



The Royal Australasian College of Surgeons

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

ACCREDITATION OF HOSPITALS AND POSTS FOR SURGICAL EDUCATION AND TRAINING

PROCESS AND CRITERIA FOR ACCREDITATION



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Foreword

Surgical trainees are both postgraduate students in specialist education and training programs and employees of the health services and it is acknowledged that each of these aspects are important for a successful outcome of training. These trainees work in a broad range of clinical environments, each of which can provide a rich learning experience provided they are aligned to the career aspirations of each individual trainee. Trainees provide a significant contribution to the healthcare of patients and receive immense help in their training from the surgeons and the other staff with whom they work with on a daily basis and from the hospitals which employ them.

This document has been prepared to help familiarise hospital administrators with the requirements necessary to educate and train surgeons, as well as setting out for those who undertake and provide such training, clear standards and criteria which will ensure that proficiency will be achieved in the RACS nine core competency domains. It also meets the recommendations on accreditation of sites for surgical training by the Australian Medical Council¹ Australia Competition and Consumer Commission² and takes into account international developments in accreditation³.

The first version was produced in 2005 following extensive research, and consultation with the various College Boards, Specialty Associations and Societies, and the jurisdictions and signed off by all stakeholders and the College 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 the College Council at its meeting in February 2007.

The new 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 recognised in this latest revision.

The contribution of the Surgical Specialty Boards, Associations and Societies is gratefully acknowledged in the use of their logos on the cover of the document.

John P Collins
Dean of Education

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Background and Purpose of Accreditation

The Royal Australasian College of Surgeons (the College) is the principal body accredited by the Australian Medical Council and The Medical Council of New Zealand to provide and manage the education, training (including assessment) and professional development programs for surgeons in Australia and New Zealand. The Specialist Surgical Associations and Societies act as Agents of the College in the delivery of these programs, the extent of which varies with their level of contracted services. These organizations are consulted by the College on all matters of quality and standards.

The aim of surgical education and training is to ensure trainees progress through an integrated program which provides them with increasing professional responsibility under appropriate supervision in order to acquire the competencies needed to become fully fledged surgeons, able to practice independently or as part of a multidisciplinary team, in a range of hospitals, locations and practice settings. In order to facilitate this aim the College accredits hospital posts and ambulatory care facilities for surgical training in Australia and New Zealand.

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. The College, with the help of its Boards, the various Specialist Surgical Associations and Societies and the jurisdictions, has developed a hospital accreditation process and set of accreditation criteria. The criteria are based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts.

The standards and criteria have been produced to enable trainees to become proficient in the nine key competencies identified by the College (Appendix1) as necessary to fulfil the different roles of the surgeon. The development of these core competencies has taken into account the CanMEDS 2005 Physician Competency Framework⁵ and other similar documents. A small number of additional requirements may exist for some specialties and these will be found on their websites, the addresses of which are listed in Appendix 2.

Flexibility will be required in the application of the criteria because of the wide range of hospital and health services in which surgical training takes place. Similarly, few hospitals will be able to provide the breadth of experience necessary to fulfil training requirements and 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 and these are easily identifiable. Provision has been made for flexibility through the use of the expression “in hospital or within hospital network”.

The number of beds available to an individual specialty and the level of support required in terms of care e.g. intensive care, high dependency unit etc, will vary depending upon the complexity of the different surgical procedures being performed.

In developing a clinical service and making sure appropriate training positions are identified, the College, Specialist Surgical Associations and Societies, hospitals and jurisdictions will work positively and flexibly to ensure all accreditation criteria are clearly understood at least six months prior to an accreditation cycle or three months prior to undertaking accreditation of a proposed new post.

Vocational education is a joint venture shared between the hospitals, surgeons, trainees, the College Boards and the various Specialist Surgical Associations and Societies, and it is acknowledged that cooperation between all parties is required to achieve the best outcomes.

