



The Royal Australasian College of Surgeons
& the Surgical Specialty Societies and
Associations of Australia and New Zealand

Accreditation of Hospitals and Posts for Surgical Education and Training

PROCESS AND CRITERIA FOR ACCREDITATION



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

This booklet including the hospital accreditation form is available at www.surgeons.org
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Foreword

Surgical trainees are postgraduate **medical doctors undergoing** specialist education and training, **as well as** employees of the health services. Each of these roles is important for a successful outcome of training. **Trainees are “doing for training” and “training for doing”**. They work in a broad range of clinical environments, each of which **should** provide a rich learning experience which is also aligned to the career aspirations of each individual trainee. Trainees make a significant contribution to the healthcare of patients and receive **significant** help in their training from the surgeons and the other staff with whom they work with on a daily basis **in** the hospitals which employ them.

This document has been prepared to help familiarise hospital administrators with the requirements necessary to educate and train surgeons. It aims to set clear standards and criteria for those who undertake and provide such training. These standards and criteria will ensure that trainees progress towards proficiency in the RACS nine core competency domains. It meets the recommendations on accreditation of sites for surgical training by the Australian Medical Council¹ Australian Competition and Consumer Commission² and takes into account international developments in accreditation.³

The first version of this document was produced in 2005 after extensive research, and consultation with the various College Boards, Specialty Associations and Societies, and the jurisdictions and signed off by all stakeholders and RACS Council. A revised version was produced in 2007 taking into account experience with its use, the extensive feedback received from surgeons, trainees and the jurisdictions and the recently published literature on accreditation. This document was approved by all the groups involved and by RACS Council at its meeting in February 2007.

The Surgical Education and Training (SET) competency-based program⁴ commenced in 2007 with the selection of the first cohort of trainees to begin training in 2008. The implementation of SET including the new workplace-based assessment requirements has increased the work of surgical supervisors and trainers and this is further recognised in this latest revision. The report of the RACS appointed Expert Advisory Group and the RACS ‘Building Respect, Improving Patient Safety’ Action Plan detail the many issues and projects to address same, within the surgical training environment. The relevance of these documents cannot be overstated.

The contribution of the Surgical Specialty Boards, Associations and Societies is gratefully acknowledged through the use of their logos on the cover of the document. (tbc ST)

A/Prof. Stephen Tobin
Dean of Education
June 2016

¹ Australian Medical Council Accreditation Report. Review of the education and training programs of the Royal Australasian College of Surgeons. February 2002. Available at <http://www.amc.org.au>

² Report of Review Committee: Review of the criteria for accrediting hospital training posts for advanced surgical training and hospitals for basic surgical training. April 2005. Available at <http://www.surgeons.org>

³ Collins JP. New standards and criteria for accreditation of hospitals and posts for surgical education and training. Australia and New Zealand Journal of Surgery. 2008; 78: 277-281

⁴ Collins JP, Gough IR, Civil ID, Stitz RW. A new surgical education and training programme. Australia and New Zealand Journal of Surgery. 2007 (In print)

Program Accreditation and Partnership

The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) and The Medical Council of New Zealand (MCNZ) to provide and manage the education and training (including assessment) and professional development programs for surgeons in Australia and New Zealand. RACS delivers its Surgical Education and Training (SET) program in association with the Specialty Societies and Associations ("the Specialty Societies") that represent the nine specialties in which Fellowships are awarded. Those Specialty Societies, which have entered into agreements with RACS, and are represented by membership of the relevant Specialty Training Board⁵, are consulted by RACS on all matters of quality and standards, are:

- Australian and New Zealand Society for Cardio and Thoracic Surgeons (ANZSCTS)
- General Surgeons Australia (GSA)
- New Zealand Association of General Surgeons (NZAGS)
- Neurosurgical Society of Australasia (NSA)
- Australian Orthopaedic Association (AOA)
- New Zealand Orthopaedic Association (NZOA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)
- Australian Society of Plastic Surgeons (ASPS)
- New Zealand Association of Plastic Surgeons (NZAPS)
- Australian and New Zealand Association of Paediatric Surgeons (ANZAPS)
- Urological Society of Australia and New Zealand (USANZ); and
- Australian and New Zealand Society of Vascular Surgery (ANZSVS)

The Surgical Education and Training Program

RACS is committed to high standard, safe, comprehensive surgical care for the communities of Australia and New Zealand. RACS is responsible for all surgical training throughout Australia and New Zealand in nine surgical specialties:

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

RACS has developed the SET program to equip doctors with the knowledge, skills and behaviours to practise as effective, ethical surgeons capable of delivering high standards of patient care in unsupervised clinical practice.

