



# ACCREDITATION OF TRAINING POSITIONS REGULATIONS

**Surgical Education and Training in Neurosurgery**

Updated 13 December 2016



## TRAINING POST ACCREDITATION REGULATIONS

### 1.1 Introduction

- 1.1.1 Training for the Surgical Education and Training Program in Neurosurgery (SET Program) is undertaken in accredited training posts.
- 1.1.2 The purpose of these Regulations is to establish the terms and conditions for the assessment and accreditation of training posts for the SET Program.
- 1.1.3 These Regulations are compliant with the Royal Australasian College of Surgeons (RACS) Training Post Accreditation and Administration Policy.

### 1.2 Applications and Assessments

- 1.2.1 All applications for accreditation or reaccreditation must be submitted to the Neurosurgical Society of Australasia (NSA) office using the prescribed forms only.
- 1.2.2 To be considered for a training post, applications should be received no later than 1 March in the year prior to allow for completion of the accreditation process prior to the final allocation of trainees. Applications received after 1 March may be held over to the following year.
- 1.2.3 The Board Chair may initiate a reassessment at any time for any training post, particularly if any area of sufficient concern is identified which requires further investigation or if there has been a major change in circumstances. In such circumstances the Board Chair will communicate in writing the reason for the reassessment. Any documentation requested must then be submitted to the NSA office in the prescribed format by the communicated due date.
- 1.2.4 For all applications, the Board Chair will appoint an accreditation panel of not less than two neurosurgeons, with at least one Board member, to review the application, past accreditation reports and past training post evaluation forms (where applicable).
- 1.2.5 The accreditation panel will determine whether a physical inspection is required to finalise the accreditation report. A physical inspection may be required if there is any issue of sufficient concern, a significant change in circumstances or the proposed training post is in a hospital which has not been physically inspected on a previous occasion.
- 1.2.6 Where a physical inspection is required it will be conducted by the accreditation panel. A fee may be charged at the discretion of the NSA to cover direct costs associated with the physical inspection. If the fee is not paid by the communicated due date the accreditation application will be considered to have been withdrawn.
- 1.2.7 For a physical inspection, the hospital(s) must submit an inspection schedule to the accreditation panel prior to the communicated due date. The inspection schedule should make available the following where requested by the accreditation panel:
  - (a) Private interviews with consultant surgeons and senior management of the hospital
  - (b) Private interviews with the current trainees, accredited and non-accredited
  - (c) Interviews with neurosurgical support service employees
  - (d) Inspections of wards, theatres, support services and administrative areas
  - (e) Inspection of library facilities, research facilities and laboratories
- 1.2.8 On completion of the physical or paper based assessment, the accreditation panel will prepare a draft accreditation report. The draft accreditation report will be provided to the applicant for commenting on perceived factual errors before the accreditation report is finalised. It is the responsibility of the applicant to distribute the draft accreditation report within the hospitals. The accreditation panel may also request additional information from the applicant at any time to assist in the finalisation of the accreditation report.



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- 1.2.9 After consideration of any comments, corrections and additional information from the applicant, the accreditation panel will finalise the accreditation report and has the delegated authority of the Board to make the determination regarding the accreditation outcome.
- 1.2.10 It may not be necessary for each individual criterion within each of the eight standards to be met, however criterion identified as mandatory must be met in all applications. It is the task of the accreditation panel to determine whether the mandatory criteria have been met and whether enough criteria are met in each standard to demonstrate that the standard is met.
- 1.2.11 The final accreditation report and determination will be forwarded to the applicant who is responsible for distribution within the hospitals.
- 1.2.12 When accreditation or re-accreditation is not approved or when it is withdrawn, information about this decision will include identification of the standards and/or criterion not met and communication of the requirements to be met for accreditation in the future.
- 1.2.13 The Board will note the determination of the accreditation panel and the accreditation report at its next scheduled meeting. The Board will report the determination to the next scheduled meeting of the RACS Board of Surgical Education and Training.