Process of Accreditation

The College works collaboratively with the Specialist Associations and Societies in delivering Surgical Education and Training. Some Associations and Societies have the Accreditation Process fully delegated to them. The responsibility for carrying out accreditation of training positions and reporting to the College is delegated in Orthopaedics to the Australian Orthopaedic Association (AOA) and the New Zealand Orthopaedic Association (NZOA), in Plastic and Reconstructive Surgery to the Australian Society of Plastic Surgery (ASPS) and the New Zealand Association of Plastic Surgery (NZAPS), in Urology to the Urological Society of Australia and New Zealand (USANZ), in Neurosurgery to the Neurosurgical Society of Australasia (NSA) and in General Surgery in Australia to General Surgeons Australia (GSA). The AOA and the NZOA will report to the College through the AOA and NZOA Boards. If an application is sent to the College it will be promptly forwarded to the appropriate Board Chair and Specialist Association or Society.

From 2009 the College has introduced a Post Accreditation Fee payable by hospitals seeking formal accreditation. This fee, payable on a site/specialty basis, has been calculated on a cost recovery basis to offset the administrative, travel and accommodation costs of accreditation. Fees are approved by Council in October of each year and are published on the College website.

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 an additional new post for training. The College or delegated Specialist Association or Society will initiate the process where re-accreditation needs to occur at the completion of a previous period of accreditation. Occasionally re-accreditation may be necessary when concerns are identified relating to the quality of training or other issues at a particular hospital.

The College and the Specialty Societies and Associations have agreed⁶ that posts available for the next training year will be confirmed in June, prior to the announcement in July of successful applicants to the Surgical Education and Training Program. Applications for accreditation that are received after January 31 of each year will not be eligible for consideration as a training post in the next training year.

1. Documentation relating to accreditation for surgical training including the process, the criteria and a template to help with application, are available on the web at www.surgeons.org or by sending an e-mail request to College.Accreditation@surgeons.org.
2. The completed application document or template for the relevant specialty should be signed by the appropriate senior administrator of the hospital/health service and submitted to the College or the Specialist Association or Society where indicated for processing.

Applications, accompanied by the payment for the Post Accreditation Fee, are addressed to the Chief Executive Officer and can be submitted via e-mail to College.Accreditation@surgeons.org or via registered mail to: Chief Executive Officer, Royal Australasian College of Surgeons, College of Surgeons Gardens, Spring Street, Melbourne 3000. Applications received by a delegated specialist society/association are deemed to have been received by the College.

3. After the completed application forms are received they will be acknowledged and checked for completeness. A request for further information, if deemed necessary, will be sent to the applicants. The College aims to complete the accreditation of a post within six months of receiving complete information.
4. The completed application will be forwarded to the appropriate Specialty Training Board. If the Accreditation is managed by a Specialist Association or Society the material will be forwarded promptly to that appropriate group. Applications that meet the minimum criteria are recommended for progression to an accreditation visit.

If the information provided does not meet the minimum criteria, advice will be provided on how the deficiencies identified can be rectified.

NB: 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 such circumstances the Board may schedule an inspection visit during the accredited period.

5. Where 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 will normally include:
 - A surgeon who is a Fellow of the College 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 the College (a surgeon within five years of completing Specialist Surgical Training) where possible.
 - A jurisdictional representative.

Some of the Surgical Specialties include a further Fellow of the College who is an experienced surgeon in that specialty, as part of the team. At least one of the Fellows involved in the accreditation team should 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 facility or associated network being accredited.

The accreditation team will need to be provided with all relevant paperwork at least ten working days prior to the scheduled visit.