SET trainees work and train in hospitals, to attain and demonstrate competence in nine key areas. These RACS competencies⁶ are:

- Medical expertise
- Judgment – Clinical Decision Making
- Technical expertise
- Professionalism and ethics
- Scholarship and teaching

⁵ The Federal Training Committee of the AOA has the delegated responsibility for the regulation of the Orthopaedic SET program in Australia, in accordance with relevant RACS policies.

⁶ Developed from the CanMeds competency framework developed by the Royal College of Physicians and Surgeons of Canada. Frank JR (Ed) The CanMEDS 2005 Physician Competency Framework: Better Standards, Better Better Care. Ottawa The Royal College of Physicians and Surgeons of Canada.

- Health advocacy
- Collaboration and teamwork
- Communication
- Management and leadership

Doctors are selected directly into one of the surgical specialties with advancement through SET hinging on trainee competence. Trainees progress through integrated programs which provide them with increasing professional responsibility under appropriate supervision. RACS has described five stages of increasing complexity in its publication *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*. To support trainees' safe participation in surgical practice in clinical environments that provide the required knowledge, skills and experiences, Specialty Training Boards responsible for regulating SET accredit hospital-based training posts and ambulatory care facilities for surgical training in Australia and New Zealand.

Training Post Accreditation

The underlying principle of the accreditation process is to ensure that education and training sites provide learning environments that facilitate the training of safe and competent surgeons. In 2006 the then Dean of Education, Prof. John Collins FRACS worked with the Specialty Training Boards, the Specialty Societies, the Australian state and territory departments of health and the New Zealand Ministry of Health and District Health Boards to develop a set of accreditation criteria. These were based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts. The first version contained 43 individual criterion, reduced to 41 after a review in 2007 (published in 2008).

In 2015 RACS responded to reports of unacceptable behavior by establishing an Expert Advisory Group (EAG). The EAG consulted widely with the surgical community and other interested groups, conducting a prevalence survey, focus groups and interviews. It released its report in September 2015 and RACS accepted all its recommendations. The RACS Action Plan: *Building Respect, Improving Patient Safety*, published in November 2015, details how the EAG recommendations will be implemented. Specialty Society presidents supported the findings of the EAG and the RACS Action Plan.

Recognising those recommendations, the 2016 update of the standards and criteria includes a new standard to assess whether the institution seeking accreditation is committed to building and maintaining a culture of respect.

Hospital and health services seeking accreditation are required to meet all of the eight standards. However there is flexibility around the individual criterion within each standard. The 44 published criteria are typically used by each of the Specialty Training Boards, and may be supplemented by specialty specific criteria. They are an important guide to what is assessed when an institution seeks accreditation as a training site that will prepare today's doctors to be tomorrow's surgeons.

The accreditation process is flexible and recognizes that few hospitals will be able to provide the breadth of surgical experience necessary to fulfil all the specialty training requirements and that hospital networks or collaborations already exist (including some with the private sector) or are being developed to facilitate this. Clearly, most of the criteria are absolute requirements for the site being accredited, but some may be met within a network arrangement.

The education of surgical trainees is a multi-faceted process, shared by RACS and its Specialty Training Boards, hospitals, surgeons, trainees, and the Specialty Societies, who cooperate to achieve the best outcomes.

Applying for Accreditation

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

When possible, Specialty Training Boards aim to confirm the number of posts available prior to the announcement in July of successful applicants for the next intake of trainees. To achieve this each board sets a closing

date for applications for the accreditation of new posts. Any applications received after the advertised date will not be eligible for consideration as a training post in the next training year.

