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Royal Australasian College of Surgeons

AUSTRALIAN BOARD IN GENERAL SURGERY

General Surgeons Australia

# Hospital Accreditation & Trainee Feedback Regulations

FOR THE GENERAL SURGERY SURGICAL EDUCATION & TRAINING PROGRAM

*EFFECTIVE 29 NOVEMBER 2019*

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# 1. Introduction

## 1.1 DEFINITIONS AND TERMINOLOGY

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

| TERM | DEFINITION |
|---|---|
| Board (the Board) | Australian Board in General Surgery |
| BSET | Board of Surgical Education and Training |
| GSA | General Surgeons Australia |
| Accreditation Standards | Refer to the RACS Accreditation of Hospitals and Posts for Surgical Education and Training manual and these regulations. |
| RACS | Royal Australasian College of Surgeons |
| Post | Training position accredited by the Australian Board in General Surgery |
| SET | Surgical Education and Training |
| Hospital Surgical Supervisor | The Hospital Surgical Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Surgical Supervisor is appointed and approved by the Board and BSET and is a member of the relevant Training Committee. |
| Unit Supervisor | The Unit Supervisor is a delegate of the Hospital Surgical Supervisor and is a consultant surgeon on an accredited unit which trainees are allocated to. The Unit Supervisor may perform the duties of the Hospital Surgical Supervisor as outlined in the regulations and as delegated by the Hospital Surgical Supervisor. |
| Training Committee | The Training Committee is a subcommittee of the Australian Board in General Surgery responsible for the management of trainees in New South Wales-ACT, Victoria-Tasmania, Queensland, Western Australia, and South Australia-Northern Territory. |
| Network/Hub Supervisor | In Victoria-Tasmania, Queensland and New South Wales-ACT hospitals with accredited training posts are divided into Hubs/ Networks. In these jurisdictions, a Hub Supervisor is appointed to each Hub to oversee trainees allocated to hospitals within the Hub. The Hub Supervisor is a consultant surgeon appointed and approved by the Board and BSET and is a member of the relevant Training Committee. |

# 1. Introduction

## 1.2 OVERVIEW

1.2.1. The Regulations establish the terms and conditions for the assessment and accreditation of training posts for the General Surgery SET Program and process of 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 SET Program in General Surgery.

1.2.3. Training for the SET Program in General 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 Board 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. All persons are advised to ensure they are consulting the most current version.

1.2.6. The General Surgery SET Program is governed by the General Surgery Training Regulations available on the GSA website.

## 1.3 ADMINISTRATION AND OWNERSHIP

1.3.1. The RACS is the body accredited and authorised to conduct Surgical Education and Training in Australia and New Zealand.

1.3.2. The Board is responsible for the delivery of the SET Program in General Surgery in Australia including selection, the accreditation of hospital posts, and the supervision and assessment of General Surgical Trainees.

1.3.3. The program, including hospital accreditation, is administered by GSA.

# 2. Applications

## 2.1 NEW TRAINING POST

2.1.1. Applications for accreditation of a new training post must be submitted to the Australian Board in General Surgery via the GSA Online Application.

2.1.2. To be considered for a training post, applications must be received no later than 31 March in the year prior to allow for completion of the accreditation process prior to the final allocation of trainees during Selection.

2.1.3. All new applications for accreditation must submit logbook data for any unaccredited trainees/registrars who have worked in the post.

2.1.4. A new training post will be considered by the relevant Training Committee, or by the Board if occurring during the Quinquennial Inspections.

2.1.5. The relevant Training Committee will undertake an initial review of the application and determine if:

a. The post does not meet the Accreditation Standard and therefore will not be considered for inspection at this time.

b. The posts meet the Accreditation Standard and an inspection will take place to further determine whether or not the post is to be accredited. At this point the Training Committee is only reviewing if there is potential for accreditation. The final accreditation recommendation is made by an inspection panel followed by the Training Committee and the Australian Board in General Surgery.

