



# Post-Fellowship Education & Training Program in Transplantation Surgery

General Surgeons Australia

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## Hospital Accreditation and Trainee Feedback Regulations:

## for the Post Fellowship Education & Training (PFET) Program in Transplantation Surgery

11 December 2020

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## 1. INTRODUCTION

### 1.1. Definition and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

<b>Term</b>	<b>Definition</b>
BOARD	GSA Board of Directors
GSA	General Surgeons Australia
PFET	Post Fellowship Education and Training
RACS	Royal Australasian College of Surgeons
ACCREDITATION STANDARDS	Refer to the RACS Accreditation of Hospitals and Posts for Surgical Education and Training manual, the PFET Program in Transplantation Surgery Hospital Accreditation Criteria Manual, and these regulations.
SUPERVISOR	Coordinates management, education and training of accredited Trainees in accredited training positions. Monitors performance, completes assessments, and identifies and documents performance management.
TRAINEE	Post Fellowship Education & Training Trainee

### 1.2. Overview

- 1.2.1. These Regulations establish the terms and conditions for the assessment and accreditation of training posts for the PFET Program in Transplantation Surgery and the process for obtaining feedback from Trainees on accredited posts.
- 1.2.2. Hospital Accreditation Inspections and the ensuring approval process are undertaken to ensure the suitability of units for the PFET Program in Transplantation Surgery.
- 1.2.3. Training for the PFET Program in Transplantation Surgery is undertaken in accredited training posts.
- 1.2.4. These Regulations are compliant with the Royal Australasian College of Surgeons Training Post Accreditation and Administration Policy.
- 1.2.5. The information in these Regulations is accurate as at the time of publication. The GSA Transplant Training Committee reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the most current version is available on the [GSA website](#). All persons are advised to ensure they are consulting the most current version.
- 1.2.6. The PFET Program in Transplantation Surgery is governed by the Regulations available on the [GSA website](#).

### **1.3. Administration and Ownership**

- 1.3.1. GSA is the body that conducts and administers the PFET Program in Transplantation Surgery in Australia and New Zealand.
- 1.3.2. The GSA Transplant Training Committee is responsible for the delivery of the PFET Program in Transplantation Surgery in Australia and New Zealand, the accreditation of Hospital posts, and the supervision and assessment of Post Fellowship Trainees.
- 1.3.3. For further information, refer to the [GSA Transplant Training Committee Terms of Reference](#).

## **2. APPLICATIONS**

### **2.1. New Training Post**

- 2.1.1. Applications for accreditation of a new training post must be submitted to the GSA Transplant Training Committee via the GSA PFET Online Application.
- 2.1.2. To be considered for a training post, applications must be received no later than 31 August in the year prior.
- 2.1.3. All new applications for accreditation must submit logbook data for any unaccredited Trainees/registrar who have worked in the post.
- 2.1.4. A new training post will be considered by the GSA Transplant Training Committee.
- 2.1.5. The relevant GSA Transplant Training Committee will undertake an initial review of the application and determine if:
  - a. The post does not meet the Accreditation Standards and therefore will not be considered for inspection at this time.
  - b. The post meets the Accreditation Standards and an inspection will take place to further determine whether or not the post is to be accredited. At this point the GSA Transplant Training Committee is only reviewing if there is potential for accreditation. The final accreditation recommendation is made by an inspection panel followed by the GSA Transplant Training Committee and the Board.
- 2.1.6. Where no logbook data is available, the GSA Transplant Training Committee may request to delay the review of the post and recommend that the Hospital place an unaccredited register in the post for 12 months before reapplying.

### **2.2. Quinquennial Inspections**

- 2.2.1. The GSA Transplant Training Committee inspects all training posts on a five-yearly cycle.
- 2.2.2. The quinquennial inspections are conducted by the GSA Transplant Training Committee in the year that the accreditation validity period ends.
- 2.2.3. Hospitals will be contacted in October of the preceding year regarding the scheduled inspection and must submit an application for accreditation via the GSA PFET Online Application.
- 2.2.4. A Hospital may choose not to participate in the quinquennial inspection, however, the relevant training post/s will not be reaccredited.