Specialty Training Boards and their administrative support, often provided by a Specialty Society, are responsible for establishing the process of accreditation for their training program that complies with the RACS Training Post Accreditation and Administration policy, available at www.surgeons.org. Information about each accreditation process can be found as follows:

Board	Administration
Board of Cardiothoracic Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/cardiothoracic/)
Board in General Surgery	General Surgeons Australia (www.generalsurgeonsaustralia.com.au) and New Zealand Association of General Surgeons (www.nzags.co.nz)
Board of Neurosurgery	Neurosurgical Society of Australasia (www.nsa.org.au)
Federal Training Committee (Orthopaedic Surgery in Australia)	Australian Orthopaedic Association (www.aoa.org.au)
New Zealand Board of Orthopaedic Surgery	New Zealand Orthopaedic Association (www.nzoa.org.nz)
Board of Otolaryngology Head and Neck Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/otolaryngology-head-and-neck/surgical-training-post-requirements/)
Board of Paediatric Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/paediatric/)
Australian Board of Plastic and Reconstructive Surgery	Australian Society of Plastic Surgery (www.plasticsurgery.org.au)
New Zealand Board of Plastic and Reconstructive Surgery	RACS New Zealand National Office (www.surgeons.org/surgical-specialties/plastic-and-reconstructive/)
Board of Urology	Urological Society of Australia and New Zealand (www.usanz.org.au)
Board of Vascular Surgery	Australian and New Zealand Society of Vascular Surgery (www.anzsvs.org.au)

Review of Accreditation

The status of an accredited training post may be reviewed at any time during the accredited period, particularly where there are concerns that the educational standard of the post has been compromised.

RACS is committed to ensuring that all training posts operate within a culture of respect. In the event that there is a proven complaint of unacceptable behaviour (discrimination, bullying, sexual harassment, etc.) against a current member of a unit hosting an accredited training post, that post will be reviewed, which may result in loss of accreditation. A second or subsequent proven complaint will result in the post having its accreditation reviewed by the Censor in Chief and Chair of BSET, in conjunction with the relevant Specialty Board Chair.. It will not be eligible for reaccreditation until it can be demonstrated that corrective action has been successfully implemented.

Where the surgical supervisor or surgical trainers in the unit hosting an accredited post do not comply with mandated

training, accreditation of the post will be withdrawn but may be reinstated when compliance is achieved.

Processing an application

While the accreditation process varies between Specialty Training Boards, each will generally follow a common framework:

1. After the accreditation application is received it will be checked for completeness and then acknowledged. A request for further information may also be made. All Boards aim to complete the accreditation of a post within six months of receiving complete information.

New applications that meet the minimum criteria are usually recommended for progression to an accreditation visit. If the information provided does not meet the minimum criteria, advice will be provided about how identified deficiencies can be rectified.

Based on available information including (but not limited to) the application and past accreditation reports relevant to the specialty and location, Specialty Training Boards may recommend a post for approval after a document-based assessment without an inspection visit. In these circumstances the Board may schedule an inspection visit during the accredited period.

2. When an inspection is required, staff supporting the relevant Specialty Training Board will liaise with the hospital for an accreditation team to visit. The accreditation team may include:
 - A surgeon who is a Fellow of RACS with experience in supervision and training in the same specialty and in a hospital of similar type to that seeking accreditation.
 - A recently admitted Fellow of RACS (a surgeon within five years of completing Specialist Surgical Training) where possible.
 - A jurisdictional representative.

Some of the Specialty Training Boards include a further Fellow of RACS who is an experienced surgeon in that specialty, as part of the team. At least one of the Fellows involved in the accreditation team will usually be from a different region or state. To ensure the integrity of the accreditation process, no member of the accreditation team should be employed by the hospital or associated network being accredited.