2.1.6. Where no logbook data is available, the Board or 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 Board inspects all training posts in each region on a five-yearly cycle.

2.2.2. The quinquennial inspections are conducted by the Board the year 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 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. Applications

## 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, a reinspection is required.

2.3.3. The reinspection is conducted the year of the accreditation validity period ends.

2.3.4. A reinspection will be conducted by either the relevant Training Committee or Board.

2.3.5. The relevant Training Committee or Board may initiate a reassessment at any time for any training post if any area of concern is identified which requires further investigation or if there has been a major change in circumstances. In such circumstances the Board or Training Committee Chair will communicate in writing the reason for the reassessment (refer to Section 9 and 10).

2.3.6. The Training Committee or Board will determine if an application is required. If required, the unit must submit the application via the GSA Online Application by no later than 31 March.

2.3.7. If not required, the Training Committee or Board 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 31 March.

2.3.8. A hospital may choose not to participate in a re-inspection, however the relevant training post/s will not be reaccredited.

## 2.4 LOGBOOK REVIEW

2.4.1. A Logbook Review is a paper based review of logbook numbers only.

2.4.2. Where a post has been accredited for less than five years, that is prior to the next scheduled quinquennial, the Board or Training Committee may recommend, in the inspection report, that a Logbook Review is undertaken.

2.4.3. The Logbook Review is conducted the year the accreditation validity period ends following the end of Term 1.

2.4.4. The Logbook Review will be undertaken by the Board or Training Committee.

2.4.5. A hospital unit will not be required to submit a full application for a Logbook Review.

2.4.6. A hospital may choose not to participate in a Logbook Review however the relevant post/s will not be reaccredited

# 3. Inspection Panel

## 3.1 QUINQUENNIAL INSPECTIONS

3.1.1. Quinquennial Inspections will be organised by the Board.

3.1.2. The panel will consist of the following members:

a. Minimum of two (2) and maximum of three (3) Fellows, with a minimum of one (1) Board member

b. One (1) Trainee Representative

c. The Board will also invite Jurisdictional Representatives to participate. If no Jurisdictional Representatives are available, the panel will only comprise of 3.1.2a and 31.2b.

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. If required, Fellows from interstate or from New Zealand will be engaged.

3.1.6. 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. Reinspection's and New Post Inspections (not in conjunction with Quinquennial Inspections) will be organised by the Board or Training Committee.

3.2.2. The panel will consist of the following members:

a. Minimum of two (2) and maximum of three (3) Fellows. If undertaken by the Board a minimum of one (1) Board member will be on the panel. If undertaken by the Training Committee a minimum of two (2) Training Committee members will be on the panel.

b. If appropriate, a Trainee Representative may also be appointed to the panel but is not mandatory.

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. If required, Fellows from interstate or from New Zealand will be engaged.

3.2.6. 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. Inspection Panel

## 3.3 LOGBOOK REVIEW

3.3.1. A Logbook Review will be organised by the Board or Training Committee.

3.3.2. The panel will consist of the following members:

a. Two (2) Fellows. If undertaken by the Board a minimum of one (1) Board member will be on the panel. If undertaken by the Training Committee a minimum of two (2) Training Committee members will be on the panel.

3.3.3. No member of the panel should be employed by the hospital being inspected.

# 4. Type of Inspection

## 4.1 PHYSICAL

4.1.1. All Quinquennial Inspections will be undertaken physically. If for logistical reasons a physical inspection is unable to be organised, a paper based inspection will be undertaken, however the panel will undertake a teleconference with the required personnel including at a minimum:

a. Hospital Administrators

b. Hospital Surgical Supervisor

c. Current Trainees allocated at the time of inspection

## 4.2 PAPER-BASED

4.2.1. For new posts and reinspections, the Training Committee or Board will determine if a physical inspection is required. A physical inspection may be required if there is any issue of sufficient concern, a significant change in circumstances or a hospital in which the training post is located that has not been physically inspected on a previous occasion. If not, a paper based inspection will be scheduled. The hospital will be informed of the decision.