### **2.3. Reinspection**

- 2.3.1. Posts are accredited for a specific period of time not exceeding five years.
- 2.3.2. Where a post has been accredited for less than five years, that is prior to the next scheduled quinquennial inspection, a reinspection is required.
- 2.3.3. The reinspection is conducted in the year that the accreditation validity period ends.
- 2.3.4. A reinspection will be conducted by the GSA Transplant Training Committee.
- 2.3.5. The GSA Transplant Training Committee may initiate a reassessment at any time for any training post if any area of concern is identified that requires further investigation or if there has been a major change in circumstances. In such circumstances the GSA Transplant Training Committee Chair will communicate in writing the reason for the reassessment.
- 2.3.6. The GSA Transplant Training Committee will determine if an application is required. If required, the unit must submit the application via the GSA PFET Online Application by no later than 30 June.

- 2.3.7. If not required, the GSA Transplant Training Committee will request information on the aspects of the posts that were deficient in the previous inspection report. This information must be submitted by no later than 30 June.
- 2.3.8. A Hospital may choose not to participate in a reinspection, however the relevant training post/s will not be reaccredited.

## **2.4. Logbook Review**

- 2.4.1. A Logbook Review is where only the logbook numbers are reviewed.
- 2.4.2. Where a post has been accredited for less than five years, that is prior to the next scheduled quinquennial inspection, the GSA Transplant Training Committee may recommend, in the inspection report, that a Logbook Review is undertaken.
- 2.4.3. The Logbook Review is conducted in the year that the accreditation validity period ends following the mid-Year assessment.
- 2.4.4. The Logbook Review will be undertaken by the GSA Transplant Training Committee.
- 2.4.5. A Hospital unit will not be required to submit a full application for a Logbook Review.

### **3. INSPECTION PANEL**

#### **3.1. Quinquennial Inspections**

- 3.1.1. Quinquennial Inspections will be organised by the GSA Transplant Training Committee.
- 3.1.2. The panel will consist of the following members:
  - a. Minimum of two (2) and maximum of three (3) members of the GSA Transplant Training Committee (Fellows)
  - b. The GSA Transplant Training Committee may also invite a Trainee Representative to participate, although this is not mandatory. If no Trainee Representative is available, the panel will only comprise of 3.1.2a.
- 3.1.3. No member of the panel should be employed by the Hospital being inspected.
- 3.1.4. Inspection panels, where possible, will comprise of Fellows who do not work within the same Hospital network.
- 3.1.5. In situations where an entirely `outside` inspection panel cannot be formed; the panel may comprise of Fellows within the same Hospital network. In accordance with 3.1.3 however, Fellows who work at that Hospital will be excluded.

#### **3.2. Reinspection and New Post**

- 3.2.1. Reinspections and New Post Inspections (not in conjunction with Quinquennial Inspections) will be organised by the GSA Transplant Training Committee.
- 3.2.2. The panel will consist of the following members:
  - a. Minimum of two (2) and maximum of three (3) members of the GSA Transplant Training Committee (Fellows).
  - b. The GSA Transplant Training Committee may also invite a Trainee Representative to participate, although this is not mandatory. If no Trainee Representative is available, the panel will only comprise of 3.2.2a.
- 3.2.3. No member of the panel should be employed by the Hospital being inspected.
- 3.2.4. Inspection panels, where possible, will comprise of Fellows who do not work within the same Hospital network.
- 3.2.5. In situations where an entirely `outside` inspection panel cannot be formed; the panel may comprise of Fellows within the same Hospital network. In accordance with 3.2.3 however, Fellows who work at that Hospital will be excluded.

#### **3.3. Logbook Review**

- 3.3.1. A Logbook review will be organised by the GSA Transplant Training Committee.
- 3.3.2. The panel will consist of the following members:
  - a. Two (2) members of the GSA Transplant Training Committee (Fellows).
- 3.3.3. No member of the panel should be employed by the Hospital being inspected.

