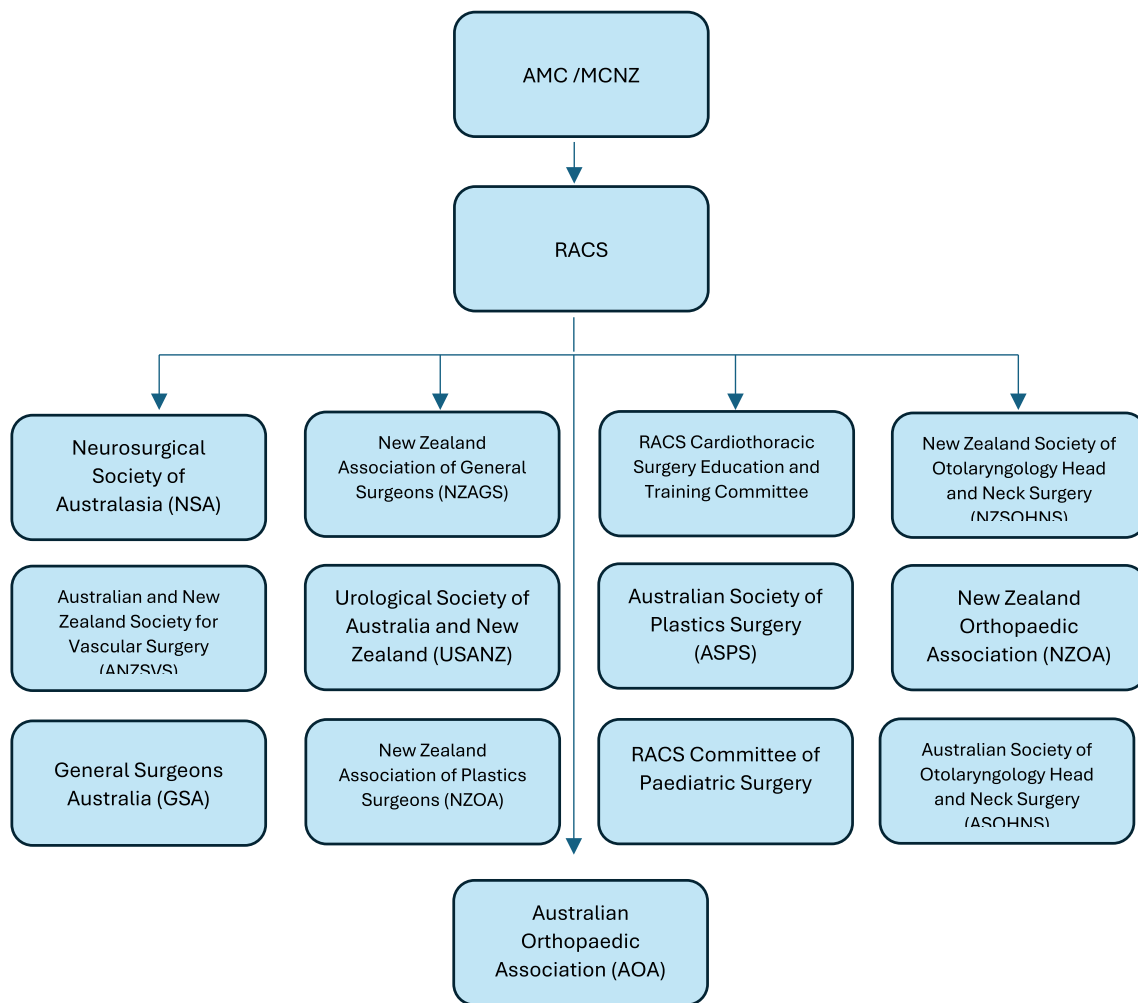
the Australian Medical Council (AMC) to train surgeons and maintain surgical standards in ANZ. RACS regulations and policies provide overarching principles regarding the delivery of the SET program [9]. The RACS Education Board is responsible for the education framework and standards for the delivery of training programs in accordance with AMC/MCNZ requirements and educational best practice. The administration and management of the nine surgical subspecialties are delegated to 13 different societies and associations, as agents of the RACS [10] (Figure 1).