## 1.3 Training Posts and Accreditation Validity Periods

- 1.3.1 Application can be made from a single training unit (primary hospital) or a collection of collaborative training units (a network) for accreditation of a training post or posts.
- 1.3.2 For a network there must be one primary hospital responsible for the education and oversight of any allocated trainee, and additional hospitals specifically identified which are party to the application.
- 1.3.3 There are two types of accredited posts for the SET Program:
  - (a) A General Neurosurgical Post which is focused primarily on adult neurosurgery. There is no maximum trainee placement.
  - (b) A Paediatric Neurosurgical Post which is focused primarily on paediatric neurosurgery. The maximum trainee placement in this post is 6 months.
- 1.3.4 The accreditation validity period where all criterion and standards are satisfied is five years. Shorter validity periods can be granted where any criterion or standard is not satisfied, with the accreditation period determined by the accreditation panel.

## 1.4 Allocation of Trainees to Accredited Training Posts

- 1.4.1 A Training Post Committee appointed by the Board conducts the allocation of trainees to accredited training posts during all clinical training years.
- 1.4.2 Trainees are recommended to training units (employers) for appointment to accredited posts. Training units (employers) retain the right to not employ recommended trainees.
- 1.4.3 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 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



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- (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; or
- (f) the allocated trainee fails to gain employment with the training unit.

## 1.5 Appointment and Removal of Surgical Supervisors

- 1.5.1 Each training post must have a surgical supervisor who satisfies the responsibilities and requirements outlined in the RACS Surgical Supervisors Policy, Training Program Regulations and these Regulations.
- 1.5.2 The Board Chair has the delegated authority of the Board to approve the appointment and removal of a surgical supervisor. The Board Chair may request and consider, but is not required to accept, a recommendation from the hospital where the training post is located.
- 1.5.3 The term of appointment for a surgical supervisor is three years, with subsequent terms permitted.
- 1.5.4 A surgical supervisor may resign from the position at any time by giving written notice to the Board Chair.
- 1.5.5 The appointment of a surgical supervisor may be reviewed at any time, particularly where there is a request from the hospital, a request from a trainee or where there is a potential issue of concern regarding compliance or eligibility.
- 1.5.6 Where removal of a surgical supervisor is being considered, the Board Chair will notify the surgical supervisor of the reasons why removal is being considered. The surgical supervisor will have the opportunity to provide a written response to the reasons within a specified timeframe. Any response received will be considered by the Board Chair before making a final decision. The Board Chair may seek advice from the Board before making a decision.
- 1.5.7 The Board will note approved changes to surgical supervisors at its next scheduled meeting. The Board will report the surgical supervisor changes to the next scheduled meeting of the RACS Board of Surgical Education and Training.



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## 1.6 Accreditation Criteria

<b>Standard 1 – Building and maintaining a culture of respect for patients and staff</b>	
1. The hospital culture is of respect and professionalism	<p>All hospitals must:</p> <ul style="list-style-type: none"> <li>a) provide a safe training environment free of discrimination, bullying and sexual harassment;</li> <li>b) actively promote respect, including teamwork principles’;</li> <li>c) have policies and procedures, including training for all staff, that promotes a culture and environment of respect; and</li> <li>d) have policies, codes and guidelines which must align with RACS Code of Conduct and support professionalism.</li> </ul> <p>These are <b>mandatory</b> requirements.</p>
2. Partnering to Promote Respect: MoU or similar statements about the need for ‘Building Respect, Improving Patient Safety’	<p>All hospitals must:</p> <ul style="list-style-type: none"> <li>a) be committed to sharing with RACS and the Board relevant complaint information by or about RACS Fellows and Trainees;</li> <li>b) actively reinforce positive standards leading to improved behaviours and a respectful environment; and</li> <li>c) hold surgical teams to account against these standards.</li> </ul> <p>These are <b>mandatory</b> requirements.</p>
3. Complaint Management Process	<p>All hospitals must:</p> <ul style="list-style-type: none"> <li>a) have clearly defined and transparent policies detailing how to make a complaint, options, investigation process and possible outcomes;</li> <li>b) have clearly defined processes to protect complainants; and</li> <li>c) have documented performance review process for all staff, so it is aware of any repeated misdemeanours or serious complaints that need escalation/intervention to maintain a safe training environment.</li> </ul> <p>These are <b>mandatory</b> requirements.</p> <p>The hospital should:</p> <ul style="list-style-type: none"> <li>d) have a process in place to share with RACS summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment.</li> </ul>
<b>Standard 2 - Education Facilities and Systems</b>	
4. Computer facilities with IT support	<p>There should be computer facilities and appropriate internet access in all hospitals.</p>