## **4. TYPE OF INSPECTION**

### **4.1. Paper-based**

- 4.1.1. All Quinquennial Inspections will be paper-based. A paper based inspection will comprise a teleconference with the following:
  - a. Hospital Administrators
  - b. Hospital Surgical Supervisor
  - c. Current Trainees allocated at the time of inspection, where applicable
- 4.1.2. A Logbook Review is considered a paper-based inspection.
- 4.1.3. The Panel may request to contact other trainers or Hospital administrators if appropriate.

## 5. INSPECTION PROCESS

### 5.1. Paper-based - not Logbook Review

- 5.1.1. By the application closing date, the Hospital Surgical Supervisor or appointed contact person shall complete the GSA PFET Online Application or Submission as per Sections 2.3.6, 2.3.7, or 9.
- 5.1.2. Failure to complete the Application or Submission by the due date may deem the post not-accredited.
- 5.1.3. The Inspection Panel will be provided with the following information from the PFET Hospital Accreditation Coordinator:
  - a. Hospital Application or Submission as per Sections 2.3.6 and 2.3.7. If the inspection has been prompted due to Section 9, the panel will be provided with an overview of the issues raised.
  - b. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of mid-Year, the logbook for this term will also be provided. If the inspection is for a new post, the Hospital will be required to submit logbook data for any unaccredited Trainees/registrars who have worked in the post.
  - c. Previous Inspection Report (if not a new post)
  - d. De-identified Trainee feedback reports (if not a new post) for the two years preceding the inspection
- 5.1.4. The Inspection Panel will be required to teleconference with the following personnel:
  - a. Hospital Surgical Supervisor
  - b. Current Trainees allocated at the time of inspection
  - c. The Panel may request to contact other General Surgery trainers or Hospital administrators if appropriate.
- 5.1.5. Following the inspection, the panel will submit a Draft Report, including accreditation determination and recommendations, to the GSA Transplant Training Committee.
- 5.1.6. The GSA Transplant Training Committee will review the Draft Report and approve the accreditation recommendation.
- 5.1.7. If during the course of the accreditation process issues regarding the conduct and/or behaviour of a member of the unit or Hospital are raised, the Inspection Team will notify the Hospital that:
  - a. Issues regarding professional conduct and/or behaviour have been raised.
  - b. The GSA Transplant Training Committee will review the issues prior to finalising the draft Inspection Report and seek any additional information required from the Inspection Team.
  - c. The distribution of the Draft Report to the Hospital may be delayed subject to further enquiry and investigation, by the GSA Transplant Training Committee, into the issues raised in the report. This enquiry and investigation may include but is not limited to:
    - Interview with surgeon/s named
    - Interview with Trainees
    - Interview with Hospital administration
    - Submission of a complaint via the RACS Complaint Process
    - Obtaining legal advice
  - d. Following investigation, the GSA Transplant Training Committee will review, and where required, amend the Draft Report and accreditation recommendation.
- 5.1.8. A copy of the Draft Report will be forwarded to the Hospital Surgical Supervisor and Director of Surgery, as appropriate, for their review and comments.

- 5.1.9. The Hospital will be requested to acknowledge receipt of the Draft Report and will have 21 days from receipt to provide its response. Any extension of time in which to respond must be requested by the Hospital in writing to the Chair of the GSA Transplant Training Committee. Any extension of time approval must not exceed 21 days and must be communicated in writing to the Hospital. If after 21 days no response is received by the Hospital, the Hospital will be deemed to have accepted the report.
- 5.1.10. Any comments or suggested changes made by the Hospital to the Draft Report will be reviewed by the GSA Transplant Training Committee and/or the Inspection Panel.
- 5.1.11. For clarity, while the GSA Transplant Training Committee will take all comments made by the Hospital into consideration when finalising the report, it is not obliged to accept any changes or comments suggested by the Hospital. A response will be provided to the Hospital either accepting the changes or providing a reason why the changes are not to be included.
- 5.1.12. Where a Hospital has requested a clarifying change, the Draft Report will be amended accordingly. A clarifying change is one relating to, but not limited to:
- a. Correction of personnel name and title
  - b. Correction to Hospital statistics
- 5.1.13. If substantial changes are required or suggested, the report will be reviewed once again by the GSA Transplant Training Committee. Following this review, a response will be provided to the Hospital either accepting the changes or providing a reason why the changes are not to be included. A substantial change is deemed, but not limited to, one or more of the following areas:
- a. Minor deficiencies
  - b. Major deficiencies
  - c. Accreditation Recommendation
- 5.1.14. Following finalisation, a Report will be issued and a copy will be provided to the Hospital via the Hospital Supervisor and/or contact person. For clarity, this will be known as the Final Report.
- 5.1.15. The accreditation recommendation will be forwarded to the Board for final approval.
- 5.1.16. Following final approval, an Accreditation Certificate will be issued to the Hospital via the Hospital Supervisor.