6. 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. One hour will need to be scheduled for a meeting with the trainees, which is critical to the accreditation visit.
7. On completion of the accreditation visit, the team will within 4 weeks prepare an agreed draft Accreditation Report, a copy of which will be sent to the hospital CEO for correction of any factual errors.
8. Where a post is recommended for accreditation on the basis of a document-based assessment, an Accreditation Report will be prepared within 4 weeks of the decision and forwarded to the hospital CEO for comment on any factual errors.
9. Applicants who choose to comment on an Accreditation Report must respond to the Chair of the accreditation team within thirty days (or a timeframe determined by delegated societies/associations).
10. After consideration of any comments from the applicants, the Specialty Training Board will make a recommendation of accreditation to the Board of Surgical Education and Training, Education Board and then Council.
11. The 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.
12. Where accreditation or re-accreditation is not approved or when it is withdrawn, information on this decision will include the specific reasons or deficiency identified and outline what modifications may help lead to accreditation. The College and Specialist Surgical Associations and Societies are keen to work with hospitals to overcome perceived deficiencies and 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.
13. Appeal methodology. The applicant has the right to appeal this decision through the College's Appeals Mechanism. An appeal can be initiated by a written request to the Chief Executive Officer. The policy on appeals can be viewed on the College website at www.surgeons.org by selecting "Policies".
14. Approved Training Posts will be acknowledged by a College Accreditation Certificate. The approved supervisor will also be acknowledged by a College Supervisor's Certificate.

The College must be advised immediately of any major changes at an accredited site which threatens the educational quality of the training program such as substantial staffing changes or theatre closures.

ACCREDITATION CRITERIA

Standard 1 - 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	Essential in the Hospital or within Hospital Network
1. Computer facilities with IT support	Computer facilities and Internet/ broadband access	<ul style="list-style-type: none"> • 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 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>
2. Tutorial room available	<p>Documented booking and access processes</p> <p>Feedback from supervisor and trainees</p>	<ul style="list-style-type: none"> • Tutorial rooms available when required 	<p>In the hospital</p>
3. Access to private study area	<p>Designated study area</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> • Designated study area/room available isolated from busy clinical areas • 24-hour access acknowledging security issues 	<p>In the hospital</p> <p>In the hospital</p>
4. General educational activities within the hospital	<p>Weekly hospital educational program</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> • Weekly program publicised in advance • Weekly Grand Rounds • Opportunities for trainees to present cases/topics 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>
Standard 2 - Quality of education, training and learning Trainees will have opportunities to participate in a range of desirable activities, the focus of which is inclusive of their educational requirements			
5. Coordinated schedule of learning experiences for each trainee	<p>Publicised weekly timetable of activities which incorporate the learning needs of the trainee</p>	<ul style="list-style-type: none"> • Weekly Imaging meeting • One formal structured tutorial per week 	<p>In the hospital</p> <p>In the hospital</p>

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
6. Access to simulated learning environment	Documentation on local opportunities for self-directed skills acquisition and practice	<ul style="list-style-type: none"> Simple basic skills training equipment available, e.g. for suturing practice 	Within hospital network
7. Access to external educational activities for trainees	<p>Documented hospital HR Policy on educational leave for trainees</p> <p>Documentation on equipment provided</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> Trainees given negotiated educational leave to attend <u>obligatory 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 	<p>By the hospital</p> <p>By the hospital or within hospital network</p> <p>By the hospital</p>
8. Opportunities for research, inquiry and scholarly activity	<p>Recent or current research funding, publications, current research projects, recognised innovation in medicine, clinical care or medical administration</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> 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 the College 	<p>Within hospital network</p> <p>Within hospital network</p> <p>Within hospital network</p>
9. Supervised experience in patient resuscitation	Documentation on opportunities for trainees to be involved in resuscitation of acutely ill patients	<ul style="list-style-type: none"> Trainees rostered for clinical responsibilities in ICU or HDU and Emergency Department 	Within hospital network
10. Supervised experience in an Emergency Department	<p>Documentation on accreditation of Emergency Department</p> <p>Documentation on role of trainees in the Emergency Department</p>	<ul style="list-style-type: none"> Accreditation by Australasian College of Emergency Medicine Trainees manage patients in the Emergency Dept under supervision 	<p>Within hospital network</p> <p>Within hospital network</p>