3. The accreditation team will meet with the hospital CEO/Senior Management, with surgeons of the relevant unit, including the training supervisor, and with surgical trainees. They may also view the facilities and may meet with other hospital staff. Applying hospitals are expected to facilitate the inspection visit.
4. It is not necessary for each individual criterion specified by a Specialty Training Board within each of the eight standards to be met. It is the task of the accreditation team to decide whether enough criterion are met to demonstrate that the standard is achieved at that site.
5. On completion of the accreditation visit, or when accreditation is carried out on documentation only, a draft Accreditation Report is prepared. This report is made available to the hospital with a timeframe for commenting on perceived factual errors before the report is finalised.
6. After consideration of any comments from the applicants, the Specialty Training Board will finalise the report and confirm or reject accreditation.
7. The accreditation decision will be communicated promptly to the signatories of the application. This decision may include the maximum number of trainees for which a hospital is accredited and the maximum length of time trainees may spend at that particular hospital or network. Accreditation is normally granted for five years.

8. When accreditation or re-accreditation is not approved or when it is withdrawn, information about this decision will include the specific reasons or deficiency identified and outline what modifications may help lead to accreditation (or reaccreditation) in the future. The Specialty Training Boards and Specialty Societies are keen to work with hospitals to overcome perceived deficiencies and if required consultation will take place between the Chair of the Accreditation Team or the relevant Board, and the hospital CEO and the Head of the relevant Surgical Service on how to achieve this.
9. When a hospital applying for accreditation is not satisfied with the outcome of an accreditation (or re-accreditation) application it has the right to appeal this decision through RACS's Appeals Committee. An appeal can be initiated by a written request to the Chief Executive Officer. The policy on appeals can be accessed on RACS website at www.surgeons.org by selecting "Policies".
10. Approved Training Posts will be acknowledged by a College Accreditation Certificate. The approved supervisor will also be acknowledged with a College Supervisor's Certificate.
11. There is an expectation that any hospital accredited for training will advise the relevant Specialty Training Board immediately of any major changes at an accredited site that threatens the educational quality of the post, such as substantial staffing changes or theatre closures.

ACCREDITATION CRITERIA

Minimum requirements marked with an * can be achieved within the hospital network. All others should be achieved within the hospital seeking accreditation.

Standard 1 – Building and maintaining a Culture of Respect for patients and staff. A hospital involved in surgical training must demonstrate and promote a culture of respect for patients and staff that improves patient safety.

Accreditation Criteria	Factors Assessed	Minimum Requirements
1. The hospital culture is of respect and professionalism	Expressed standards about building respect and ensuring patient safety.	- Hospital provides a safe training environment free of discrimination, bullying and sexual harassment. - Hospital actively promotes respect, including teamwork principles. - Hospital has policies and procedures, including training for all staff, that promotes a culture and environment of respect. - Hospital policies, codes and guidelines align with RACS Code of Conduct and support professionalism.
2. Partnering to Promote Respect: MoU or similar statements/agreements about the need for 'Building Respect, Improving Patient Safety	Hospital collaboration with RACS about complaints of unacceptable behaviours (Fellows, Trainees and IMGs) that affect the quality of training.	- Hospital is committed to sharing with RACS relevant complaint information by or about RACS Fellows and Trainees. - Hospital actively reinforces positive standards leading to improved behaviours and a respectful environment. The hospital holds surgical teams to account against these standards.
3. Complaint Management Process	Hospital has policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment. Summary data of complaints made, investigated and outcomes.	- Clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes. - Clearly defined process to protect complainants. - Hospital has documented performance review process for all staff, so it is aware of any repeated misdemeanours or serious complaints that need escalation/intervention requiring intervention to maintain a safe training environment. - Process in place to share with RACS summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment.