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5. Tutorial room available	There should be a tutorial room available for delivery of the educational programs in the network.
6. Access to a private study area	There should be a designated private study area for trainees isolated from busy clinical areas in all hospitals, suitable for personal study.
7. General educational activities within the hospital	RACS requirement covered by criterion 8.
<b>Standard 3 - Quality of education, training and learning</b>	
8. Coordinated schedule of learning experiences	<p>There must be the following schedule of learning experiences, free from conflicting trainee obligations, in the hospitals:</p> <ul style="list-style-type: none"><li>a) Four hours of structured consultant led tutorials and teaching per month;</li><li>b) One neuropathology session per month;</li><li>c) One hour of Journal Club meeting per month; and</li><li>d) Four hours of neuro-radiological sessions per month.</li></ul> <p>These are <b>mandatory</b> requirements.</p>
9. Access to simulated learning environment	There should be simple basic skills training equipment available.
10. Access to external educational activities for trainees	<p>Trainees must be given negotiated educational leave to attend:</p> <ul style="list-style-type: none"><li>a) Compulsory skills courses;</li><li>b) Compulsory trainee seminars;</li><li>c) The NSA Annual Scientific Meeting; and</li><li>d) Compulsory examinations.</li></ul> <p>These are <b>mandatory</b> requirements.</p>
11. Opportunities for research inquiry and scholarly activity	There should be an opportunity to participate in neuroscience research in the network.
12. Supervised experience in patient resuscitation	RACS requirement covered by criterion 13 and 14.
13. Supervised experience in an Emergency Department	<p>There should be:</p> <ul style="list-style-type: none"><li>a) an opportunity for trainees to manage patients in the Emergency Department under supervision; and</li><li>b) accreditation by the Australasian College of Emergency Medicine or equivalent.</li></ul>
14. Supervised experience in Intensive Care Unit (ICU) or High Dependency Unit (HDU)	<p>There should be:</p> <ul style="list-style-type: none"><li>a) trainee involvement in patient care in ICU, under supervision; and</li><li>b) accreditation by ANZ College of Anaesthetists and Royal Australasian College of Physicians or equivalent.</li></ul>



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<b>Standard 4 – Surgical supervisors and staff</b>	
<p>15. Designated supervisor of surgical training</p>	<p>Each training post must have a surgical supervisor who satisfies the responsibilities and requirements outlined in the RACS Surgical Supervisors Policy, Training Program Regulations and these Regulations.</p> <p>It is <b>mandatory</b> that to be eligible for appointment to the position the supervisor must:</p> <ul style="list-style-type: none"> <li>a) spend a minimum of 20 hours per week in the primary hospital including afterhours operating, clinical and teaching work but not on-call hours;</li> <li>b) be a current FRACS in Neurosurgery;</li> <li>c) be a current member of the NSA;</li> <li>d) meet the compliance requirements for RACS Continuing Professional Development;</li> <li>e) have no conditions or restrictions attached to their medical registration;</li> <li>f) participate in the Board neurosurgical supervisor's meeting at least once every two years;</li> <li>g) remain compliant with the Training Program Regulations at all times; and</li> <li>h) complete the mandatory training as specified in the RACS Surgical Supervisors Policy.</li> </ul>
<p>16. Supervisor's role / responsibilities</p>	<p>The supervisors must accept responsibility for the duties outlined in the RACS Surgical Supervisors Policy, Training Program Regulations and these Regulations. It is <b>mandatory</b> that this includes:</p> <ul style="list-style-type: none"> <li>a) the implementation of the Training Program in accredited training posts;</li> <li>b) coordinate the appropriate supervision of the trainee;</li> <li>c) coordinate the delivery of the structured consultant led tutorials and journal club meetings and participate on a regular basis;</li> <li>d) ensuring that training is delivered according to the standards and processes determined in the Training Program Regulations;</li> <li>e) undertaking formative and summative assessment that is fair, transparent and evidence based;</li> <li>f) represent the Board to the employer to ensure that minimum standards of training are maintained, promoting respect and improving patient safety in an environment that is free from unprofessional behaviour;</li> <li>g) participate in, and report to, the Board as required by these Regulations and the Training Program Regulations;</li> <li>h) monitor operative experience and review operative logbook summaries;</li> <li>i) identify, document and remediate unsatisfactory trainee performance in accordance with the Training Program Regulations;</li> <li>j) inform the hospital and operating theatre management about the credentialing status of trainees and their capacity to open operating theatres without direct supervision; and</li> <li>k) undertake other duties as specified by the Board.</li> </ul>