4.2.2. A Logbook Review is considered a paper-based inspection.

4.2.3. A paper based inspection that is not a logbook review, will also consist of a teleconference with the following:

a. Hospital Surgical Supervisor

b. Current Trainees allocated at the time of inspection

4.2.4. The Panel may request to contact other General Surgery trainers or hospital administrators if appropriate.

# 5. Inspection Process

## 5.1 PHYSICAL INSPECTION

5.1.1. By the application closing date, the Hospital Surgical Supervisor or appointed contact person shall complete the Hospital Application or Submission as per Section 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. By application closing date, the Hospital Surgical Supervisor or appointed contact person, shall provide the names of the following personnel with whom the inspection panel will meet with:

a. Hospital Administration including but not limited to Director of Medical Services, Chief Medical Officer, HMO Manager, Director of Surgery and Hospital Administrators

b. Hospital Surgical Supervisor

c. General Surgery Trainers

5.1.4. The Inspection Panel will be provided with the following information from the Board or Training Committee secretariat:

a. Hospital Application or Submission as per Section 2.3.6, 2.3.7 or 9. If the inspection has been prompted due to Section 10, 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 Term 1, 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.

5.1.5. The Inspection Panel will be required to meet with all General Surgery trainees allocated to the post to be inspected. The Board or Training Committee Secretariat will inform trainees of the date and time of the inspection. If the inspection is for a new post, the panel may wish to speak to any unaccredited trainees/registrars allocated to the post.

5.1.6. The Board or Training Committee secretariat will provide a schedule of interviews and inspection to the panel and hospital. The inspection should run for approximately three (3) hours but may vary. The schedule will include the following:

a. Private Interview with Hospital Administration (as per 5.1.3a)

b. Private interview with Hospital Surgical Supervisor and General Surgery Trainers

# 5. Inspection Process

## 5.1 PHYSICAL INSPECTION (CONTINUED)

c. Private interview with Trainees (if a Trainee Representative is on the panel, the Trainees will also meet privately, without the remaining Inspection Panel, with the Trainee Representative)

d. For the inspection of a new post, the Inspection Panel - where possible - will meet with any unaccredited registrars currently working in the unit.

e. Inspection, as appropriate, of Wards, Theatres, Support Services, Administration Areas, Library Facilities, Research Facilities and Laboratories

f. Briefing session following conclusion of inspection with key hospital administration and Hospital Surgical Supervisor.

5.1.7. Following the inspection, the panel will submit a Draft Report, including accreditation determination and recommendations, to either the Australian Board in General Surgery or Training Committee. For Quinquennial Inspections, the reports will be reviewed by all the Inspectors that took part in the Inspections, and this will be known as the Review Committee.

5.1.8. The Review Committee, Board, or Training Committee will review the report and approve the accreditation recommendation.

5.1.9. If during the course of an inspection issues regarding the conduct and/or behaviour of a member of the unit or hospital are raised the Inspection Team will notify the Hospital during the Briefing session that:

a. Issues regarding professional conduct and/or behaviour have been raised.

b. The Board 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 Board, into the issues raised in the report. This enquiry and investigation may include the following (this list is not exhaustive and will depend on the individual circumstances):

- Interview with surgeon/s named
- Interview with trainees
- Interview with hospital administration
- Submission of a complaint via the RACS Complaint Process
- Advice from RACS General Counsel

d. Following investigation, the Board or Training Committee will review, and where required amend, the Draft Report and accreditation recommendation.

5.1.10. 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. Inspection Process

## 5.1 PHYSICAL INSPECTION (CONTINUED)

5.1.11. The Hospital will be requested to acknowledge receipt of the Draft Report and will have 20 working days from receipt to provide its response. If after 20 working days no response is received from the hospital, the Hospital will be deemed to have accepted the report.