Standard 2 - Education facilities and systems required All trainees must have access to the appropriate educational facilities and systems required to undertake training

Accreditation Criteria	Factors Assessed	Minimum Requirements
4. Computer facilities with IT support	Computer facilities and Internet/ broadband access	- Computers and facilities available for information management, online references and computer searches - Terminals at flexible sites which may include remote access 24-hour computer access acknowledging security issues

5. Tutorial room available	Documented booking and access processes	Tutorial rooms available when required
6. Access to private study area	Designated study area	- Designated study area/room available isolated from busy clinical areas 24-hour access acknowledging security issues
7. General educational activities within the hospital	Weekly hospital educational program	- Weekly program publicised in advance - Weekly Grand Rounds - Opportunities for trainees to present cases/topics

Standard 3 - Quality of education, training and learning
Trainees will have opportunities to participate in a range of desirable activities, which include a focus on their educational requirements

8. Coordinated schedule of learning experiences for each trainee	Publicised weekly timetable of activities which incorporate the learning needs of the trainee	- Weekly Imaging meeting - One formal structured tutorial per week
9. Access to simulated learning environment	Documentation on local opportunities for self-directed skills acquisition and practice	Simple basic skills training equipment available, e.g. for suturing practice
10. Access to external educational activities for trainees	Documented hospital HR Policy on educational leave for trainees Documentation on educational equipment provided	- Trainees given negotiated educational leave to attend <u>mandatory face-to-face</u> RACS/Specialty courses - For other significant courses, modern educational approaches to distance learning, e.g. video-conferencing, available or being explored* - Evidence to confirm leave is provided
11. Opportunities for research, inquiry and scholarly activity	Recent or current research funding, publications, current research projects, recognised innovation in medicine, clinical care or medical administration	- Regular research meetings* - Trainees enabled to access medical records, once ethical approval (if necessary) for the project is obtained* - Shared responsibility by hospital, surgeons and RACS*
12. Supervised experience in patient resuscitation	Documentation on opportunities for trainees to be involved in resuscitation of acutely ill patients	Trainees rostered for clinical responsibilities in ICU or HDU and Emergency Department*
13. Supervised experience in an Emergency Department	Documentation on accreditation of Emergency Department Documentation on role of trainees in the Emergency Department	- Accreditation by Australasian College of Emergency Medicine* - Trainees manage patients in the Emergency Dept under supervision*

14. Supervised experience in Intensive Care Unit (ICU)	Documentation on accreditation of ICU Documentation on role of trainees in ICU	- Accreditation by ANZ College of Anaesthetists and the College of Intensive Care Medicine of Australia and New Zealand* - Trainees involved in patient care in ICU, under supervision*
Standard 4 – Surgical supervisors and staff Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback		
15. Designated supervisor of surgical training	Documentation on supervisor	- Clearly identifiable as supervisor - FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society - Regularly available and accessible to trainees
16. Supervisor's role/responsibilities	Hospital documentation on supervisor's role/responsibilities in keeping with College requirements as documented in the Surgical Supervisors Policy.	- Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) - Supervisor actively promotes surgical education principles - Supervisor has completed mandatory training as specified in the Surgical Supervisors Policy
17. Credentialed specialist surgical staff willing to carry out surgical training	Documentation on qualifications of specialist surgical staff	- Surgeons have FRACS (or are certified as equivalent) in that specialty and practise generally in the field and/or in related subspecialty areas - Surgeons involved with training have completed mandatory training as specified in the Surgical Trainers Policy.
18. Surgeons committed to training program	Scheduled educational activities of surgeons	- Surgeons attend scheduled clinical, educational, morbidity & mortality, and audit review meetings - All surgeons facilitate learning of the RACS nine core competencies (Appendix1) (responsibility for compliance shared by surgeons and hospital)
Accreditation Criteria	Factors Assessed	Minimum Requirements
19. Regular supervision, workplace-based assessment and feedback to trainees	Documentation on hospital/ department practices relating to supervision, workplace-based assessment and feedback to trainees	- Goals discussed and agreed between surgeon and trainee at the commencement of each surgical rotation - One-to-one clinical supervision - Frequent informal feedback encouraged - Structured constructive feedback and recorded assessment on performance every three months - Opportunities are provided for trainee to respond to feedback, especially with ongoing supervisor support - Workplace-based assessment tools should be utilized including mini-CEX, DOPS, case-based discussions, observed clinical activities including procedures, operations and clinical work such as ward rounds, clinical consultations, organizing operating lists, supervision of (more) junior doctors.