## **5.2. Paper-based - Logbook Review**

- 5.2.1. The Inspection Panel will be provided with the following information from the PFET Hospital Accreditation Coordinator:
- a. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of mid-Year, the logbook for this term will also be provided. If the inspection is for a new post, the Hospital will be required to submit logbook data for any unaccredited Trainees/registrars who have worked in the post.
  - b. Previous Inspection Report (if not a new post)
  - c. De-identified Trainee feedback reports (if not a new post) for the two years preceding the inspection.
  - d. If the review has been prompted due to Section 9, the panel will be provided with an overview of the issues raised.
- 5.2.2. Following the review, the Panel will submit a draft logbook report, including accreditation determination, to the GSA Transplant Training Committee.
- 5.2.3. The GSA Transplant Training Committee will review the report and approve the accreditation recommendation.
- 5.2.4. The report will be provided to the Hospital Supervisor or contact person for review and distribution within the Hospital as appropriate.

- 5.2.5. The Hospital must acknowledge receipt of the report and will have 21 days to provide any corrections to the report.
- 5.2.6. If after 21 days no response is received by the Hospital, the report will be taken as final.
- 5.2.7. If the Hospital provides comments or suggested changes, these will be reviewed by the Inspection Panel. Following this review, a response will be provided to the Hospital either accepting the changes or providing a reason why the changes are not to be included.
- 5.2.8. If significant changes are required or suggested, the report will be reviewed once again by the GSA Transplant Training Committee.
- 5.2.9. Following acceptance of the report, and following Sections 5.2.7 and 5.2.8 if applicable, a final copy will be provided to the Hospital via the Hospital Supervisor and/or contact person.
- 5.2.10. The accreditation recommendation will be forwarded to the Board for final approval.
- 5.2.11. Following final approval, an Accreditation Certificate will be issued to the Hospital via the Hospital Supervisor.

## **6. ACCREDITATION**

### **6.1. Process**

- 6.1.1. Posts will be accredited for one of the following specialty streams in the PFET Program in Transplantation Surgery:
  - a. Liver Transplantation
  - b. Renal Transplantation
  - c. Pancreas Transplantation
- 6.1.2. Posts will be accredited for a set time period between one to five years.
- 6.1.3. Posts will not be accredited for longer than five years.
- 6.1.4. Posts will not be accredited for less than one year unless accreditation is removed after six months.

## **7. ACCREDITATION CRITERIA**

### **7.1. Process**

- 7.1.1. The GSA Transplant Training Committee adheres to the PFET Program in Transplantation Surgery Hospital Accreditation Criteria, which are guided by the RACS Hospital Accreditation criteria.
- 7.1.2. The GSA Transplant Training Committee will determine the accreditation based on the review of the criteria.
- 7.1.3. Whilst an existing post may not be discredited or a new post not accredited, for not complying with one or more criteria, a recommendation may be made that the deficiency is rectified in a specific time-frame. An existing post may be discredited or a new post not accredited, if the deficiency is not rectified in the specified time-frame.