5.1.12. Any extension of time in which to respond must be requested by the Hospital in writing to the Chair of the Board or Training Committee. Any extension of time approval must not exceed 30 working days and must be communicated in writing to the Hospital.

5.1.13. Any comments or suggested changes made by the Hospital to the Draft Report will be reviewed by the Board, Training Committee and/or the Inspection Panel.

5.1.14. For clarity, while the Board or 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.

5.1.15. 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

5.1.16. If substantial changes are required or suggested, the report will be reviewed once again by the Board and/or Training Committee. Following which 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

5.1.17. 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.

5.1.18. If the inspection was undertaken by the Training Committee, the accreditation recommendation will be forwarded to the Australian Board in General Surgery for final approval.

5.1.19. The Australian Board in General Surgery will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Surgical Supervisor.

# 5. Inspection Process

## 5.2 PAPER-BASED (NOT LOGBOOK REVIEW)

5.2.1. By the application closing date, the Hospital Surgical Supervisor or appointed contact person shall complete the Hospital Application or Submission as per Section 2.3.6, 2.3.7 or 9.

5.2.2. Failure to complete the Application or Submission by the due date may deem the post not-accredited.

5.2.3. The Inspection Panel will be provided with the following information from the Board or Training Committee secretariat:

a. Hospital Application or Submission as per Section 2.3.6, 2.3.7 or 9. If the inspection has been prompted due to Section 10, 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 Term 1, 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

5.2.4. 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.

5.2.5. Following the inspection, the panel will submit a Draft Report, including accreditation determination and recommendations, to either the Australian Board in General Surgery or Training Committee.

5.2.6. The Board or Training Committee will review the Draft Report and approve the accreditation recommendation.

5.2.7. 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 Board will review the issues prior to finalising the draft Inspection Report and seek any additional information required from the Inspection Team.

# 5. Inspection Process

## 5.2 PAPER-BASED (NOT LOGBOOK REVIEW) (CONTINUED)

c. The distribution of the Draft Report to the Hospital may be delayed subject to further enquiry and investigation, by the Board, 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 Board or Training Committee will review, and where required amend, the Draft Report and accreditation recommendation.

5.2.8. 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.

5.2.9. The Hospital will be requested to acknowledge receipt of the Draft Report and will have 20 working days from receipt to provide its response. If after 20 working days no response is received by the hospital, the Hospital will be deemed to have accepted the report.

5.2.10. Any extension of time in which to respond must be requested by the Hospital in writing to the Chair of the Board or Training Committee. Any extension of time approval must not exceed 30 working days and must be communicated in writing to the Hospital.

5.2.11. Any comments or suggested changes made by the Hospital to the Draft Report will be reviewed by the Board, Training Committee and/or the Inspection Panel.

5.2.12. For clarity, while the Board or 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.

5.2.13. 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

5.2.14. If substantial changes are required or suggested, the report will be reviewed once again by the Board and/or Training Committee. Following which 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

# 5. Inspection Process

## 5.2 PAPER-BASED (NOT LOGBOOK REVIEW) (CONTINUED)

b. Major deficiencies

c. Accreditation Recommendation

5.2.15. 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.

5.2.16. If the inspection was undertaken by the Training Committee, the accreditation recommendation will be forwarded to the Board in General Surgery for final approval.

5.2.17. The Australian Board in General Surgery will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Supervisor.

## 5.3 PAPER-BASED - LOGBOOK REVIEW

5.3.1. The Inspection Panel will be provided with the following information from the Board or Training Committee secretariat:

a. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of Term 1, 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 10, the panel will be provided with an overview of the issues raised.

5.3.2. Following the review, the panel will submit a draft logbook report, including accreditation determination, to either the Australian Board in General Surgery or Training Committee.

5.3.3. The Board or Training Committee will review the report and approve the accreditation recommendation.

5.3.4. The report will be provided to the Hospital Supervisor or contact person for review and distribution within the hospital as appropriate.