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
11. Supervised experience in Intensive Care Unit (ICU)	Documentation on accreditation of ICU Documentation on role of trainees in ICU	<ul style="list-style-type: none"> Accreditation by ANZ College of Anaesthetists and Royal Australasian College of Physicians Trainees involved in patient care in ICU, under supervision 	Within hospital network Within hospital network
Standard 3 – Surgical supervisors and staff Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback			
12. Designated supervisor of surgical training	Documentation on supervisor Feedback from trainees	<ul style="list-style-type: none"> Clearly identifiable and named supervisor FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society Regularly available and accessible to trainees 	In the hospital In the hospital In the hospital
13. Supervisor's role/responsibilities	Hospital documentation on supervisor's role/responsibilities in keeping with College requirements as documented in the Surgical Supervisors Policy. Feedback from trainees	<ul style="list-style-type: none"> Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) Supervisor participates in RACS supervisors' courses/meetings 	In the hospital In the hospital
14. Specialist surgical staff appropriately qualified to carry out surgical training	Documentation on qualifications of specialist surgical staff	<ul style="list-style-type: none"> Surgeons have FRACS or RACS recognised equivalent in that specialty and current experience in subspecialty areas where required for training 	In the hospital
15. Surgeons committed to training program	Weekly scheduled educational activities of surgeons Feedback from trainees	<ul style="list-style-type: none"> Surgeons attend scheduled educational and audit meetings All surgeons foster the learning of the RACS nine core competencies (Appendix1) (responsibility for compliance shared by surgeons and hospital)	In the hospital In the hospital

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
16. Regular supervision, workplace-based assessment and feedback to trainees	<p>Documentation on hospital/ department practices relating to supervision, workplace-based assessment and feedback to trainees</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> • Goals discussed and agreed between surgeon and trainee at the commencement of each surgical rotation • One-to-one regular supervision • One-to-one constructive feedback on performance every three months • Opportunities provided for trainee to rectify any weaknesses • One-to-one discussion on RACS formal assessment form • Workplace-based assessment tools⁷ to be introduced gradually and after surgeons have had the opportunity to participate in the College course on the use of these tools <p>(responsibility for compliance shared by surgeons and hospital)</p>	<p>In the hospital</p>
17. Hospital support for surgeons involved in education and training	<p>Documentation on weekly service and educational activities of surgical staff</p> <p>Documentation on recognition and support for supervisors</p> <p>HR Policy on educational leave</p>	<ul style="list-style-type: none"> • The Hospital 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 dependent on the number of trainees but should be at least 0.2 EFT if there are 5 trainees under supervision. For larger numbers of trainees additional support should be considered. • Surgeons who attend obligatory RACS or Specialty Supervisors' meeting / courses should have negotiated leave for these. 	<p>In the hospital</p> <p>In the hospital</p>

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
	Secretarial services available for supervisor's role	<ul style="list-style-type: none"> • Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training. 	In the hospital
	Feedback from surgeons		In the hospital
18. Hospital response to feedback conveyed by the College on behalf of trainees	Mechanisms for dealing with feedback	<ul style="list-style-type: none"> • Resolution of validated problems 	In the hospital
Standard 4 – Support services for trainees Hospitals and their networks committed to the education, training, learning and wellbeing of trainees who in turn acknowledge their professional responsibilities			
19. Hospital support for trainees	<p>Safe hours practiced</p> <p>Safety procedures for trainees leaving the hospital outside normal working hours</p> <p>Hospital environment is free of intimidation, harassment and abuse of trainees</p> <p>Level and accessibility of Human Resources services</p> <p>Recognition of career aspirations of trainees by the hospital and RACS supervisor</p> <p>Feedback from Trainees</p>	<ul style="list-style-type: none"> • 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 Doctors⁸, and in New Zealand the principles outlined in the Multi Employer Collective Agreement (MECA) • Hospital promotes trainee safety and provide security when necessary • Hospital does not allow trainee to be intimidated, harassed or abused • Readily accessible Human Resources service available to trainees including counselling if required • Allocation of clinical rotations take trainee's career/surgical specialty aspirations and requirements into account (joint hospital/supervisor responsibility) 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>
20. Trainees' professional responsibilities – Duty of Care	Feedback from employers	<ul style="list-style-type: none"> • Trainees' recognition of the concept of Duty of Care • Joint trainee/supervisor and College responsibility 	In the hospital