## **8. CHANGE IN CIRCUMSTANCES REVIEW**

### **8.1. Process**

- 8.1.1. To ensure the integrity of a post and ensure that the conditions under which a post was provided accreditation continue and are adhered to, the GSA Transplant Training Committee will instigate a mid-accreditation review for posts that have been granted an accreditation period of five (5) years.
- 8.1.2. The GSA Transplant Training Committee will send a letter and form to the Hospital Supervisor in March of the third year of accreditation
- 8.1.3. The form will request the following information
  - a. Number and EFT of Transplant consultants on unit
  - b. Unit structure
  - c. Operative exposure
  - d. Fellows on unit and division of responsibilities
  - e. Research opportunities
  - f. Trainee support and welfare
- 8.1.4. The Hospital Supervisor will be provided with a copy of the report from the previous inspection to assist in identifying where changes have occurred.
- 8.1.5. The form must be returned to the GSA Transplant Training Committee by 30 April.
- 8.1.6. The GSA Transplant Training Committee will review the data provided and determine if an early reinspection is required, based on any changes stipulated.
- 8.1.7. If a reinspection is required, the GSA Transplant Training Committee will inform the Hospital Supervisor of the reasons for the reinspection. The reinspection will proceed as per Section 5.
- 8.1.8. The panel will make a recommendation that may include, but is not limited to, :
  - a. Disaccreditation of post
  - b. Reduction in accreditation period
  - c. Confirmation of original accreditation period
  - d. Conditions that are to be met to continue with accreditation
- 8.1.9. The Hospital Supervisor may raise issues at any time that have arisen with an accredited post, outside of the Review of Circumstances timetable.
- 8.1.10. The GSA Transplant Training Committee will review the information provided and determine if an early reinspection is required. Section 8.1.7 and 8.1.8 will apply if an early reinspection is required.

## 9. TRAINEE FEEDBACK

### 9.1. Purpose

- 9.1.1. The GSA Transplant Training Committee is committed to ensuring that training posts meet the required Accreditation Standards. An important component of this process is obtaining feedback from Trainees.
- 9.1.2. The purpose of the feedback is to enable Trainees to provide constructive feedback on various aspects of the training post.

### 9.2. Areas Assessed by Trainee

- 9.2.1. Trainees are required to complete the questionnaire and provide honest feedback on the following areas of the post:
- a. Workload
    - Hours worked per fortnight
    - Outpatient Sessions
    - Operating Sessions
    - Consultant Ward Rounds
    - On-call Requirements
    - Night Roster
    - Leave Arrangements
  - b. Education and Training
    - Hospital education program
    - Case related teaching experience
    - Operative responsibility and teaching
    - On call supervision and training
    - Practical and/or technical workshops
    - Training experience during the year
  - c. Professional Development
    - Performance objectives
    - Feedback and assessment
    - Research support
    - Learning initiatives
    - Clinical audit
    - Career advice
    - Professionalism
  - d. Hospital/Unit Supervisors
    - Accessibility
    - Role modelling
    - Responsiveness
    - Organisation
    - Delivery of educational program
    - Motivational
    - Seeks feedback
  - e. Number and EFT of consultants on unit
  - f. Unit structure
- 9.2.2. The feedback process is not designed to raise personal issues with consultants or other Trainees.

### **9.3. Process**

- 9.3.1. The PFET Executive Officer will send a questionnaire to all Trainees in clinical training at the end of each year. At the time of the questionnaire, Trainees will be informed of the process as per Section 9.3.
- 9.3.2. The data is de-identified and collated before being reviewed annually and at each quinquennial or reinspection of a training post.
- 9.3.3. The PFET Executive Officer will review the feedback in the first instance. If any malicious, defamatory, or similar comments regarding consultants or other Trainees are included, the PFET Executive Officer will remove these comments from the report.
- 9.3.4. If significant or serious concerns about the educational validity of a post are identified, the GSA Transplant Training Committee Chair will be notified.
- 9.3.5. The GSA Transplant Training Committee Chair will review the concerns and determine the most appropriate course of action which may include, but is not limited to:
  - a. Discussion with the Trainee if consent is provided by the Trainee
  - b. Discussion with the Hospital Supervisor
  - c. Recommendation for a reinspection
- 9.3.6. If significant or serious concerns regarding the conduct of a consultant, Trainee, or SIMG in the unit are identified, the RACS Complaints Manager will be notified and the GSA Transplant Training Committee will take advice.