AMC develop accreditation standards for postgraduate medical training. They are responsible for assessing and accrediting training programs and their providers against those standards. There is no explicit stand-alone remediation policy, although there is discussion of remediation in the “Standards for Assessment and Accreditation of Specialist Medical Programs” [11]. They mandate that “the education provider has processes for early identification of trainees who are not meeting the outcomes (...) and implements appropriate measures in response” [11]. They state education providers must support underperforming trainees by addressing contributory factors such as “systems, teaching, supervision, learning, assessment performance and personal difficulties” [11]. There is a degree of onus on the training provider to “assist” underperforming trainees where possible “complete” the training program using “remedial work and re-assessment,

supervision and counseling” [11]. There is no further detail on the educational aspects of remediation that training providers should follow.

In terms of trainee wellbeing, AMC states that education providers and employers should support trainees experiencing personal and professional difficulties and “publish information on the services available” but does not specify what these services should entail [11]. More generally, in terms of assessment, AMC recommends the use and facilitation of mentors for trainees, who are external to the assessment pathway [11].

RACS similarly does not have a specific remediation policy, but it is mentioned in the Assessment of Clinical Training Policy [12] which indicates that the speciality Training Boards determine the final assessment of a rotation. It also states that with an unsatisfactory assessment outcome, the trainee must be informed of the deficiencies and a performance management plan must be developed. Training regulations [13–24] have been developed by each speciality training board which encompass the procedures, processes and policies for the control and conduct of the SET Program. Performance management plan templates [25] are commonly utilized for the development and documentation of remedial plans. The plans discuss the need for specific goals to be achieved, the use of SMART goals and timelines, and objective outcome measures.



**FIGURE 1** | Diagrammatic relationship of organizations informing remediation policy affecting surgical trainees in Australia and New Zealand.

### 3.2 | Theme 2: Similarity of Remediation Processes

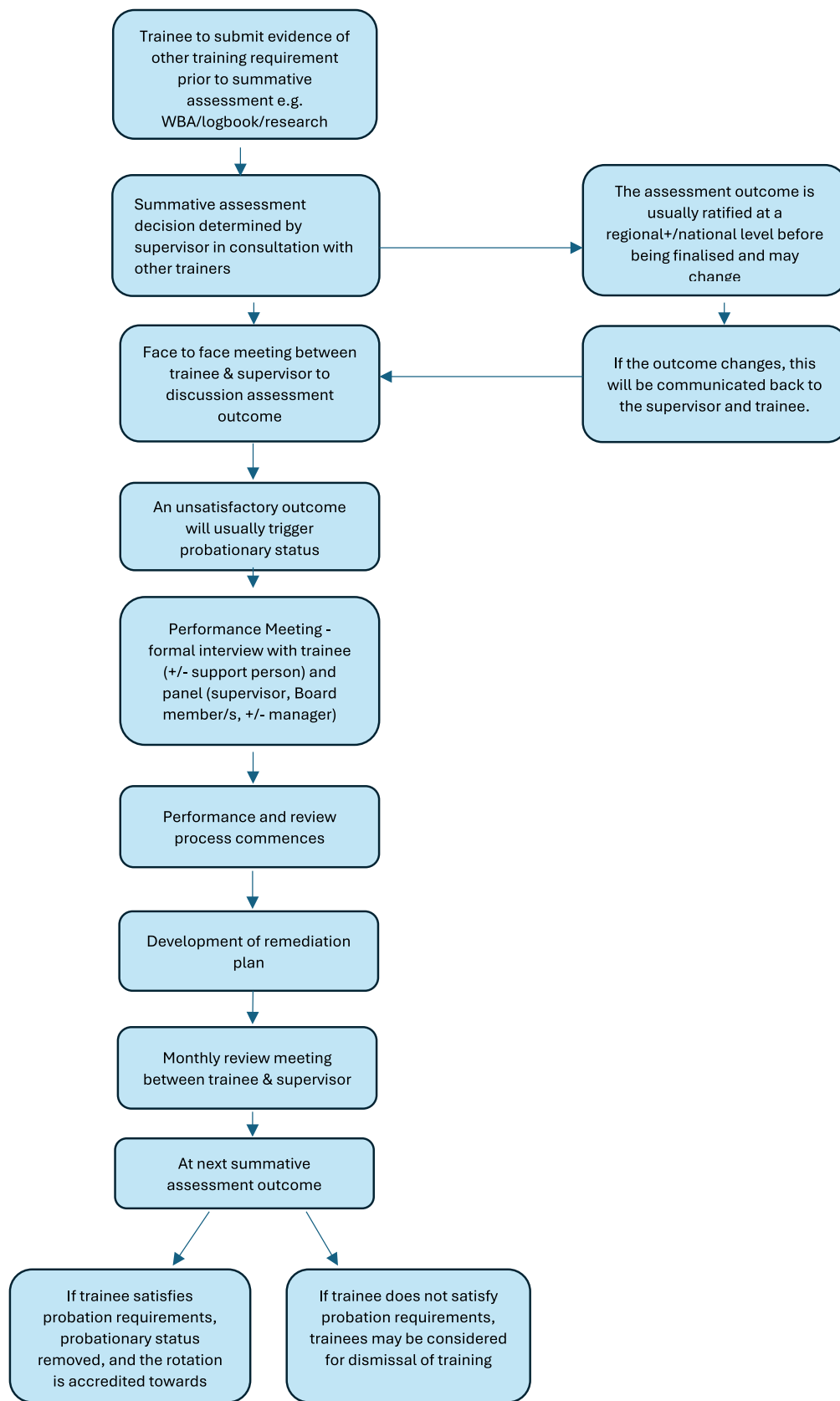
Remediation processes were mapped and comparatively analyzed across policy documents from all surgical speciality societies to identify structures informing the management of underperformance of surgical trainees. We found that assessment and remediation processes (located predominantly in the Training Regulations of the surgical societies and associations) were very similar across the different surgical specialties, likely due to the common standards set by RACS and AMC/MCNZ. As such, we chose to analyse the remediation of surgical training within ANZ holistically as a unit rather than any of its individual societies or associations (Figure 2).

