FORM	ROYAL AUSTRALASIAN COLLEGE OF SURGEONS		
Subject:	**RACS Accreditation Application**	**Ref. No.**	**ETA-SET-045**

How to complete:

The Royal Australasian College of Surgeons (RACS) Council has delegated the responsibility for the assessment of training posts to the Specialty Boards (see Appendix), using the approved Criteria for the Accreditation of Training Posts. Refer to the Accreditation of Hospitals and Posts for Surgical Education and Training booklet available on the RACS website for more information. Each criterion has its minimum requirements listed, and hospitals are requested to attach documentation that substantiates the achievement of this.

- **Criteria requiring a single response**
  For some criteria, a single response will satisfy requirements irrespective of the number of specialties for which accreditation is sought.
  An *example* of this is Standard 3, criterion 14: Supervised experience in Intensive Care Unit (ICU). The minimum requirement for this is evidence of accreditation by the Australasian College of Emergency Medicine. By attaching a copy of the accreditation certificate from the applicable body, this criterion is satisfied.

RACS APPLICATION FOR ACCREDITATION FORM

This document has been developed in consultation with RACS to facilitate the accreditation application process pending the availability of online applications for accreditation.

IS THIS A NEW POST (NP) OR A RE-ACCREDITATION (R)			
SPECIALTY:		**DEPARTMENT, FACILITY:**	
NAME:		**POSITION TITLE:**	
EMAIL ADDRESS:		**PHONE NUMBER:**	

RACS ACCREDITATION CRITERIA

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**	**Essential in the Hospital / within Hospital Network**	**List of documents attached that substantiate the achievement of minimum criteria**
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, which promotes a culture and environment of respect.	In the hospital In the hospital In the hospital	
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.	In the hospital In the hospital	
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 misdemeanors 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.	In the hospital In the hospital In the hospital In the hospital	

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	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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	In the hospital In the hospital In the hospital	
5. Tutorial room available	Documented booking and access processes	• Tutorial rooms available when required	In the hospital	
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	In the hospital In the hospital	
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	In the hospital In the hospital In the hospital	

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

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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	In the hospital In the hospital	
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	Within hospital network	

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 mandatory face-to-face 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	Within hospital network Within hospital network Within hospital network	
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	Within hospital network Within hospital network Within hospital network	
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	Within hospital network	
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	Within hospital network Within hospital network	
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	Within hospital network Within hospital network	

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

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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	In the hospital	
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	In the hospital In the hospital In the hospital	
17. Credentialled 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.	In the hospital In the hospital	
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 http://www.surgeons.org/becoming-a-surgeon/surgical-education-training/competencies/ • responsibility for compliance shared by surgeons and hospital	In the hospital In the hospital In the hospital	

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	In the hospital	
		• One-to-one clinical supervision	In the hospital	
		• Frequent informal feedback encouraged	In the hospital	
		• Structured constructive feedback and recorded assessment on performance every three months	In the hospital	
		• Opportunities are provided for trainee to respond to feedback, especially with ongoing supervisor support	In the hospital	
		• 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.	In the hospital	
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 Secretarial services available for supervisor's role	• 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.	In the hospital	
		• Surgeons who attend mandated RACS and Specialty Society Supervisors' meetings / courses should have negotiated leave for these.	In the hospital	
		• Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training.	In the hospital	
21. Hospital response to feedback conveyed by RACS on behalf of trainees	Mechanisms for dealing with feedback	• Resolution of validated problems	In the hospital	

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

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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 Doctors[1] 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)	In the hospital In the hospital In the hospital In the hospital	
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	In the hospital In the hospital In the hospital	
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.	In the hospital In the hospital In the hospital	

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

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	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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.	In the hospital In the hospital Outside the hospital	
26. Beds available for relevant specialty	Documentation on accessible beds for specialty	• Sufficient beds to accommodate caseload required for training	In the hospital	
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).	In the hospital	
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.	In the hospital In the hospital	

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)	In the hospital	
			• No conflicting service demands which interfere with required operative experience by trainee	In the hospital	
			• Number and level of surgical procedures varies with stage of training	In the hospital	
			• Work schedules enable trainee to participate in emergency surgery	In the hospital	
			• Specialist trainees have access to those indexed cases required for their training	In the hospital	
			• Appropriate supervision is provided to trainees	In the hospital	
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.	In the hospital	
			• Scheduled daily postoperative ward rounds	In the hospital	
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	In the hospital	

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

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
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	In the hospital	
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	In the hospital In the hospital	
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	In the hospital Within hospital network Within hospital network	
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.	In the hospital	
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	In the hospital or off site In the hospital or off site In the hospital or within network	

Standard 8 - Clinical governance, quality and safety[2]
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 / within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
37. Hospital accreditation status	Evidence of accreditation	• Hospital accredited by ACHS or NZCHS	In the hospital	
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	In the hospital In the hospital	
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	In the hospital	
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.	Within hospital network In the hospital	
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	In the hospital In the hospital In the hospital	
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	Within hospital network Within hospital network	
43. Experience available to trainees in root cause analysis	Documentation on root cause analysis education	• Training and participation occurs in root cause analysis	Within hospital network	

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[2] The Healthcare Board's role in clinical governance. 2004. Available at http://www.health.vic.gov.au/qualitycouncil

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	In the hospital	
		• Hospital protocol for dealing with possible exposure to hazards such as needle-stick injuries	In the hospital	
		• Respectful teamwork in operating theatres	In the hospital	

APPENDIX 1

Further information on Accreditation Criteria may be obtained from the relevant Specialty Board websites as listed below

Specialty Board	Administration	Website
Board of Cardiothoracic Surgery	RACS Surgical Training Department	www.surgeons.org/surgical-specialties/cardiothoracic/
Board in General Surgery	General Surgeons Australia New Zealand Association of General Surgeons	www.generalsurgeonsaustralia.com.au 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/otolaryngologyhead-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-andreconstructive/
Board of Urology	Urological Society of Australia and New Zealand	www.urosoc.org.au
Board of Vascular Surgery	Australian and New Zealand Society of Vascular Surgery	www.anzsvs.org.au