

# Approved Training Regulation: Hospital Training Post Accreditation and Reaccreditation

## 1. PURPOSE AND SCOPE

This document outlines the responsibilities and powers of the Australian Board of Plastic and Reconstructive Surgery (**Board**) as they pertain to Hospital Training Post (**HTP**) accreditation and reaccreditation in Plastic and Reconstructive Surgery (**PRS**) for the Surgical Education and Training (**SET**) Program. To that end, the Board is assisted by its Accreditation Subcommittee which assists with the management and oversight of HTP accreditations and reaccreditations. The Australian Society of Plastic Surgeons (**ASPS**) administers and delivers accreditation and reaccreditation processes on behalf of the Board. The Board reports to the Royal Australasian College of Surgeons (**RACS**)’s Committee of Surgical Education and Training (**CSET**).

## 2. OVERVIEW

The HTP Accreditation (**Accreditation**) and HTP Reaccreditation (**Reaccreditation**) processes grant the authority to deliver SET Training for a surgical specialty at a public hospital, private hospital or other training site. Accreditation and Reaccreditation processes are managed by the Board.

RACS and the Board will work together to share information for the purpose of accrediting and reaccrediting HTP’s

Hospitals and training posts applying for Accreditation or Reaccreditation are assessed in accordance with the RACS’s *Accreditation of Hospitals and Posts for Surgical Education and Training. Process and Criteria for Accreditation (Accreditation Booklet)*, the RACS Training Post Accreditation and Administration Regulation (**ETA-SET-043**) and Specialty-specific Regulations, which are variously informed by the recommendations of the National Practitioner Ombudsman’s (NHPO) Report “*A roadmap for greater transparency and accountability in specialist medical training site accreditation*”.

The Board is responsible for the assessment, administration and management of the Accreditation and Reaccreditation processes as outlined in the **Accreditation Booklet** (as modified to be Specialty-specific from time to time) as outlined in the Board’s Accreditation Assessment Form (**Assessment Form**).

Training posts and hospitals must achieve each of the eight Standards listed in the Accreditation Booklet. Not every Accreditation Criterion within each Standard must be satisfied to achieve Accreditation or Reaccreditation status. The Board may determine which Accreditation Criteria are required to satisfy Accreditation or Reaccreditation.

The Standards will assess:

- i) the building and maintaining of a culture of respect for patients and staff;

- ii) the education facilities and systems;
- iii) the quality of education, training and learning;
- iv) surgical supervisors and staff;
- v) support services and flexibility for trainees;
- vi) clinical load and theatre sessions;
- vii) equipment and clinical support services; and
- viii) clinical governance, quality and safety.

### **3. TRAINING POST ACCREDITATION**

The Accreditation requirements and processes generally follow the following framework (reproduced from the Accreditation Booklet).

- 3.1. Applications for Accreditation of new HTPs must be received by ASPs:
  - a. For new posts, and additional positions at existing HTP's, applications must be made by 31 January in any year with respect to commencing SET training from February in the following year
  - b. For an Out-of-Cycle inspection (see Section 7), as directed by the Board from time to time.
  - c. The Board Chair, or Chair Accreditation Subcommittee, may in their sole discretion grant an extension to a deadline.
- 3.2. The Board will appoint an Accreditation Panel, also known as inspectors, in accordance with these Regulations to conduct the Accreditation process. The hospital will be notified in writing in advance of the Accreditation of the composition of the Accreditation Panel. To ensure the integrity of the Accreditation process, no member of the Accreditation Panel should be employed by the hospital.
- 3.3. The inspection will consist of one or more of the following:
  - a. document-based review of the Assessment application (desktop inspection);
  - b. physical site visit(s) which may include interviewing stakeholders such as trainees, plastic surgeons, hospital administrators and unaccredited registrars (site inspection);
  - c. technology assisted interview(s) of stakeholders (remote inspection); and
  - d. both remote and physical site inspection(s).
- 3.4. The Board will aim to conduct the Accreditation inspection within six months of receiving a completed application form and the receipt of additional information requests as reasonably required by the Board or the Assessment Panel to undertake the Assessment. Timelines are communicated in section 6.2.
- 3.5. The Board will determine, in its sole discretion, whether the Accreditation application is processed on the papers, with virtual interviews, virtual inspections or by way of one or more physical inspections.
- 3.6. The purpose of the Accreditation assessment is to determine whether the Standards, and Accreditation Criteria have been met at the time of the assessment.