Performance issues are usually identified at an end-of-term summative assessment. Prior to the end of term, the supervisor and trainers on the unit review a trainee's work-based assessments, logbooks, and other training requirements, prior to determining an outcome and completing the assessment form. Feedback is then given to the trainee by the supervisor. The assessment outcome is then usually ratified at a regional and/or national level before being finalized. The Board or committee responsible for confirming the accreditation of clinical rotations may change the assessment outcome, which ensures consistent standards of assessment across training programs.

An unsatisfactory outcome in a summative assessment triggers “probationary status” and a formal remediation process that is tailored to the identified deficiencies [13, 14, 19, 20]. Whilst on probation, the trainee is required to attend a formal interview with an interview panel which addresses (and documents): the identified deficiencies, remedial plan, timing of review meetings, frequency of assessment reports, duration of the probationary period, and consequences of any further unsatisfactory assessments. Probation is enforced until the next formal assessment is due (usually 3–6 months). At that summative assessment, if the trainee achieves a satisfactory outcome, probationary status is removed. However, if they do not satisfy the requirements, a trainee may be considered for dismissal in accordance with the RACS Dismissal from Surgical Training Policy [26].

### 3.3 | Theme 3: Inconsistent Terminology

Remediation policy was comparatively analyzed across the surgical specialties to identify variations which may impact on the management of underperformance of surgical trainees. Although the 13 surgical speciality societies and associations share a common set of principles, there is a lack of consistency with the naming of processes and documents across the training programs.



**FIGURE 2** | Summary of typical remediation process for unsatisfactory summative assessment for surgical training programs in ANZ.

There are differences regarding the frequency and types of assessments, names of assessment forms, names of remediation plans, and outcome measures (Table 2). This makes collation and comparison of data across surgical specialties difficult.

### 3.4 | Theme 4: Focus on due Process

Remediation policy documents were comparatively analyzed according to their primary function. We found that the documents