20. Hospital recognition and support for surgeons involved in education and training	Documentation on weekly service and educational activities of surgical staff Documentation on recognition and support for supervisors HR Policy on educational leave	- The designated Supervisor of Training in each specialty is provided with paid, protected administrative time to undertake relevant duties appropriate to the specialty and in accordance with the SET Surgical Supervisors Policy. This should be related to the number of trainees but should be at least 0.2 EFT if there are 5 trainees under supervision. - Surgeons who attend mandated RACS and Specialty Society Supervisors' meetings / courses should have negotiated leave for these.
Accreditation Criteria	Factors Assessed	Minimum Requirements
	Secretarial services available for supervisor's role	Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training.
21. Hospital response to feedback conveyed by RACS on behalf of trainees	Mechanisms for dealing with feedback	Resolution of validated problems
Standard 5 – Support services and flexibility for trainees Hospitals and their networks are committed to the education, training, learning and wellbeing of trainees who acknowledge their professional responsibilities		
22. Hospital support for trainees	Safe hours practised Safety procedures for trainees leaving the hospital outside normal working hours Level and accessibility of Human Resources services Recognition of training needs of trainees by the hospital and RACS supervisor	- Rosters and work schedules in Australia take into account the principles outlined in the AMA National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors⁷ and in New Zealand the principles outlined in the Multi Employer Collective Agreement (MECA) - Hospital promotes trainee safety and provide security when necessary - Readily accessible Human Resources service available to trainees including counselling if required - Allocation of clinical rotations take trainee's career/surgical specialty requirements and aspirations into account (joint hospital/supervisor responsibility)
23. Trainees' professional responsibilities – Duty of Care	Feedback from employers	- Trainees' recognition of the concept of Duty of Care - Trainee aware of RACS Code of Conduct - Joint trainee/supervisor and College responsibility

⁷ National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors. 1999. Australian Medical Association. Available at <http://www.ama.com.au>

24. Flexible Training Options are available for Trainees	Commitment to enabling flexible employment for RACS trainees while continuing in training.	- Hospital has a flexible employment policy allowing for part-time and job sharing options. - Clearly identified processes for applying for flexible employment. - Commitment to working with RACS to facilitate flexible employment for trainees.
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Standard 6 - Clinical load and theatre sessions

Trainees must have access to a range and volume of clinical and operative experience which will enable them to acquire the competencies required to be a surgeon

Accreditation Criteria	Factors Assessed	Minimum Requirements
25. Supervised consultative ambulatory clinics	Documentation on frequency of consultative clinics Documentation showing that trainees see new and follow-up patients Documentation on alternatives provided if no consultative clinics available in the hospital	- Trainees attend a minimum of one consultative clinic per week - Trainees see new and follow-up patients under supervision - Trainees attend alternative supervised consultative clinics, which may be external to the hospital and network.
26. Beds available for relevant specialty	Documentation on accessible beds for specialty	Sufficient beds to accommodate caseload required for training
27. Consultant led ward rounds with educational as well as clinical goals	Documentation on the frequency of consultant led scheduled ward rounds	- Two ward-rounds per week - Facilitation of learning for trainees on each ward round (or soon afterwards, especially for feedback purposes).
28. Caseload and casemix	Summary statistics of number and casemix of surgical cases managed by the surgical department / specialty in the previous year Number and casemix of surgical cases managed by each trainee's surgical unit/team over the previous year	- Regular elective and acute admissions. This will vary depending on the type of service. (General guidelines will be provided six months before the accreditation cycle and more specific advice at least four weeks before the visit by the Accreditation Team) - Number of patients and casemix varies between surgical units/teams. Supervisor focus is on competence acquisition (same as preceding point) by the trainee, across all the competency domains.