- 3.7. The Accreditation Panel may consider any matters/material it considers necessary and reasonable for the purposes of Assessment, including, but is not limited to, the application information, trainee assessments of training post evaluations, communications between the Board and the HTP, information held in ASPS and RACS systems, and past Accreditation reports. A request for further information may be made by, or on behalf of, the Accreditation Panel or the Board at any time during the accreditation process.
- 3.8. The Assessment Panel will determine whether each relevant Accreditation Criterion has been:
- a. Met; or
  - b. Not Met
- 3.9. It may not be necessary for each individual Accreditation Criterion in the Specialty Regulations to be met however, some Accreditation Criteria may be required to be met in order for Assessment to be achieved. Those Accreditation Criteria identified as mandatory will be determined by the Board and communicated to the HTP.
- 3.10. On completion of the HTP having been assessed by the Accreditation Panel, a draft Accreditation Inspection Report will be prepared by the Accreditation Panel. Refer to section 8 of these Regulations. Prior to the Accreditation Inspection Report being finalised, a draft copy will be made available to the HTP for comment by a specified date. Also refer to Section 5.2.
- 3.11. After consideration of any comments from the HTP, the Board will finalise the Accreditation Inspection Report.
- 3.12. The Accreditation decision will be communicated to the relevant HTP and its jurisdictional representatives in accordance with the current AMC Communication Protocol: Accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities (“**AMC Communication Protocol**”).
- 3.13. Where Accreditation is approved, the Assessment Inspection Report must include the number of training posts accredited and the accreditation validity period. The Board, in its sole discretion will determine the Accreditation Period, which shall not be for more than five years.
- 3.14. Where Accreditation is not granted, the final Accreditation Inspection Report will identify the Standards and Criteria that have not been met.

#### **4. TRAINING POST REACCREDITATION**

- 4.1. Applications for Reaccreditation of existing HTP’s will be made by a hospital directly to the Board following the prescribed application process in these Regulations.
- 4.2. Applications for Reaccreditation of existing HTPs must be received by ASPS:
- a. For a regular Reaccreditation, no less than four (4) weeks before the inspection date.
  - b. For an Out of Cycle inspection (see Section 7), as directed by the Board from time to time.
  - c. The Board Chair, or Chair Accreditation Subcommittee, may in their sole discretion grant an extension to a deadline.

- 4.3. All of the processes in Section 3 (with the exception of 3.1), and in Section 5 apply to Reaccreditation. After the Reaccreditation application is received it will be acknowledged in writing and then verified for completeness by ASPS staff.

## 5. WITHDRAWAL OF ACCREDITATION

- 5.1. Pursuant to section 3.2 of ETA-SET-043 the Board may review the Accreditation status of a HTP, and may withdraw Accreditation based on its findings, at any time for the following reasons:
- a. in the event of a complaint proven to the satisfaction of the Board of unacceptable behaviour (discrimination, bullying, sexual harassment etc) against a current member of the unit hosting an accredited training post; or
  - b. if any other area of sufficient concern is identified which requires further investigation.
- 5.2. Where accreditation is at risk, the relevant accredited organisation and jurisdictional representatives will be notified in accordance with the current AMC Communication Protocol.
- 5.3. In the event that a HTP's accreditation is withdrawn, the HTP can make a new application for Reaccreditation, however, Reaccreditation will not be granted until it can be demonstrated that corrective action has been successfully implemented.

## 6. APPLICATION PROCESS FOR ACCREDITATION, REACCREDITATION and REVIEW OF ACCREDITATION

### 6.1. Application Form and Material for Consideration

- a. Hospital Training Posts are required to use the Board's prescribed HTP Assessment Form. The form is available to download from [www.plasticsurgery.org.au](http://www.plasticsurgery.org.au), or through the ASPS Office, email [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au).
- b. Submission of supporting evidence can be made by use of online shared folders or by email to [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au). For a link to an online shared folder that is available through the ASPS Office, please email [education@plasticsurgery.org.au](mailto:education@plasticsurgery.org.au).
- c. The Board may consider information gathered pursuant to (d) (i-e) during any point of time pertaining to an Accreditation or Reaccreditation application, or a proposed training post.
- d. The Board will consider all material submitted by the HTP and may also, in its sole discretion, consider information about the HTP collected from any one or more of the following:
  - i. any previous Accreditation Inspection Report;
  - ii. any method or format of communication (electronic, written, voice, video, etc.);
  - iii. any person involved in physical or virtual inspections;