**TABLE 2** | Summary of assessment processes/remediation in surgical specialties in ANZ.

Name of surgical speciality (duration of clinical terms)		No. formative mid-term assessments per year	No. summative mid- or end-of- term assessments per year	Outcome measures of summative rotation	Name of remediation plan
Urology (3 months)		0	4×ITA	Satisfactory Borderline Unsatisfactory	Remedial training plan
Paediatric	First year (3 months)	0	4×early SET assessment form	Satisfactory Unsatisfactory	Structured learning cycle
	Subsequent (6 months)	2×mid/senior SET assessment form	2×mid/senior SET assessment form	Satisfactory Borderline Unsatisfactory	A Reference Guide for Postgraduate Foundation and Specialty Training in the UK (The Gold Guide). 10th ed. London: COPMed; 2024. Structured learning cycle
General surgery (A) (6 months)		2×MTA	2×ETA	Meeting performance expectation Below performance expectation Not accredited Not progressing Competency not achieved	Learning and development plan
General surgery (NZ) (6 months)		2×MTA	2×ETA	Meeting performance expectation Below performance expectation Not accredited	Support plan
Orthopaedic (A) (intro/core) <sup>a</sup> (3 months)		0	4×PAF	Progressing well Improvement required Performance concerns	Performance improvement plan
Orthopaedic (NZ) (6 months)		0	4×QRA	Competent Borderline Not competent	PMP
Cardiothoracic (6 months)		0	2×TEF	Satisfactory Unsatisfactory	Performance management
Neurosurgery (3 months)		0	4×PPA	Satisfactory Unsatisfactory	Unsatisfactory performance notice
Plastics (A) (6 months)		2×interim PPA	2×PPA	Met Borderline Poor	Remedial action plan
Plastics (NZ) (6 months)		2×PPA	2×PPA	Satisfactory Unsatisfactory	PMP
Otolaryngology (A, NZ) (6 months)		2×MTA	2×EoTA	Progressing well Improvement required Performance concerns	PMP
Vascular (6 months)		1×ITA	2×ITA	Achieved Not achieved	PMP

Abbreviations: EoTA, end of term assessment form; ETA, end of term assessment form; ITA, in training assessment form; MTA, mid term assessment form; PAF, performance appraisal form; PMP, performance management plan; PPA, professional performance assessment form; QRA, quarterly run assessment.

<sup>a</sup>Orthopaedic “transition to practice” trainees–6-month terms with progress reviews only.

relating to the management of performance concerns served a predominantly administrative function. They focus on the process of remediation with documentation oriented towards ensuring policies, legal defensibility, and due process are followed. Although this serves an important compliance function, it offers limited educational value.

There was a distinct lack of any substantive references to any educational principles, processes or pedagogical intent pertaining to remediation. The extent to the educational aspects to any remediation plans for most surgical societies and associations are limited to “the process will be tailored to address the particular areas of performance requiring improvement” [14]. Although proformas for remediation plans and learning plans [25, 27] exist, there was very limited documentation discussing strategies for effective remediation. For example, although guidelines for the development of a remedial plan state “the purpose is to support trainees (...) to set objectives that will assist in achieving a satisfactory term” [28], there is no discussion on the educational principles that can help guide remediation such as mastery, self-regulation, or goal setting [29, 30].

#### 4 | Discussion

The study examined current remediation policies affecting surgical trainees in ANZ. Standards set by AMC/MCNZ form the basis of RACS assessment policy, which, in turn, is implemented

in training regulations by individual surgical societies and associations. As expected with a common set of standards, regulations regarding remediation are similar across training programs, though inconsistent terminology impedes effective data comparison between programs. There is a stronger focus on documenting administrative processes, compared to the educational aspects of remediation (see Table 3 for a summary of concerns regarding current remediation processes and suggested solutions).

A concern of current remediation policy is the absence of explicit frameworks and operational processes to guide consistent practice. AMC and RACS requirements provide little clarity regarding remediation. The lack of explicit frameworks perpetuates variability between training programs and contributes to reactive, ad hoc interventions rather than programmatic approaches [31]. Strengthening remediation policy through the inclusion of explicit, educationally grounded frameworks enables earlier identification of underperformance, promotes more consistent and transparent decision-making, and reframes remediation from a punitive process into a structured learning opportunity [31].

Ensuring due process in remediation is essential for maintaining transparency and fairness for both trainees and training institutions [1]. Although a focus on procedural safeguards often arises from regulatory and legal obligations [32], the “mechanics of remediation” [33] should not overshadow its