29. Operative experience for trainees	Documentation on weekly theatre schedule Evidence of trainees' exposure to emergency operative surgery Evidence of specialist trainees' access to "index" cases from trainees' log book and feedback	• Minimum of three elective theatre sessions per week per specialist trainee (focus is on opportunities to gain required competencies and is based on a combination of theatre time, case numbers and casemix) • No conflicting service demands which interfere with required operative experience by trainee • Number and level of surgical procedures varies with stage of training • Work schedules enable trainee to participate in emergency surgery • Specialist trainees have access to those indexed cases required for their training • Appropriate supervision is provided to trainees
30. Experience in perioperative care	Clinical examination rooms available Timetable of postoperative ward rounds	• Adequate rooms available to enable appropriate clinical examination of all preoperative patients: this could be at a pre-operative clinic or within day-of-surgery facility. • Scheduled daily postoperative ward rounds
31. Involvement in acute/emergency care of surgical patients	Documentation showing frequency of involvement in acute/emergency care of surgical patients	• Weekly (minimum of 1 in 5) involvement in acute/emergency care of surgical patients

Standard 7 - Equipment and clinical support services

A hospital must have the facilities, equipment and clinical support services required to manage surgical cases in a particular specialty

32. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	Hospital has the accredited status to undertake surgery	• Evidence of accreditation by ACHS or NZCHS to undertake surgical care
Accreditation Criteria	Factors Assessed	Minimum Requirements
33. Imaging – suitable diagnostic and intervention services	Documentation on accreditation Extent of services Timetable of weekly meetings with relevant surgical specialty	• Accredited by appropriate body/agency • Regular meeting with surgeons and the relevant unit-team

34. Diagnostic laboratory services	Documentation on accreditation Extent of service Timetable of weekly meetings	- Accredited by appropriate body e.g. NATA/ RCPA/ IANZ - Appropriate and timely pathology services available* - Regular multidisciplinary meetings and unit/team pathology meeting – these meetings will necessarily mesh with the hospital clinical service*.
35. Theatre equipment	Documentation on equipment available	This will vary from a standard suturing set to very sophisticated theatre equipment depending on the specialty of the post, size and casemix of the unit.
36. Support/ancillary services	Documentation on services	- Physiotherapy, occupational therapy, speech therapy and social work - Rehabilitation services - Specialty specific, e.g. breast care nurse/stoma therapist/audiologist/prosthetics*

Standard 8 - Clinical governance, quality and safety⁸

A hospital involved in surgical training must be fully accredited and have the governance structure to deliver and monitor safe surgical practices

Accreditation Criteria	Factors Assessed	Minimum Requirements
37. Hospital accreditation status	Evidence of accreditation	Hospital accredited by ACHS or NZCHS
38. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	Documentation on processes including those for correct site surgery	- Quality Assurance Committee or equivalent (with senior external member) reporting to appropriate governance body - Documentation published by hospital on HR, clinical risk management and other safety policies
39. Head of Surgical Department and governance role	Documentation on structure of surgical department Position description and reporting lines	Designated head of department with defined role in governance and leadership
40. Hospital Credentialing or Privileging Committee	Documentation on Credentialing or Privileging Committee and its activities	- Clinicians credentialed at least every five (5) years* - Credentialing relates to certification, subsequent training and experience and current scope-of-practice.

⁸ The Healthcare Board's role in clinical governance. 2004. Available at <http://www.health.vic.gov.au/qualitycouncil>

41. Morbidity & mortality and audit activities constituting peer review.	Documentation on audit and peer review program for unit	• Regular (at least monthly) unit/team review of morbidity/mortality related to recent unit/team activities. • All surgical staff and assigned medical students participate respectfully • Opportunity for trainees to participate
42. Higher-level Hospital systems reviews	Documentation on systems reviews	• Surgeons and trainees participate in review of systems as appropriate* • Could include targeted projects and/or root cause analysis
43. Experience available to trainees in root cause analysis	Documentation on root cause analysis education	• Training and participation occurs in root cause analysis*
44. Occupational safety	Documented measures available to ensure safety against hazards such as toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients and others.	• Available measures to prevent these occurring • Hospital protocol for dealing with possible exposure to hazards such as needle-stick injuries • Respectful teamwork in operating theatres

In association with the Surgical Specialty Societies and
Associations of Australia and New Zealand:



UROLOGICAL SOCIETY
OF AUSTRALIA
AND NEW ZEALAND



Australian Society
of Plastic Surgeons



NEW ZEALAND ASSOCIATION
of Plastic Surgeons

