
The Royal Australasian College of Surgeons and the Australian Society of Plastic Surgeons collaborate in the delivery of the Surgical Education and Training Program in Plastic and Reconstructive Surgery.

COMPLETING THIS FORM

1. Before commencing the application process, read and review the sections Checklist of Documentation and Responsibility (Section 1, page 2-3) and Application Categorisation (Section 2, page 3).
2. It is preferable that the form is completed and submitted electronically. Copies of the application form can be requested from the ASPS office (see contact details below)
3. If completing by hand, please use BLUE or BLACK pen. Please indicate clearly where additional pages (if any) have been inserted
4. It is appreciated that statistics may not be available in some instances. Where statistics are not available, we suggest that an estimate be arrived at by obtaining figures for several representative months to extrapolate to an annual figure.
5. Please indicate an asterisk (*) those instances when figures are estimate rather than actual statistics.
6. Please include a fortnightly timetable for each trainee (and for new or additional posts, each unaccredited registrars and fellows) that includes operative sessions, outpatient/ambulatory clinics and education sessions.
7. Before making a submission, read and review the Section 1: Checklist of Documentation and Responsibility (page 2)

SUBMITTING THE FORM & PROCESSING THE APPLICATION

Hospital Accreditation Assessment forms must be submitted via email, online via a shared folder or by post to the National Education and Training Manager, at an address below at least four (4) weeks prior to a scheduled inspection.

(LATE APPLICATIONS MAY NOT BE ACCEPTED).

An online shared folder can be used to submit documentation that is too large for email. Contact ASPS for further information.

Last updated 2024. This document incorporates all of the Standards, Process and Criteria from The RACS Accreditation of Hospitals and Posts for Surgical Education and Training 2016. Relevant and additional criteria, as approved by the Australian Board of Plastic and Reconstructive Surgery, has been added.

SECTION 1 – CHECKLIST OF DOCUMENTATION AND RESPONSIBILITY

Subject to hospital information technology policies, all documentation may be uploaded to a shared online folder. Contact ASPS for further details. The following minimum documentation must be submitted or available at the site inspection as indicated.

The table below outlines the person/s responsible for providing supporting evidence.

Section / Standard	Person/s Responsible (or nominee)	Action Required and/or List of Documents Required	Attached	Sight at inspection
Section 1	All	Read this section in full	N/A	N/A
Section 2	Head of Department	Written response in this form.	<input type="checkbox"/>	N/A
Section 3	Shared: Head of Department / Jurisdictional Representative	Written response in this form.	<input type="checkbox"/>	N/A
Section 4 (Standards 1 – 8)				
Standard 1	Jurisdictional Representative	Workplace relations, hospital complaints management processes & communications with RACS or Specialty Training Board.	<input type="checkbox"/>	<input type="checkbox"/>
Standard 2	Jurisdictional Representative	Written response describing the policies and procedures implemented to achieve the documented standard.	<input type="checkbox"/>	N/A
Standard 3	Shared: Head of Department / Supervisor of Training / Jurisdictional Representative	Published trainee timetable, teaching program, including journal club, list of current research projects and publications of last 4 years. Accreditation of ICU/ED/Resuscitation training may be available during site inspection'	<input type="checkbox"/>	<input type="checkbox"/>
Standard 4	Head of PRS Department	Published schedule of theatre, consultant-led ward rounds, outpatient clinics for the unit for 12 months New posts and additional positions As above plus at least 12 months documentation of half yearly formal assessments of training fellows and junior medical staff by senior medical staff	<input type="checkbox"/>	N/A

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Standard 5	Shared: Supervisor of Training / Head of Department / Jurisdictional Representative	<ul style="list-style-type: none"> • Flexible employment policy • Published on call roster for 6 months 	<input type="checkbox"/>	<input type="checkbox"/>
Standard 6	Shared: Head of Department or Supervisor of Training	<p>Require published schedule of theatre, consultant-led ward rounds, outpatient clinics for the unit for 12 months (as per Standard 4, no need to replicate)</p> <p>New posts and additional positions</p> <p>As above and at least 12 months of procedure-level detailed logbooks (incl. primary vs. assistant operator) for all unaccredited registrars, fellows, consultants in the unit.</p>	<input type="checkbox"/>	N/A
Standard 7	Jurisdictional Representative	Accreditation of Hospital, Imaging and Laboratory services may be made available during site inspection.	N/A	<input type="checkbox"/>
Standard 8	Jurisdictional Representative	Written response and published roster of M&M meetings or equivalent clinical audit.	N/A	<input type="checkbox"/>