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<p>17. Credentialed specialist surgical staff willing to carry out surgical training</p>	<p>Surgical trainers are surgical consultants who are members of a unit that has been accredited as a surgical training post and who interact with trainees in the workplace and in other educational activities. Surgical trainers should satisfy all responsibilities and requirements outlined in the RACS Surgical Trainers Policy, Training Program Regulations and these Regulations.</p> <p>It is <b>mandatory</b> that to be eligible to be considered as a surgical trainer for the purpose of accreditation of a training post, the consultant must:</p> <ul style="list-style-type: none"> <li>a) be a current FRACS in Neurosurgery;</li> <li>b) be a current member of the NSA;</li> <li>c) meet the compliance requirements for RACS Continuing Professional Development; and</li> <li>d) participate in the delivery of the structured consultant led tutorials and journal club meetings on a regular basis; and</li> <li>e) complete the mandatory training as specified in the RACS Surgical Trainers Policy</li> </ul> <p>For accreditation of a training post it is <b>mandatory</b> that the training unit must satisfy the following surgical trainer requirements (in addition to the surgical supervisor requirements):</p> <ul style="list-style-type: none"> <li>f) for one post there must be a minimum of two other surgical trainers, spending a combined minimum total of 30 hours per week in the primary hospital and 10 hours per week in the secondary hospitals (where applicable);</li> <li>g) for two posts there must be a minimum of three other surgical trainers, spending a combined minimum total of 45 hours per week in the primary hospital and 15 hours per week in the secondary hospitals (where applicable); and</li> <li>h) for three posts there must be a minimum of four other surgical trainers, spending a combined minimum total of 60 hours per week in the primary hospital and 30 hours per week in the secondary hospitals (where applicable).</li> </ul>
<p>18. Surgeons committed to the Training Program</p>	<p>The surgical supervisor and surgical trainers should attend the scheduled clinical, educational, morbidity and mortality and audit review meetings.</p>
<p>19. Regular supervision, workplace-based assessment and feedback to trainees</p>	<p>The surgical supervisor and surgical trainers should:</p> <ul style="list-style-type: none"> <li>a) discuss and agree on goals between surgeon and trainee at the commencement of each surgical rotation;</li> <li>b) provide one-to-one clinical supervision;</li> <li>c) provide frequent informal feedback;</li> <li>d) provide structured constructive feedback and recorded assessment of performance in accordance with the Training Program Regulations;</li> <li>e) provide opportunities for the trainee to respond to feedback; and</li> <li>f) participate in ward rounds.</li> </ul>