5.3.5. The Hospital must acknowledge receipt of the report and will have 20 working days to provide any corrections to the report.

5.3.6. If after 20 working days no response is received by the hospital, the report will be taken as final.

# 5. Inspection Process

## 5.3 PAPER-BASED - LOGBOOK REVIEW (CONTINUED)

5.3.7. If the hospital provides comments or suggested changes, these will be reviewed by the Inspection Panel. Following which a response will be provided to the hospital either accepting the changes or providing a reason why the changes are not to be included.

5.3.8. If significant changes are required or suggested, the report will be reviewed once again by the Board and/or Training Committee.

5.3.9. Following acceptance of the report, and following 5.3.7 and 5.3.8 if applicable, a final copy will be provided to the hospital via the Hospital Supervisor and/or contact person.

5.3.10. If the inspection was undertaken by the Training Committee, the accreditation recommendation will be forwarded to the Australian Board in General Surgery for final approval.

5.3.11. The Australian Board in General Surgery will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Supervisor.

# 6. Accreditation

## 6.1 ACCREDITATION

6.1.1. Posts will be accredited at the level of SET2-5. This signifies that the post is suitable for trainees across those levels. If a post is only suitable for a specific level, this will be stipulated on the inspection report.

6.1.2. Each Post will also be accredited as one of the following subspecialties:

a. Acute Surgical Unit
b. Breast
c. Breast and Endocrine
d. Cardiothoracic
e. Colorectal
f. Endocrine
g. General Surgery
h. Head and Neck
i. Hepatobiliary (HPB)
j. Oncology
k. Paediatric
l. Plastics
m. Thoracic
n. Transplant
o. Trauma
p. Upper GI
q. Upper GI and HPB
r. Urology
s. Vascular

6.1.3. Posts will be accredited for a set time period between one to five years.

6.1.4. Posts will not be accredited for longer than five years.

6.1.5. Posts will not be accredited for less than one year unless accreditation is removed after six months.

6.1.6. Posts will be accredited as either full time or flexible. A flexible post is one where the trainee will be working less than full time. These posts are set aside for candidates who place a request for flexible training. If appropriate, a full time post can also be allocated a flexible trainee.

6.1.7. The final meeting at which the Australian Board in General Surgery will approve recommendations for the following year will be the September meeting. This is to ensure that recommendations can be approved at the October Board of Surgical Education and Training meeting, and to allow Selection offers to be made in a timely manner.

# 7. Allocation of Trainees To Accredited Training Posts

## 7.1 ALLOCATION OF TRAINEES TO ACCREDITED TRAINING POSTS

7.1.1. The Chair of the Training Committee or, where exists, the Network/Hub Supervisor, conducts the allocation of trainees to accredited training posts for the following clinical year.

7.1.2. Trainees are recommended to training units (employers) for appointment to accredited posts. Training units (employers) retain the right to not employ recommended trainees.

7.1.3. A post may remain vacant if:

a. there are no suitable applicants for appointment to the SET Program; or

b. the post is suitable only for a particular level of trainee and there is no active trainee at that level able to be allocated to the post; or

c. the appointment of a trainee to the post would otherwise result in more trainees than posts in a subsequent year; or

d. the accreditation of a post is being reviewed and the allocation of a trainee may compromise the quality of the training afforded to that trainee; or

e. a post becomes vacant too late in the year to logistically accommodate an appointment

# 8. Accreditation Criteria

## 8.1 ACCREDITATION CRITERIA

8.1.1. The Australian Board in General Surgery adheres to the RACS Hospital Accreditation criteria as stipulated by the Royal Australasian College of Surgeons (RACS). The criteria can be located on the RACS website.