SECTION 2 – APPLICATION CATEGORISATION

HEAD OF UNIT TO COMPLETE

Please indicate whether the hospital is applying for:

If yes, please complete this form as follows:

- | | | | |
|-----------------------------------|---------------------------|--------------------------|---|
| A) Reaccreditation of SET post(s) | <input type="radio"/> Yes | <input type="radio"/> No | Section 3, Section 4 (Standards 1 - 8 not including criteria 30) |
| B) An additional SET post | <input type="radio"/> Yes | <input type="radio"/> No | Section 3, Section 4 (Standards 1 - 8 including criteria 30) |
| C) A new SET post | <input type="radio"/> Yes | <input type="radio"/> No | All parts of this form |

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SECTION 3 – HOSPITAL INFORMATION

HOSPITAL MANAGEMENT OR HEAD OF UNIT TO COMPLETE

Full Name of Hospital

Physical Address of Inspection

Address for Correspondence

Telephone (Executive's Office)

University Affiliation

Date of Application

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(i) Hospital CEO/General Manager

Name

Position

Telephone

Email

(ii) Director, Surgical / Medical / Clinical Services

Name

Position

Telephone

Email

(iii) Hospital Representative on Regional Training Committee (or nominated Supervisor for new applications)

Name

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

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(iv) Head of the Plastic Surgery Unit

Name

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

Are any of the Plastic Surgeons NOT members of the ASPS?
If so, please attach their qualifications:

Yes

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(v) Plastic Surgeons on Unit (please add additional pages as needed)

Name

Full-time Part-time

Position

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

Name

Full-time Part-time

Position:

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

Are any of these surgeons NOT members of the ASPSP?
If so, please attach their qualifications:

Yes

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(v) Plastic Surgeons on Unit (please add additional pages as needed)

Name

Full-time Part-time

Position

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

Name

Full-time Part-time

Position

Sessions per week Outpatients

Sessions per week Operating

Sessions per week Non clinical

Email

Are any of these surgeons NOT members of the ASPSP?
If so, please attach their qualifications:

Yes

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(vi) Training in the Private Setting

Is any part of a rotation attached to a private hospital?

Yes

Describe the length of time in a private rotation, exposure to curriculum areas, case load, level of supervision (primary operator vs assisting) and if aesthetic surgery training opportunities exist.
Write "N/A" if not applicable.

(vii) Flexible Training

Is flexible training offered for PRS medical staff?

Yes

Is flexible training offered for non-PRS medical or non-medical staff?

Yes

Describe progress towards implementing flexible training options or challenges faced or limiting its implementation.
Write "N/A" if not applicable.

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**SECTION 4 – RACS AND ASPS ACCREDITATION OF HOSPITALS AND POSTS FOR
SURGICAL EDUCATION AND TRAINING**

Process and Criteria for Accreditation

*Where relevant, list documents attached that substantiate the achievement of minimum criteria.

**Standard 1 – Building and maintaining a Culture of Respect
for patients and staff**

JURISDICTIONAL REPRESENTATIVE TO COMPLETE

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 or within Hospital Network	Evidence required * Description of policies and procedures implemented to achieve the criteria, their monitoring and evaluation.	Inspectors to complete Criteria Met: Yes / No
1. The hospital culture is of respect and professionalism	<ul style="list-style-type: none"> 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, that promotes a culture and environment of respect. 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No
2. Promoting Respect	<p>Hospital collaboration with RACS about complaints of unacceptable behaviours (Fellows, Trainees and IMGs) that affect the quality of training.)</p> <ul style="list-style-type: none"> 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		<input type="radio"/> Yes <input type="radio"/> No

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Standard 1 – Building and maintaining a culture of respect for patients and staff *Continued*

3. Complaint Management Process	<p>Hospital has policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment.</p> <ul style="list-style-type: none"> • 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 misdemeanours 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	Summary data of complaints made, investigated and outcomes:	<input type="radio"/> Yes <input type="radio"/> No
		<div style="border: 1px solid black; height: 293px; width: 100%;"></div>		

4. Indigenous cultural competence	<ul style="list-style-type: none"> • Sites can demonstrate a commitment to Aboriginal and Torres Strait Islander (ATSI) cultural competence through formalised policies. • Unit staff are trained on discussion of ATSI cultural competence with their peers and trainees. • Monitoring of interactions with indigenous populations and processes to evaluate local or network programmes. 	Within hospital network	<div style="border: 1px solid black; height: 250px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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Standard 2 – Education Facilities and systems required

MANAGEMENT OR JURISDICTIONAL REPRESENTATIVE TO COMPLETE

Process and Criteria for Accreditation

All Trainees must have access to appropriate educational facilities and systems required to undertake training.