Standard 5 - 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	Essential in the Hospital or within Hospital Network
21. Supervised consultative ambulatory clinics in consultative practice	<p>Documentation on frequency of consultative clinics</p> <p>Documentation which shows trainees see new and follow-up patients</p> <p>Documentation on alternatives provided if no consultative clinics available in the hospital</p>	<ul style="list-style-type: none"> • Trainees attend a minimum of one consultative clinic per week • Trainees see new and follow-up patients under supervision <p>Trainees attend alternative supervised consultative clinics</p>	<p>In the hospital</p> <p>In the hospital</p> <p>Outside the hospital</p>
22. Beds available for relevant specialty	Documentation on accessible beds for specialty	Sufficient beds to accommodate caseload required for training	In the hospital
23. Consultant led ward rounds with educational as well as clinical goals	<p>Documentation on the frequency of consultant led scheduled ward rounds</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> • Two per week • Teaching of trainees on each ward round 	<p>In the hospital</p> <p>In the hospital</p>
24. Caseload and casemix	<p>Summary statistics of number and casemix of surgical cases managed by the relevant specialty in the previous year</p> <p>Number and casemix of surgical cases managed by each trainee's team over the previous year</p>	<ul style="list-style-type: none"> • Regular elective and acute admissions. This will vary depending on the type of service and the casemix. (General guidelines will be provided six months prior to the accreditation cycle and more specific advice at least four weeks prior to visit by Accreditation Team) • Number and casemix varies between specialties and the focus is on competence acquisition (same as preceding point) 	<p>In the hospital</p> <p>In the hospital</p>
25. Operative experience for trainees	Documentation on weekly theatre schedule	<ul style="list-style-type: none"> • 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 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
	Evidence of trainees' exposure to emergency operative surgery Evidence of specialist trainees' access to "index" cases from trainees' log book and feedback	<ul style="list-style-type: none"> with stage of training The focus is on competence acquisition (General guidelines will be provided six months prior to the accreditation cycle and more specific advice at least four weeks prior to visit by Accreditation Team) Rosters and work schedules enable trainee to participate in emergency surgery <p>Specialist trainees have priority access to those indexed cases required for their training</p>	In the hospital In the hospital
26. Experience in perioperative care	Clinical examination rooms available Timetable of postoperative ward rounds	<ul style="list-style-type: none"> Adequate rooms available to enable appropriate clinical examination of all preoperative patients Scheduled daily postoperative ward rounds 	In the hospital In the hospital
27. Access to ambulatory care surgery	Documentation on access to ambulatory care surgery	<ul style="list-style-type: none"> Regular weekly experience with ambulatory care surgical procedures 	In the hospital
28. Involvement in acute/emergency care of surgical patients	Documentation showing frequency of involvement in acute/emergency care of surgical patients	<ul style="list-style-type: none"> Weekly (minimum of 1 in 5) involvement in acute/emergency care of surgical patients 	In the hospital
Standard 6 - 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			
29. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	Hospital has the accredited status to undertake surgery	<ul style="list-style-type: none"> Evidence of accreditation by ACHS or NZCHS to undertake surgical care <p>*See individual specialty websites (Appendix2) for specific requirements</p>	In the hospital