- iv. any Hospital Training Post personnel, registrar, trainee or surgeon;
  - v. any committee of RACS, subcommittee of the Board, or committee of ASPS Council;
  - vi. other medical or surgical specialty, medical college, peak body or regulator.
- e. The Board may also rely on data collected and stored by any of the business systems used by ASPS or RACS.

## 6.2. Timelines

- a. Application deadlines for Accreditation and Reaccreditation:
  - i. For a regular Reaccreditation, is no less than four (4) weeks before the inspection date communicated by the Board.
  - ii. For new posts, and additional positions at HTP's, applications must be made by 31 January in any year with respect to commencing SET training from February in the following year.
  - iii. For an Out of Cycle inspection (see Section 7), as directed by the Board.
  - iv. The Board Chair or Chair Accreditation Subcommittee may, in their sole discretion grant an extension to a deadline.
- b. Processing applications
  - i. The Board's Accreditation Subcommittee Chair will be kept informed of Accreditation and Reaccreditation applications and their status.
  - ii. No less than 5 days prior to a scheduled inspection, ASPS will review the application files and produce a summary pre-assessment note for reference by the Accreditation Panel and relevant Board members.
  - iii. New applications will be reviewed by ASPS as soon as possible where they are received by the deadline in 6.2.a.
  - iv. Where an application for a new or additional training position at a HTP is received after 31 January, processing of the application may be held over until the following January, at the sole discretion of the Board Chair or the Board's Accreditation Subcommittee Chair;
  - v. The organisation applying for Accreditation or a HTP seeking Reaccreditation is obligated to make all arrangements to facilitate the accreditation at its site including ensuring all relevant persons are available.
- c. Reporting:
  - i. ASPS is not required to, but may, report the findings of a summary pre-assessment note or desktop review to the HTP and/or jurisdictional representative;
  - ii. ASPS should make a desktop inspection report available to the inspectors/accreditation Panel at the earliest possible opportunity;
  - iii. Inspectors/Accreditation Panels should produce an Accreditation Inspection Report within fourteen (14) days of conducting an inspection.
  - iv. HTPs should receive a draft Accreditation Inspection Report within fourteen (14) days of it being provided to ASPS;

- v. Hospital Training Posts must comment on a draft Accreditation Inspection Report within fourteen (14) days of receipt of the Accreditation Inspection Report. Upon receipt, ASPS must forward these comments to the Accreditation Panels as soon as possible for their consideration;
- vi. Accreditation Panels must finalise the draft Accreditation Inspection Report within fourteen (14) days and provide it to the Board or the Accreditation Subcommittee for consideration;
- vii. The Board should consider the final Accreditation Inspection Report at its next scheduled ordinary meeting. The Board should then provide the final Accreditation Inspection Report to the HTP within four (4) weeks of making a decision;
- viii. Reporting may vary for Out of Cycle inspections (see Section 7), and is determined by the Board at its absolute discretion;
- ix. Shorter timeframes may be necessary from what is described above to enable operational efficiency and avoid delaying deliberations.

### 6.3. Outcomes

- a. The Board may choose to approve, conditionally approve, not approve, or withdraw the Accreditation for a HTP.
- b. In circumstances of a reduction, non-approval or withdrawal of the Accreditation, reasons for the decision will accompany communication of the decision. The Board will inform the Chair of the RACS CSET who will advise the relevant hospital and Health Department jurisdictional representative. The Board may inform the specialty surgical unit members of the decision and the reason for the decisions. The communications will be in writing and will include:
  - i. the decision; and
  - ii. the reason for the decision; and
  - iii. the date when the decision comes into effect.
- c. In circumstances of an approval of the Accreditation, the Board will communicate the decision to Chair of the RACS CSET, relevant hospital representative, relevant Health Department jurisdictional representative and specialty surgical unit members. The communication will be in writing and shall include:
  - i. recommendations for improvement, if any, for the accredited HTP; and
  - ii. conditions (for example, flexible training), if any, placed on the accredited HTP; and
  - iii. the number of accredited positions approved; and
  - iv. the date when the changes come into effect; and
  - v. the length of time of the accredited period of time; and
  - vi. the approximate date for the next inspection.
- d. The certification period for Accreditation may be given as:
  - i. an initial period of between six (6) months and two (2) years; or
  - ii. a standard period of five (5) years for the Reaccreditation of an existing HTP; or
  - iii. a temporary extension to an existing HTP Accreditation, or a temporary

approval of an additional or new HTP, at the absolute discretion of the Board.