Accreditation Criteria	Factors Assessed / Minimum Requirements	Essential in the Hospital or within Hospital Network	Evidence required* Description of policies and procedures implemented to achieve the criteria.	Inspectors to complete Criteria Met: Yes / No
5. Computer facilities with IT support	<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 Free access to broadband internet at the hospital of majority employment, or the site most convenient to the trainee 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No
6. Tutorial room available	<ul style="list-style-type: none"> Documented booking and access processes Tutorial rooms available when required 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No
7. Access to private study area	<ul style="list-style-type: none"> Designated study area/room available isolated from busy clinical areas 24-hour access acknowledging security issues Documented booking and access processes 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No

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Standard 2 – Education Facilities and systems required *Continued*

8. General educational activities within the hospital	<ul style="list-style-type: none"> • Weekly program publicised in advance • Weekly Grand Rounds • Weekly clinical conference • Opportunities for trainees to attend and present cases/topics 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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9. Library facilities	<ul style="list-style-type: none"> • Access to Major Plastic and Reconstructive Surgery Journals, Medline/Pubmed online or print journals • Access to Plastic and Reconstructive Surgery Textbooks • Access to Library during business hours 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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10. Office space & administrative support	<ul style="list-style-type: none"> • Level of administrative support available to P&RS Unit Administrative support provided allows the P&RS unit to function effectively 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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Standard 3 – Quality of education, training and learning

SUPERVISOR OR HEAD OF UNIT TO COMPLETE

Trainees will have opportunities to participate in a range of desirable activities, the focus of which is inclusive of their educational requirements

Accreditation Criteria	Factors Assessed / Minimum Requirements	Essential in the Hospital or within Hospital Network	List of documents that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
I1. Coordinated schedule of learning experiences for each trainee	<ul style="list-style-type: none"> Publicised weekly timetable of activities which incorporate the learning needs of the trainee One formal structured tutorial per week 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 60px;"></div>	<input type="radio"/> Yes <input type="radio"/> No
I2. Access to simulated learning environment	<ul style="list-style-type: none"> 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	<div style="border: 1px solid black; width: 100px; height: 60px;"></div>	<input type="radio"/> Yes <input type="radio"/> No

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Standard 3 – Quality of education, training and learning. *Continued*

13. Access to external educational activities for trainees	<ul style="list-style-type: none">• Trainees given negotiated educational leave to attend compulsory plastic surgery educational courses and activities• Support is provided for trainees to attend structured tutorial programme• Documentation on equipment provided• For other significant courses, modern educational approaches to distance learning, e.g. video-conferencing, available or being explored	By the hospital or within hospital network	<div style="border: 1px solid black; height: 550px; width: 100%;"></div>	<input type="radio"/> Yes
				<input type="radio"/> No

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Standard 3 – Quality of education, training and learning *Continued*

<p>14. Opportunities for research, inquiry and scholarly activity</p>	<ul style="list-style-type: none"> • Trainees have access to regular Journal Club • Support is provided for the research endeavours of trainees whilst in training e.g. nominated consultant in charge, secretarial support, research nurse • Trainees enabled to access medical records, once ethical approval (if necessary) for the project is obtained • 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 • Summarise on the form details of current projects and personnel involved • Summarise on the form details of Publications in last 4 years • Summarise on the form details of Grants, scholarships and awards in last 4 years 	<p>In the hospital and within the hospital network</p>	<div style="border: 1px solid black; height: 400px; margin-bottom: 10px;"></div> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 3 - Quality of education, training and learning. *Continued*