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<p>20. Hospital recognition and support for surgeons involved in education and training</p>	<p>All hospitals should provide:</p> <ul style="list-style-type: none"> <li>a) the surgical supervisor with paid, protected administrative time to undertake the relevant duties (at least 0.1 FTE if there are 3 trainees under supervision);</li> <li>b) the surgical supervisor and surgical trainers who attend mandated courses and meetings as outlined in these Regulations with negotiated leave for these; and</li> <li>c) accessible and adequate secretarial services and IT services for the surgical supervisor's role.</li> </ul>
<p>21. Hospital response to feedback</p>	<p>The hospitals should have a mechanism for dealing with feedback and achieve an appropriate resolution for validated problems.</p>
<p><b>Standard 5 - Support services for trainees</b></p>	
<p>22. Hospital support for trainees</p>	<p>All hospitals should:</p> <ul style="list-style-type: none"> <li>a) have rosters and work schedules in Australia that take into account the principles outlined in the AMA National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors and in New Zealand the principles outlined in the Multi Employer Collective Agreement (MECA); and</li> <li>b) ensure trainees are on-call no more than 1:3 and work less than 70 hours per week, including meal breaks, overtime and recall duty and excluding time on-call when they are not required.</li> </ul> <p>It is <b>mandatory</b> that all hospitals must:</p> <ul style="list-style-type: none"> <li>c) promote trainee safety and provide security when necessary; and</li> <li>d) have readily accessible Human Resources service available to trainees including counselling if required.</li> </ul>
<p>23. Trainees' remuneration and professional responsibilities – Duty of Care</p>	<p>Remuneration of the trainee:</p> <ul style="list-style-type: none"> <li>a) should not depend primarily on private practice assisting;</li> <li>b) should be salaried; and</li> <li>c) should be appropriate payment for work performed in accordance with or at least equivalent to the public sector awards.</li> </ul>
<p>24. Flexible training options</p>	<p>The hospitals should have a commitment to working with the Board to facilitate flexible employment for trainees where feasible and approved by the Board.</p>



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<b>Standard 6 - Clinical load and theatre sessions</b>	
25. Supervised consultative clinics	<p>Trainees must attend a minimum of one consultative clinic per week.</p> <p>In all hospitals the trainee must:</p> <ol style="list-style-type: none"> <li>see new and follow-up patients under supervision;</li> <li>have a major involvement in perioperative management of all patients where they participate in the surgery, including being the primary person available for ward calls; and</li> <li>have significant hands-on involvement in surgical cases.</li> </ol> <p>These requirements must be demonstrated as having been occurring for at least four months in all hospitals in which accreditation is applicable to.</p> <p>These are <b>mandatory</b> requirements.</p>
26. Beds available	<p>It is <b>mandatory</b> that there must be a defined neurosurgical unit of sufficient beds to enable adequate turnover. As a guide fifteen neurosurgical beds would be sufficient in the primary hospital.</p>
27. Consultant led ward rounds with educational as well as clinical goals	<p>Trainees must participate in a minimum of three ward rounds or patient care meetings discussing all ward patients a week with a neurosurgeon. This should include facilitation of learning for trainees, especially for feedback purposes.</p> <p>These are <b>mandatory</b> requirements.</p>
28. Caseload and casemix	<p>Training posts must be able to provide trainees with access to the competencies required as part of the SET Program.</p> <p>A major neurosurgical procedure for this accreditation purpose excludes:</p> <ul style="list-style-type: none"> <li>those classified in the logbook summary as minor/miscellaneous; and</li> <li>endovascular procedures.</li> </ul> <p>For each operative case where more than one procedure is undertaken only one procedure may be recorded.</p> <p>The number of major neurosurgical procedures required to be performed annually in the hospitals combined are as follows noting <u>these are absolute and the minimum criteria for application for accreditation</u>:</p> <p><u>General Neurosurgical Posts</u></p> <ol style="list-style-type: none"> <li>for one training post there must be 400 major cases of which a minimum of 200 must be in the primary hospital;</li> <li>for two training posts there must be 600 major cases of which a minimum of 300 must be in the primary</li> </ol>



