**POST FELLOWSHIP EDUCATION AND TRAINING (PFET) PROGRAM**

**ACCREDITATION APPLICATION FORM**

Please use this form to apply for RACS Accreditation of a Post Fellowship Education and Training Program. **All sections must be completed with supporting documentation attached**. If required, please note in the criteria field the relevant reference to your Society’s Submission document / Program Guidelines / Handbook – for example *“please refer to Section X.X of the Program Submission for further details”.*

**Application Fee:**

The assessment fee for accreditation of PFET Applications is listed on the [College website](http://www.surgeons.org/about/college-fees/). Following receipt of application, an invoice will be issued for the non-refundable fee.

**Important:**

Post Fellowship Education and Training Programs must be proposed by Specialty Societies of the nine specialties, or, by Sub-specialty Societies that have obtained sponsorship from the relevant major Specialty Society.

Please refer to the College website for further information about the [Approval of Post Fellowship Education and Training Programs](http://www.surgeons.org/education-training/post-fellowship-training/).

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| **Section 1: Applicant Details** |

* 1. **Program Details**

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| **Program Proposer**  *(Organisation name)* | Click here to enter text. |
| **PFET Program Title:** | Click here to enter text. |

* 1. **Society Contact Details**

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| **Society Name** | Click here to enter text. | | |
| **Address** | Click here to enter text. | | |
| **Suburb** | Click here to enter text. | **State** | Click here to enter text. |
| **Postcode** | Click here to enter text. | **Contact Number** | Click here to enter text. |
| **Contact Person’s Name** | Click here to enter text. | | |
| **Position** | Click here to enter text. | **Email** | Click here to enter text. |

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| **Section 2: Specialty Sponsorship (to be completed by a Sub-specialty Society ONLY)** |

**Note:** The Sub-specialty Society **MUST** be recognised as such by one or more of the Surgical Specialties.

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| **Program Sponsor**  *Name of the Specialty Society sponsoring the Application.* | Click here to enter text. |
| **Program Support (only for Programs with more than one associated Specialty Society)**  *If the sub-specialty is associated with more than one Specialty Society, it is desirable for all associated Specialties to support the proposed program (documented in a letter). If letters of support cannot be obtained from all the associated Specialties, please contact RACS prior to submitting this application form.* | Click here to enter text. |
| **Will the Program be bi-national?**  *If it is planned that the PFET program will run in both countries, and the supporting Specialty has separate New Zealand and Australian societies, sponsorship of both societies is required.* | Yes  No |

Attach relevant Letter/s of Support from Specialty Society/ies.

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| **Section 3: Assessment Criteria** |

A Post Fellowship Training Program proposal **MUST** include (but is not limited to) information on the following criteria:

**3.1 Demonstrated need based on public benefit / benefit to patient care**

Please describe how the program satisfies a public need and will benefit patient care.

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| Click here to enter text. |

**3.2 Justification on the basis of a specific and unique technical and scientific knowledge base**

Please outline the unique/specific skills and scientific knowledge required to meet this criterion.

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| Click here to enter text. |

**3.3 Evidence that the proposed program provides education and training that is significantly more specialised than that currently provided at a generalist level in one or more of the College’s nine specialty training programs**

Please outline how the proposed program provides significantly more specialised training then the relevant SET training program. Please include evidence that there is no significant overlap between the relevant SET program and the proposed PFET program.

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**3.4 The standards of care that the proposed program aims to deliver**

Please provide an outline of the standards of care that PFET trainees are expected to achieve during their training.

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| Click here to enter text. |

**3.5 Evidence of deliverability of proposed curriculum**

Please outline the mechanisms that will be used to determine the hospital’s ability to deliver the proposed curriculum. Please attach copies of any policies, procedures and hospital accreditation processes that will be in place.

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| Click here to enter text. |

Attach copies of any policies/procedures/hospital accreditation documentation used to assess this criterion.

**3.6 A defined curriculum and education standards based on the College Competencies**

Please provide a brief overview and attach a copy of the proposed curriculum. Please indicate how the program will meet the education standards that are consistent with the College competencies.

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| Click here to enter text. |

**3.7 Clinical Activity Requirements**

Please provide an overview of the minimum requirements for trainees’ clinical activity during their PFET training (such as logbook numbers, case-mix, primary/secondary operator level, operating sessions, or outpatient clinics).

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| Click here to enter text. |

**3.8 In-training formative assessments**

Please provide copies of in-training formative assessments and/or list the section(s) in the proposed program regulations that address this criterion.

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| Click here to enter text. |

Attach copy of in-training assessment form

**3.9 Processes to assess satisfactory performance in training (including progression and remediation of unsatisfactory performance)**

Outline the processes used to determine satisfactory performance, progression and completion of the proposed program. Please provide copies of any checklists/forms/policies used to assess this criterion or list the section(s) of the proposed program regulation that refer to this criterion.

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| Click here to enter text. |

Attach copy of any checklists/ assessments forms /policies

**3.10 Appropriate mechanisms for identifying surgical supervisors and educators**

Please provide details on the criteria used to determine how surgical supervisors will be appointed.

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| Click here to enter text. |

**3.11 Administrative support funded from program fees**

Please provide details on how the will program be funded and administered. Please indicate whether or not there will be any infrastructure consequences for the College should the PFET program be accredited.

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| Click here to enter text. |

**3.12 Consideration of workforce issues including the impact of sub-specialisation on the workplace**

Are there any areas of the workforce that will be negatively affected as a result of the program? Are there any areas of the program that overlap with the relevant Surgical Specialty’s SET program?

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| Click here to enter text. |

**3.13 Continuing Professional Development (CPD)**

Please outline the CPD requirements for the duration of the proposed program and the expected CPD requirements following satisfactory completion of the proposed program.

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| Click here to enter text. |

**3.14 Commitment to Surgical Research**

Please outline how the proposed program demonstrates a commitment to surgical research, and include details of any research requirements that PFET trainees are expected to complete.

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| Click here to enter text. |

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| **Section 4: Additional Information** |

Is there any further information you would like to add to support your application?

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| Click here to enter text. |

**Checklist for submitting an application for accreditation**

This symbol has been used to indicate where documentation should be attached. When submitting, please clearly label the attachments with the corresponding section/question.

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| **Have all relevant fields been completed?**  **Have all appropriate documentation been attached** and saved with a clear description?  Please post documents that are unable to be attached electronically (address below)  If the program is being proposed by a Sub-specialty society, a **letter of support from the relevant Specialty Society MUST be attached** with this application: |

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| **Disclaimer** |

The Program Proposer agrees that all information provided in this application is accurate and complete to the best of their knowledge.

The Program Proposer understands that if approved, it is the responsibility of the Program Proposer to advise the College of any substantive changes to the information provided in this application.

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| **Date:** | Click here to enter text. |

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| **Submitting your application** |

This application must be submitted electronically. Please email this form, with all required attachments to [pfetc@surgeons.org](mailto:pfetc@surgeons.org).

If you have any questions about completing this form please contact:

PFET Executive Officer

Telephone: +61 3 9276 7418

Fax: +61 3 9249 1240

Email: [pfetc@surgeons.org](mailto:pfetc@surgeons.org)

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