<p>15. Supervised experience in patient resuscitation</p>	<ul style="list-style-type: none"> • 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 	<p>Within hospital network</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>16. Supervised experience in an Emergency Department</p>	<ul style="list-style-type: none"> • Documentation on accreditation of Emergency Department • Trainees manage patients in the Emergency Dept under supervision 	<p>Within hospital network</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>17. Supervised experience in Intensive Care Unit (ICU)</p>	<ul style="list-style-type: none"> • Documentation on accreditation of ICU • Trainees involved in patient care in ICU, under supervision 	<p>Within hospital network</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 4 – Surgical supervisors and staff

HEAD OF UNIT OR SUPERVISOR TO COMPLETE

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 or within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
18. Supervisor of surgical training	<ul style="list-style-type: none"> • Documentation on supervisor • FRACS in P&RS • Clearly identifiable and named supervisor • Regularly available and accessible to trainees • Supervisor is recognised financially in a manner consistent with published RACS expectations and by title to be fulfilling that role 	In the hospital	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
19. Supervisor's role / responsibilities	<ul style="list-style-type: none"> • Hospital documentation on supervisor's role/responsibilities in keeping with ASPS and RACS requirements as documented in the Surgical Supervisors Policy • Supervisor and Surgical Trainers comply with RACS requirements as published on College website (BRIPS Action Plan) responsibility for ensuring compliance shared by supervisor, hospital and RACS) 	In the hospital	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No

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Standard 4 – Surgical supervisors and staff *Continued*

<p>20. Specialist surgical staff</p>	<ul style="list-style-type: none"> • Supervisors and Trainers have FRACS equivalent in PRS (or a related specialty) and current experience in subspecialty areas where required for training. (As per Section 3) • The unit employs three or more plastic surgeons with appropriate college recognised qualifications per trainee, each actively involved in Trainee education • All surgical trainers have their contribution to training and education recognised in their contract and remuneration agreement 	<p>In the hospital</p>	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>21. Surgeons committed to training program</p>	<ul style="list-style-type: none"> • Weekly scheduled educational activities of surgeons • Surgeons attend scheduled educational and audit meetings • All surgeons foster the learning of the RACS nine core competencies (Responsibility for compliance shared by surgeons and hospital) 	<p>In the hospital</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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Standard 4 – Surgical supervisors and staff *Continued*

22. Regular supervision, workplace-based assessment and feedback to trainees

Note: Existing accredited posts do not need to provide data as it is available in ASPS systems.

New applications only

- 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
- 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 and formal assessment documentation
- Cases for logbooks submitted by trainee and approved by consultants in a timely manner (responsibility for compliance shared by surgeons and hospital)

In the hospital

Yes

No

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Standard 4 – Surgical supervisors and staff *Continued*

<p>23. Hospital support for surgeons involved in education and training</p>	<ul style="list-style-type: none"> • 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 • Feedback from surgeons • 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 0.1 FTE • Surgeons who attend obligatory RACS or Specialty Supervisors’ meeting/ courses should have negotiated leave for these • Accessible and adequate secretarial and IT services should be available for the supervisor’s role related to training 	<p>In the hospital</p> <p>In the network</p>	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>24. Hospital response to feedback conveyed by the College on behalf of trainees</p>	<ul style="list-style-type: none"> • Mechanisms for dealing with feedback • Resolution of validated problems 	<p>In the hospital</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 5 – Support services for trainees

JURISDICTIONAL REPRESENTATIVE OR HOSPITAL MANAGEMENT TO COMPLETE

Hospitals and their networks committed to the education, training, learning and wellbeing of trainees who in turn acknowledge their professional responsibilities

Accreditation Criteria	Factors Assessed / Minimum Requirements	Essential in the Hospital or within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
25. Hospital support for trainees	<ul style="list-style-type: none"> • Safety procedures for trainees leaving the hospital outside normal working hours • Hospital environment is free of intimidation, harassment and abuse of trainees • Level and accessibility of Human Resources services • Recognition of career aspirations of trainees by the hospital and 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 • Funding for the trainee salary is guaranteed <p><i>Continues next page</i></p>	In the hospital		<input type="radio"/> Yes <input type="radio"/> No

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Standard 5 – Support services for trainees *Continued*