8.1.2. In addition to the RACS Hospital Accreditation criteria, the following criteria will also apply:

a. General Surgery Trainers

Each unit must at a minimum have two General Surgery trainers. Failure to meet this criterion may deem the post disaccredited.

b. Impact of fellows on the unit

Units that employ fellows should not be at the detriment of the training of SET Trainees. Units with fellows, must at the time of application, specify the division of work between the fellow/s and trainee/s.

c. Unit Caseload and Case mix

Major general surgery procedures are those specified in the official General Surgery logbook (as per the General Surgery Training Regulations). Each training post must be able to provide a minimum of 100 major cases per trainee per term. The trainee must be the primary operator rate as specified in the General Surgery Training Regulations.

d. Outpatient Clinic

For all new post applications, the hospital must provide at least one Consultant supervised outpatient clinic, with new and follow-up patients, per week.

8.1.3. The following information will also be reviewed as part of the accreditation:

a. Details of Trainees On-Call Requirement Including Night Rosters

8.1.4. The Board recognised that Trauma posts offer trainees exposure to areas of General Surgery that may not otherwise be experienced. A Trauma post should provide adequate exposure to non-orthopeadic operative management of injured patients, as well as non-operative and ongoing post-operative management. Where case-volume or case-mix are insufficient, exposure to alternative lists such as acute surgical lists or elective lists may be built in to the post structure but exposure to trauma management should be maximised. For Trauma posts the following criteria at a minimum must be met:

a. Access to private study area and IT resources
b. Regular attendance at MDT meetings including radiology
c. Access to trauma databases for research
d. Regular educational sessions related to trauma
e. A consultant-led service with at least 2 surgeons

# 8. Accreditation Criteria

## 8.1 ACCREDITATION CRITERIA (CONTINUED)

f. A dedicated operating theatre, or access to an emergency theatre

g. Be a Level 1 Trauma unit and/or have a home unit with inpatients for continuity of care

h. Supportive environment

i. Exposure to 100 total major cases per term with 80% major operative cases. These can comprise a mix of major trauma operative cases, having a lead role in the non-operative assessment and resuscitation of major trauma patients on initial presentation, and non-trauma operative cases through regular protected exposure to additional general surgical lists (either elective or ASU). The post can be structured as a 6-month term, or a 3-month term alternating with a separate 3-month term on another unit such as an ASU. A split term or a single trauma term must both fulfil all the criteria for the entire 6- month term. The trainee should participate in trauma laparotomies/thoracotomies as primary operator or first assistant, and not be limited to sub-specialized trauma such as burns.

j. Exposure to at least one outpatient session per week (follow-up of trauma patients, or new patients in a General Surgical clinic)

k. Regular ward rounds for non-operative and peri-operative management

l. Participation in an on-call roster, with priority given for attendance at major trauma resuscitations as well as operative trauma cases.

m. Adequate primary operator rates with defined division of responsibilities between the trainees and fellows, and participation of the trainee in trauma patient non-operative resuscitation

n. Appropriate clinical support and infrastructure

o. Regular audit meetings and data collection

p. Not have more than two (2) weeks of on-call nights in a 6-month term

8.1.5. The Board and/or Training Committee will determine the accreditation determination based on the review of the criteria, Sections 8.1.2 and 8.1.3, and Section 8.1.4 where applicable.

8.1.6. Whilst an existing post may not be disaccredited 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. The post may be disaccredited if existing or not accredited if new, if the deficiency is not rectified in the specified time-frame.

# 9. Change in Circumstance Review

## 9.1 CHANGE IN CIRCUMSTANCE REVIEW

9.1.1. 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 Board and/or Training Committee will instigate a mid-accreditation review for posts that have been granted an accreditation period of five (5) years.

9.1.2. The Board and/or Training Committee will send a letter and form to the Hospital Surgical Supervisor in February of the third year of accreditation.

9.1.3. The form will request the following information

a. Number and EFT of General Surgery consultants on unit

b. Unit structure

c. Operative exposure

d. Endoscopy exposure

e. Outpatient exposure

f. Acute surgery exposure

g. Fellows on unit and division of responsibilities

h. Research opportunities

i. Hospital services

j. Trainee support & welfare

9.1.4. The Hospital Surgical Supervisor will be provided with a copy of the report from the previous inspection to assist in identifying where changes have occurred.