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network
30. Imaging – diagnostic and intervention services	Documentation on accreditation Extent of services Timetable of weekly meetings with relevant surgical specialty Feedback from surgeons and trainees	<ul style="list-style-type: none"> Accredited by appropriate Body Basic imaging of head chest, abdomen, pelvis and musculoskeletal system <p>*See individual specialty websites (Appendix 2) for specialty specific requirements</p> <p>Weekly meeting with surgeons</p>	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>
31. Diagnostic laboratory services	Documentation on accreditation Extent of service Timetable of weekly meetings Feedback from surgeons and trainees	<ul style="list-style-type: none"> Accredited by appropriate Body eg NATA/ RCPA/ IANZ Haematology Biochemistry Cytopathology Bacteriology Weekly multidisciplinary meeting) 	<p>In the hospital</p> <p>Within hospital network</p> <p>Within hospital network</p>
32. Theatre equipment	Documentation on equipment available Feedback from surgeons and trainees	<ul style="list-style-type: none"> This will vary from a standard suturing set to very sophisticated theatre equipment depending on the size and casemix of the unit. <p>*See individual specialty websites (Appendix 2) for specialty specific requirements</p>	<p>In the hospital</p>
33. Support/ancillary services	Documentation on services Feedback from surgeons and trainees	<ul style="list-style-type: none"> Physiotherapy, rehabilitation, social work Specialty specific, e.g. breast care nurse/stoma therapist/speech therapist/audiologist/prosthetics/photographic <p>*See individual specialty websites (Appendix 2) for specialty specific requirements</p>	<p>In the hospital or off site</p> <p>In the hospital or within network</p>

Standard 7 - Clinical governance, quality and safety⁹

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	Essential in the Hospital or within Hospital Network
34. Hospital accreditation status	Evidence of accreditation	<ul style="list-style-type: none"> Hospital accredited by ACHS or NZCHS 	In the hospital
35. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	Documentation on processes including those for correct site surgery	<ul style="list-style-type: none"> Quality Assurance Board or equivalent (with senior external member) reporting to appropriate governance body Documentation published by hospital on HR, clinical risk management and other safety policies 	<p>In the hospital</p> <p>In the hospital</p>
36. Head of Surgical Department and governance role	<p>Documentation on structure of surgical department</p> <p>Position description and reporting lines</p>	<ul style="list-style-type: none"> Designated Head with negotiated role in governance and leadership 	In the hospital
37. Hospital Credentialing or Privileging Committee	Documentation on Credentialing or Privileging Committee and its activities	<ul style="list-style-type: none"> Clinicians credentialed at least every 5 years 	Within hospital network
38. Surgical audit and peer review program	Documentation on audit and peer review program for unit	<ul style="list-style-type: none"> Monthly audit review of morbidity/mortality All surgical staff participate Opportunity for trainees to participate 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>
39. Hospital systems reviews	Documentation on systems reviews	<ul style="list-style-type: none"> Surgeons and trainees participate in review of patient/system adverse events 	Within hospital network
40. Experience available to trainees in root cause analysis	<p>Documentation on root cause analysis education</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> Training and participation occurs in root cause analysis 	Within hospital network
41. Occupational safety	Documented measures available to ensure safety against hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients and others	<p>Available measures to prevent these occurring</p> <ul style="list-style-type: none"> Radiation protective equipment available Hospital protocol for dealing with possible exposure to hazards 	<p>In the hospital</p> <p>In the hospital</p> <p>In the hospital</p>

Appendix 1: RACS Nine Key Competencies for Surgeons

Medical Expertise

Judgment – Clinical Decision Making

Technical Expertise

Professionalism

Scholarship and Teaching

Health Advocacy

Collaboration

Communication

Management and Leadership

Appendix 2: Further information on Accreditation Criteria may be obtained from the relevant Specialty’s website, as listed below

Specialty	Website Address
Cardiothoracic Surgery	www.ascts.org
General Surgery	Australia www.generalsurgeonsaustralia.com.au New Zealand www.nzags.co.nz
Neurosurgery	www.nsa.org.au
Orthopaedic Surgery	Australia www.aoa.org.au New Zealand www.nzoa.org.nz
Otolaryngology Head and Neck Surgery	Australia www.asohns.org.au New Zealand www.orl.org.nz
Paediatric Surgery	www.paediatric surgeons.org
Plastic and Reconstructive Surgery	Australia www.plasticsurgery.org.au New Zealand www.plasticsurgery.org.nz
Urology	www.usanz.org.au
Vascular Surgery	www.anzsvs.org.au

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