- e. The Board may temporarily extend an existing, or approve an additional, Accreditation for the following purposes:
  - i. facilitating workforce requirements at a hospital site;
  - ii. facilitating the clinical supervision of an exam-pending trainee; or
  - iii. facilitate the placement of a trainee who has been displaced.

## **7. OUT OF CYCLE ACCREDITATION**

- 7.1. The Board may initiate a Reaccreditation of Accreditation outside the standard five (5) year accreditation re-assessment schedule due to concerns raised about but not limited to:
- a. the Quality of training;
  - b. changes to supervision levels;
  - c. changes to Operating theatre exposure and access for trainees;
  - d. significant changes to the surgical unit's membership;
  - e. allegations of bullying, harassment, sexual misconduct, discrimination and general misconduct;
  - f. changes to on call commitments that impact trainee welfare and safe working hours;
  - g. changes to trainee remuneration and security of benefits;
  - h. reports from the RACS and CSET members in relation to hospital wide concerns; or
  - i. reports from Government, Regulators or the media.
- 7.2. In such circumstances, the Board will inform the Chair of the RACS CSET, relevant hospital representatives and the surgical unit member in writing of the reason for the Out of Cycle Accreditation. RACS will, where required by AMC Communication Protocol, inform the relevant Health Department jurisdictional representative. Any documentation requested of the hospital must be submitted in the prescribed format (see 6.1) by the required due date (see 6.2).
- 7.3. The Reaccreditation will proceed as outlined in Section 6 of this Regulation and may require the submission of a Hospital Training Post Assessment Form and supporting documents.
- 7.4. The possible outcomes following Reaccreditation are defined in 6.3 and will include reasons for any adverse decision.

## 8. ACCREDITATION PANELS

- 8.1. The Board Chair or the Board may approve the appointment of inspectors to a pool of available inspectors for joining Accreditation Panels.
- 8.2. Accreditation Panels are comprised of between two and three, inspectors, two of whom will be FRACS plastic surgeons. One may be a member of the Board. The Board may co-opt additional members to the Accreditation Panel in the event that specific expertise is required or for the mitigation of biases.
- 8.3. Eligibility requirements for inspectors:
- a. Fellows of the College who are CPD compliant;
  - b. Fellows from outside the specialty of Plastic & Reconstructive Surgery, may be appointed as inspectors by the Board, or Board Chair, to manage issues of perceived or real bias.
  - c. SET Supervisors and SET Trainers are ineligible for appointment, where the surgeon:
    - i. has a current condition on their AHPRA medical registration;
    - ii. is not a defined Supervisor or Trainer as per RACS policy;
    - iii. works at the HTP under considered for accreditation.
- 8.4. Inspectors must declare relevant conflicts of interest to the Board and to ASPS prior to commencing an Accreditation. (Refer to RACS Regulation: Conflict of Interest REG-1020).

## 9. RECONSIDERATION, REVIEW AND APPEAL

When a hospital or training post applying for Accreditation or Reaccreditation is not satisfied with the outcome of an Accreditation (or Reaccreditation), it has the right to appeal this decision through RACS's Reconsideration, Review and Appeals Regulation which can be accessed on RACS website at [www.surgeons.org](http://www.surgeons.org).

## 10. ASSOCIATED DOCUMENTS

Board Form: Hospital Training Post Assessment form  
RACS Publication: Accreditation of Hospitals and Posts for Surgical Education and Training. Process and Criteria for Accreditation (published 2017)  
RACS Regulation: Reconsideration, Review and Appeal (ETA-SET-061)  
RACS Regulation: Conflict of Interest (REG-1020)  
Training Regulation: Surgical Supervision  
Australian Board of Plastic and Reconstructive Surgery and Regional Subcommittees Terms of Reference (ETA-SET-031)