9.1.5. The form must be returned to the Board and/or Training Committee by 31 March.

9.1.6. The Board and/or Training Committee will review the data provided and determine if an early re-inspection based on any changes stipulated is required.

9.1.7. If a reinspection is required, the Board and/or Training Committee will inform the Hospital Supervisor with the reasons. The reinspection will proceed as per Section 5.

9.1.8. The panel will make a recommendation which may include, but 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

9.1.9. The Hospital Surgical Supervisor, Unit Supervisor and/or Hub Supervisor at any time may raise issues that have arisen with an accredited post outside of the Review of Circumstances.

9.1.10. The Board and/or Training Committee will review the information provided and determine if an early re-inspection is required. Section 9.1.7 and 9.1.8 will apply if an early re-inspection is required.

# 10. Trainee Feedback

## 10.1 PURPOSE

10.1.1. The Board is committed to ensuring that training posts meet the required Accreditation Standards. An important component of this process is obtaining feedback from trainees.

10.1.2. The purpose of the feedback is to enable trainees to provide constructive feedback on various aspects of the training post.

## 10.2 AREAS ASSESSED BY TRAINEE

10.2.1. Trainees are required to complete the questionnaire and provide honest feedback on the following areas of the post:

a. Registrar Workload
   - Hours worked per fortnight
   - Medical Staff on unit
   - Outpatient Sessions
   - Operating Sessions
   - Consultant Ward Rounds
   - On-call Requirements
   - Night Roster
   - Leave Arrangements

b. Education and Training
   - Education sessions including Radiology, Pathology and Multidisciplinary meetings
   - Ability to attend regional educational meetings
   - Case related teaching experience
   - Experience during teaching on ward rounds
   - Operative responsibility and teaching
   - On call supervision and training
   - Journal club
   - Practical and/or technical workshops

c. Professional Development
   - Performance objectives
   - Feedback and assessment
   - Research support
   - Learning initiatives
   - Clinical audit

# 10. Trainee Feedback

## 10.2 AREAS ASSESSED BY TRAINEE (CONTINUED)

- Career advice
- Professionalism

d. Hospital Supervisors/Unit Supervisors/Hub Supervisors

- Introduction of supervisor, hub supervisor (if applicable) and Unit Co-ordinator (if applicable)
- Accessibility
- Role modelling
- Contact with trainees
- Interest in trainees and responsiveness to issues
- Organisation
- Delivery of educational program
- Motivational
- Seeks feedback

10.2.2. Trainees are required to provide honest feedback regarding the post. The feedback is not to be used to raise personal issues with consultants or other trainees.

## 10.3 PROCESS

10.3.1. The Board, through the GSA office, will send a questionnaire to all trainees in clinical training at the end of each term. At the time of the questionnaire, Trainees will be informed of the process as per Section 10.3.

10.3.2. The data is de-identified and collated before being reviewed annually and at each quinquennial or re-inspection of training posts.

10.3.3. The GSA office will review the feedback in the first instance. If any malicious, defamatory or similar comments regarding consultants or other trainees are included, the staff will remove these comments from the report.

10.3.4. If significant or serious concerns about the educationally validity of a post are identified, the Board and/or Training Committee Chair will be notified.

10.3.5. The Board and/or 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

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# 10. Trainee Feedback

## 10.3 PROCESS (CONTINUED)

10.3.6. If significant or serious concerns regarding the conduct of a consultant, trainee or IMG in the unit are identified, the RACS Complaints Resolution Manager will be notified and the Board will take advice

10.3.7. The Training Committee Chair will be provided with an annual de-identified report. If there are areas of concern, the Chair will determine the appropriate course of action which may include but is not limited to those listed in Section 10.3.5a-c.