**TABLE 3** | Concerns of current remediation processes and suggested solutions.

Lack of explicit remediation frameworks	
• Potential causes: limited direction regarding remediation from accrediting authorities (AMC, RACS); difficulty in development of framework due to the complexity of remediation; lack of published data regarding numbers of trainees undergoing remediation and their outcomes in ANZ	
• Solutions (most appropriate organization responsible for reforms):	
○ Develop and implement remediation frameworks within surgical training (RACS)	
○ Publish annual, anonymised data on numbers and outcomes of trainees in remediation across all surgical training programs (speciality societies and RACS)	
• Benefits: promotes fairness and consistency, ensuring all trainees are supported through transparent, evidence-informed processes rather than ad hoc decisions; provides clarity for the trainee, training program, and other stakeholders	
Excessive focus on due process	
• Potential causes: training bodies operate within high-stakes regulatory environments with focus on defensibility; fear of litigation or appeals from trainees	
• Solutions (most appropriate organization responsible for reforms):	
○ Involve remediation/educational experts in development and further integration of educational principles within remediation frameworks (RACS)	
• Benefits: enhanced educational benefit from remediation and improved outcomes	
Inconsistent naming of remediation processes and documentation across training programs	
• Potential causes: lack of central governance with surgical societies operating semi-autonomously from RACS (without a shared overarching framework)	
• Solutions (most appropriate organization responsible for reforms):	
○ Ensure standardized language regarding assessment and remediation processes across all surgical training programs (RACS)	
○ Ensure consistency of remediation frameworks across surgical training programs (RACS)	
• Benefits: transparency and equity across trainees and programs; improved communication and shared understanding; facilitates research and quality improvement; contributes to destigmatisation	

fundamental educational purpose. Greater focus on effective remediation strategies, including the role of educational experts, additional resources for trainees, addressing system causes, emotional support for trainees, and other components consistent with “best practices” of remediation is needed [34]. When due process and educational integrity are aligned within a standardized remediation framework, it can enhance early intervention, reduce stigma, preserve procedural fairness, and provide clarity for the trainee, supervisor, and training institution [1, 3].

Remedial plan templates are commonly used to guide trainees and supervisors in developing individualized remediation plans. However, trainees consider current plans to be tokenistic and a “tick-box exercise” [35]. Suggestions for including remediation experts for more complex issues beyond the skill set of supervisors have been raised, including by surgical trainees [1, 36]. This is utilized in the United Kingdom (UK) where postgraduate trainees are allocated clinical and educational supervisors [37]. Although clinical supervisors focus on the day-to-day supervision of clinical work, educational supervisors provide longitudinal oversight of trainees’ overall educational progress across placements, with responsibility for organizing remedial plans. Additionally, a Professional Support Unit [38] provides educational expertise and access to resources, including counseling, coaching, careers advice, psychological and well-being support [39].

Our findings show significant variability in the language used to describe assessment and remediation processes across training programs. Inconsistent terminology complicates cross-institutional comparisons, making it difficult to evaluate outcomes, share best practices, or establish benchmarks for effective remediation. The absence of a shared language across surgical training has led to variable local naming practices (see Table 2) (e.g., performance management plan, performance improvement plan, support plan, learning and development plan, structured learning plan) that have evolved independently across training programs. Improving the consistency and standardization of language promotes equity by ensuring all trainees and supervisors share a common understanding of processes and implications [40]. Some terminology also carries implicit value judgments and offers an opportunity to reduce stigma and align remediation practices with educational rather than punitive intentions. Addressing these variations would require deliberate bi-national alignment across RACS and the surgical societies/associations.

The limitations of this study include the availability of documents, as only publicly available documents were analyzed. Although document analysis provides useful insights into formal structures and institutional procedures, it cannot fully capture how policies are enacted in practice. The hidden curriculum, interpersonal dynamics, and informal mentorship often diverge from policy intentions, meaning that what is documented may not accurately reflect what is practised in surgical training environments. The lack of remediation outcome data also limits the interpretation of remediation processes. The only publicly available outcome data includes attrition data; however, this is not specific for unsuccessful remediation outcomes. Directions for future research include comparing current remediation

practices with established, effective remediation practices. Publication of the numbers of trainees undergoing remediation and relevant outcome measures would enhance the evaluation of remediation practices.

## 5 | Conclusion

This study examined remediation policy affecting surgical trainees in ANZ. These policies are shaped from standards set by AMC/MCNZ and RACS, as well as regulations crafted by speciality societies and associations. Although this creates similar administrative processes across programs, it results in a strong focus on due process rather than educational aspects of remediation. Inconsistent terminology around assessment and remediation further impedes effective comparison and data collection. Addressing these concerns by prioritizing educational aspects and standardizing language will be essential to improving future remediation processes.

### Author Contributions

**Kathryn McLeod:** conceptualization, writing – original draft, writing – review and editing, methodology, formal analysis, project administration. **Robyn Woodward-Kron:** data analysis; supervision; methodology; writing – review and editing. **Prem Rashid:** supervision, writing – review and editing. **Debra Nestel:** data analysis; supervision; writing – review and editing.

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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data that support the findings of this study are available in Table 1, with URLs listed and hyperlinked.

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