HEAD OF UNIT TO COMPLETE

<p>25. Hospital support for trainees <i>Continued</i></p>	<ul style="list-style-type: none"> • Maximum on-call roster for a trainee is 1 in 2. On-call must be supervised by a consultant • Hospital promotes trainee safety and provide security when necessary • Hospital network has a policy and process to detect and deal with workplace intimidation harassment, discrimination and abuse • Readily accessible Human Resources service available to trainees including counselling if required • Clerical support is available to the Trainee for clinical and work-related activities • Allocation of clinical rotations take trainee’s career aspirations and requirements into account <p>(Joint hospital / supervisor responsibility)</p>	<p>In the hospital</p>	<div style="border: 1px solid black; height: 250px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>26. Trainees’ professional responsibilities – Duty of Care</p>	<ul style="list-style-type: none"> • Trainees’ recognition of the concept of Duty of Care. Feedback from employers <p>(Joint trainee/supervisor and College responsibility)</p>	<p>In the hospital</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 5 – Support services for trainees *Continued*

ACCREDITATION OF HOSPITAL POSTS FOR FLEXIBLE TRAINING

Hospitals may accommodate a flexible training positions in a number of ways:

- 1 Utilisation of an existing accredited full time training position as a flexible training position.
 - a. The position must offer the trainee in flexible training the required clinical exposure as below, consistent with 0.5 – 0.99 FTE (full time equivalent). Remuneration shall be equivalent to the proportion of FTE undertaken.
 - b. The residual position may be
 - i. offered to another trainee in flexible training with both undertaking 0.5 FTE, or
 - ii. managed by the hospital department in a manner which will not interfere with the necessary experience for the flexible trainee (for example, an unaccredited or non-trainee doctor)
 - c. The hospital training position must have current accreditation

- 2 Accreditation of an additional flexible training position, independent of any existing training positions:
 - a. This accreditation may be temporary, and offered for minimum period of 6 months, at the discretion of the Board
 - b. This type of position will only be considered at a hospital which has current accreditation of full-time training positions, to ensure that the other requirements for a training position are being met.

Refer to criterion 26 below for hospital position requirements for accreditation.

Accreditation of post for flexible training will require pro-rata equivalent of commitments:

Clinic attendance (criteria 24, 27)	at least 1 per week
Consultant ward rounds (criterion 29)	at least 1 per week
Theatre (criteria 31, 32)	at least 2 operative sessions per week
Involvement in acute/emergency care of surgical patients (criteria 24, 31)	on call commitment at least 1 in 5 days
Case load (criterion 30)	at least 100 cases per 3 calendar months (pro rata) flexible training term

<p>27. Flexible Training Options are available for Trainees</p>	<ul style="list-style-type: none"> • 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. 	<p>In the hospital</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 6 - Clinical load and theatre sessions

HEAD OF UNIT TO COMPLETE

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	List of documents attached that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
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28. Supervised consultative ambulatory clinics in consultative practice	<ul style="list-style-type: none"> • Documentation on frequency of consultative clinics • Documentation which shows 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 (Please provide timetable for each registrar) • Trainees see new and follow-up patients under supervision 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No
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29. Beds available for relevant specialty	<ul style="list-style-type: none"> • Documentation on accessible beds • Sufficient beds to accommodate caseload required for training 	In the hospital		<input type="radio"/> Yes <input type="radio"/> No
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Standard 6 - Clinical load and theatre sessions *Continued*

<p>30. Consultant led ward rounds with educational as well as clinical goals</p>	<ul style="list-style-type: none"> • Documentation on the frequency of consultant led scheduled ward rounds – minimum of one per week • Teaching of trainees on each ward round 	<p>In the hospital</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>31. Caseload and casemix</p>	<p>Note: Existing accredited posts do not need to provide data as it available in ASPS systems.</p> <p>New / additional posts:</p> <ul style="list-style-type: none"> • Summary statistics of number and casemix of surgical cases managed in the previous year by the PRS unit • Summary statistics of number and casemix of surgical cases managed by current registrar/s • Peer review of caseload statistics as provided by the logbook entries 	<p>In the hospital</p>	<div style="border: 1px solid black; width: 100px; height: 150px; margin: 0 auto;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 6 - Clinical load and theatre sessions *Continued*

<p>32. Operative experience for trainees</p>	<ul style="list-style-type: none"> • Documentation on weekly theatre schedule • Evidence of trainees' exposure to emergency operative surgery • 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 with stage of training. The focus is on competence acquisition • Rosters and work schedules enable trainee to participate in emergency surgery • Specialist trainees have priority access to those indexed cases required for their training 	<p>In the hospital</p>	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Standard 6 - Clinical load and theatre sessions *Continued*