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	<p>hospital; and</p> <p>c) for three training posts there must be 900 major cases of which a minimum of 450 must be in the primary hospital.</p> <p><u>Paediatric Neurosurgical Posts</u></p> <p>d) for one training post there must be 200 major paediatric neurosurgical cases.</p> <p>These are <b>mandatory</b> requirements.</p>
<p>29. Operative experience for trainees</p>	<p>A major neurosurgical procedure for this accreditation purpose excludes:</p> <p>a) those classified in the logbook summary as minor/miscellaneous; and</p> <p>b) endovascular procedures</p> <p>For each operative case where more than one surgical procedure is undertaken only one procedure may be recorded. More than one trainee can participate in major cases and each can log their experience appropriately.</p> <p>The operative experience requirements for trainees are as follows:</p> <p>c) each General Neurosurgical Post must be able to provide each allocated trainee with the opportunity to participate in a minimum of 100 major cases per six months;</p> <p>d) each Paediatric Neurosurgical Post must be able to provide each allocated trainee with the opportunity to participate in a minimum of 75 major paediatric cases per six months;</p> <p>e) each post must provide each allocated trainee with a minimum of 3 elective half day operating sessions per week plus operating theatre time for emergencies.</p> <p>Trainees must have significant hands-on involvement in surgical cases, increasing based on their skill level to primary surgeon.</p> <p>These are <b>mandatory</b> requirements.</p>
<p>30. Experience in perioperative care</p>	<p>There must be:</p> <p>a) adequate facilities available to enable appropriate clinical examination of all preoperative patients in all hospitals; and</p> <p>b) a daily unit and postoperative ward rounds in all hospitals.</p> <p>These are <b>mandatory</b> requirements.</p>
<p>31. Involvement in acute/emergency care of surgical patients</p>	<p>Trainees should have regular weekly involvement in acute/emergency care of surgical patients. As a guide a minimum 1:5 involvement in acute/emergency care of surgical patients would be appropriate.</p>



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<b>Standard 7 - Equipment and clinical support services</b>	
32. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	There must be evidence of accreditation of all hospitals by ACHS or NZCHS to undertake surgical care.  This is a <b>mandatory</b> requirement.
33. Imaging – suitable diagnostic and intervention services	The following services must be available in the primary hospital:  a) CT with 24 hour access, 7 days per week b) Digital subtraction angiography with 24 hour access c) MRI access with 24 hour access, 7 days per week  These are <b>mandatory</b> requirements.
34. Diagnostic laboratory services	The following services must be available:  a) General pathology with 24 hour access b) Neuropathology access  These are <b>mandatory</b> requirements.
35. Theatre Equipment	The following equipment must be available in all hospitals:  a) Stereotactic equipment b) Modern operating microscopes c) Operative Ultrasonic Aspirator  These are <b>mandatory</b> requirements.
36. Support/ancillary services	The following services should be available:  a) Rehabilitation access b) Neuropsychology and neuropsychiatry access c) Dedicated secretarial support and office space d) Radiology e) Medical neurology
<b>Standard 8 - Clinical Governance, Quality and Safety</b>	
37. Hospital accreditation status	There must be evidence of accreditation of all hospitals by ACHS or NZCHS to undertake surgical care.  This is a <b>mandatory</b> requirement.
38. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	There should be:  a) a quality assurance board or equivalent (with senior external member) reporting to the appropriate governance body; and b) documentation published by the hospital on HR, clinical risk management and other safety policies.



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39. Head of surgical department and governance role	There must be:  a) a designated head of the neurosurgical department within each hospital with a defined role in governance and leadership; and  b) at a minimum six monthly department governance meetings, including both the primary and all secondary hospitals combined (where applicable).  These are <b>mandatory</b> requirements.
40. Hospital credentialing or privileging committee	Clinicians must be credentialed at least every 5 years.
41. Morbidity and mortality and audit activities constituting peer review	Each hospital must have regular (at least quarterly) review meetings of morbidity/mortality averaging one hour per month related to recent unit activities with all surgical supervisors, surgical trainers and trainees participating.  This is a <b>mandatory</b> requirement.
42. Higher-level Hospital systems reviews	Surgeons and trainees should participate in reviews of systems as appropriate. This can include targeted projects and/or root cause analysis.
43. Experience available to trainees in root cause analysis	Training and participation should occur in root cause analysis.
44. Occupational safety	The hospitals must have documented measures available to ensure safety against hazards such as toxins, exposure to infectious agents transmitted through blood and fluid, radiation and potential exposure to violence from patients and families.  This is a <b>mandatory</b> requirement.