33. Experience in perioperative care	<ul style="list-style-type: none"> • Clinical examination rooms available • Timetable of postoperative ward rounds • Scheduled daily postoperative ward rounds • The hospital has a clearly defined and recognisable Plastic Surgery Ward (which may be only part of a ward). This Ward is staffed by Plastic surgery skilled nurses, and these nurses are supported to attend meetings and courses for self improvement. 	In the hospital	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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34. Access to ambulatory care surgery	<p>Documentation on:</p> <ul style="list-style-type: none"> • Access to ambulatory care surgery • Regular experience with registrar led ambulatory care surgical procedures i.e. local anaesthetic minor ops lists 	In the hospital	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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35. Involvement in acute / emergency care of surgical patients	<p>Documentation showing:</p> <ul style="list-style-type: none"> • 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	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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Standard 7 - Equipment and clinical support services

JURISDICTIONAL REPRESENTATIVE TO COMPLETE

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 or within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
36. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	<ul style="list-style-type: none"> Evidence of accreditation by nationally recognised body to undertake surgical care 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<input type="radio"/> Yes <input type="radio"/> No
37. Imaging – diagnostic and intervention	<ul style="list-style-type: none"> Accredited by nationally recognised body Basic imaging of head chest, abdomen, pelvis and musculoskeletal system 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<input type="radio"/> Yes <input type="radio"/> No
38. Diagnostic laboratory services	<ul style="list-style-type: none"> Accredited by appropriate Body e.g. NATA/ RCPA/ IANZ Extent of service: <ul style="list-style-type: none"> o Haematology o Biochemistry o Cytopathology o Bacteriology Weekly multidisciplinary meeting 	In the hospital Within hospital network Within hospital network	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>	<input type="radio"/> Yes <input type="radio"/> No

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Standard 7 - Equipment and clinical support services *Continued*

39. Theatre equipment

- Operating microscope
- Other specialty equipment depending on services provided but including:
 - Hand plating set
 - Theatre imaging
 - Microsurgery instruments
 - Liposuction cannulae

In the hospital

- Yes
- No

40. Support / ancillary services

- Physiotherapy
- Hand therapy
- Rehabilitation
- Social work
- Psychological service

In the hospital or within network

- Yes
- No

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Standard 8 - Clinical governance, quality and safety

JURISDICTIONAL REPRESENTATIVE TO COMPLETE

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	List of documents attached that substantiate the achievement of minimum criteria	Inspectors to complete Criteria Met: Yes / No
41. Hospital accreditation status	<ul style="list-style-type: none"> Hospital accredited by nationally recognised body 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 60px;"></div>	<input type="radio"/> Yes <input type="radio"/> No
42. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	<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 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 120px;"></div>	<input type="radio"/> Yes <input type="radio"/> No
43. Head of Surgical Department and governance role	<ul style="list-style-type: none"> Designated Head with negotiated role in governance and leadership 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 60px;"></div>	<input type="radio"/> Yes <input type="radio"/> No

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Standard 8 - Clinical governance, quality and safety *Continued*

44. Hospital Credentialing or Privileging Committee	<ul style="list-style-type: none"> • Clinicians credentialed at least every five (5) years 	Within hospital network	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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45. Surgical audit and peer review program	<ul style="list-style-type: none"> • M&M meetings to be held every 3-6 months. • All surgical staff participate • Opportunity for trainees to participate 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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46. Hospital systems reviews	<ul style="list-style-type: none"> • Surgeons and trainees participate in review of patient/system adverse events 	In the hospital	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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Standard 8 - Clinical governance, quality and safety *Continued*

47. Experience available to trainees in root cause analysis	<ul style="list-style-type: none"> • Training and participation occurs in root cause analysis 	Within hospital network	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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48. Occupational safety	<ul style="list-style-type: none"> • Available measures to prevent risks to occupational safety include: <ul style="list-style-type: none"> o Radiation protective equipment available o Infection control committee and management Protocols for dealing with episodes of exposure to biological hazards and contagions 	In the hospital	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<input type="radio"/> Yes <input type="radio"/> No
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After this form has been filled in, please review the *Checklist of Documentation* (Section 1) above then save this form attach it to an email, upload it or print it out and send it to the Society care of the Education and Training Manager.

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