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 Training Posts and Accreditation Validity Periods

1.2.1 For accreditation as a **Training Site**, which is one neurosurgical unit, the neurosurgical unit must satisfy the **Primary Unit** requirements as outlined in these Regulations.

1.2.2 For accreditation as a **Training Network**, which includes multiple neurosurgical units, there must be one neurosurgical unit nominated as the **Primary Unit** for the Training Network which must satisfy the Primary Unit requirements as outlined in these Regulations. The remaining units will be classified as **Secondary Units** and must satisfy the Secondary Unit requirements as outlined in these Regulations. Secondary Units must be located near the Primary Unit, except for Secondary Units in a RACS defined regional area which are exempt from this requirement.

1.2.3 Trainees are only allocated to Primary Units. Where Secondary Units are accredited as part of a Training Network, trainees may spend no more than 25% of their time in the rotation at the Secondary Units combined.

1.2.4 There are two types of accredited posts for the SET Program:

(a) A General Post which is focused primarily on adult neurosurgery. There is no maximum trainee placement.
(b) A Paediatric Post which is focused primarily on paediatric neurosurgery. The maximum trainee placement in this post is 6 months.

1.2.5 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.

1.3 Applications and Assessments

1.3.1 All applications for accreditation or reaccreditation must be submitted using the prescribed forms only.

1.3.2 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.

1.3.3 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. The Board Chair will communicate in writing the reason for the reassessment. Any documentation requested must then be submitted in the prescribed format by the communicated due date.

1.3.4 The Board Chair will appoint an accreditation panel of not less than two neurosurgeons, with at least one Board member, to review the application and training post evaluation forms (where applicable).

1.3.5 The accreditation panel will determine whether a virtual and/or physical inspection is required as part of the assessment process.

1.3.6 Where a virtual and/or 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. If the fee is not paid by the communicated due date the accreditation application will be considered to have been withdrawn.

1.3.7 For a virtual and/or physical inspection, the applicant must submit an inspection schedule to the accreditation panel prior to the communicated due date. The inspection schedule should make available the following when requested by the accreditation panel:

(a) Private interviews with consultant surgeons and senior management
(b) Private interviews with the current trainees, accredited and non-accredited
(c) Interviews with neurosurgical support service employees
(d) For physical inspections, inspections of wards, theatres, support services and administrative areas
(e) For physical inspections, inspection of library facilities, research facilities and laboratories

1.3.8 On completion of the initial assessment, the accreditation panel will prepare a draft accreditation report. The draft accreditation report will be provided to the nominated representative of the applicant for commenting on perceived factual errors before the accreditation report is finalised. The accreditation panel may also request additional information from the applicant at any time to assist in the finalisation of the accreditation report.

1.3.9 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.

1.3.10 It is the task of the accreditation panel on consideration of the individual criterion to determine if the standard is met.

1.3.11 The final accreditation report and determination will be forwarded to the nominated representative of the applicant who is responsible for distribution within the hospitals.

1.3.12 When accreditation or re-accreditation is not approved or 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.

1.3.13 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.

1.4 Allocation of Trainees to Accredited Training Posts

1.4.1 The Board conducts the allocation of trainees to accredited training posts during all clinical training years.

1.4.2 Trainees are recommended to Primary Units (employers) for appointment to accredited posts. Primary 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
(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 Primary Unit 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.

1.6 Accreditation Criteria

Standard 1 – Building and maintaining a culture of respect for patients and staff	
1.The hospital culture is of respect and professionalism	All Primary and Secondary Units must: a) provide a safe training environment free of discrimination, bullying and sexual harassment; b) actively promote respect, including teamwork principles'; c) have policies and procedures, including training for all staff, that promotes a culture and environment of respect; and d) have policies, codes and guidelines which must align with RACS Code of Conduct and support professionalism.
2. Partnering to Promote Respect	All Primary and Secondary Units must: a) be committed to sharing with RACS and the Board relevant complaint information by or about RACS Fellows and Trainees; b) actively reinforce positive standards leading to improved behaviours and a respectful environment; and c) hold surgical teams to account against these standards.
3. Complaint Management Process	All Primary and Secondary Units must: a) have clearly defined and transparent policies detailing how to make a complaint, options, investigation process and possible outcomes; b) have clearly defined processes to protect complainants; and 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. 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.

Standard 2 - Education Facilities and Systems	
4. Computer facilities with IT support	At all Primary and Secondary Units there must be computer facilities and appropriate internet access.
5. Tutorial room available	At all Primary and Secondary Units there must be a tutorial room available for delivery of the educational programs.
6. Access to a private study area	At all Primary and Secondary Units there must be a designated private study area for trainees isolated from busy clinical areas and suitable for personal study.
7. General educational activities within the hospital	RACS requirement covered by criterion 8.
Standard 3 - Quality of education, training and learning	
8. Coordinated schedule of learning experiences	At all Primary Units there must be the following schedule of educational activities delivered, free from conflicting trainee obligations: a) Four hours of structured consultant led tutorials and teaching per month focused solely on neurosurgery topics and excluding multidisciplinary meetings; b) One neuropathology session per month; c) One hour of Journal Club meeting per month; and d) Four hours of neuro-radiological sessions per month. For a Training Network, the educational activities must be attended by all accredited trainees at both the Primary and Secondary Units. For a Primary Unit in a RACS defined regional area, the educational activities can be delivered virtually in conjunction with another accredited Primary Unit without the need to apply as a Training Network.
9. Access to simulated learning environment	Each Primary Unit must provide simple basic skills training equipment.
10. Access to external educational activities for trainees	Each Primary and Secondary Unit must provide trainees with negotiated educational leave to attend: a) Compulsory skills courses; b) Compulsory trainee seminars; c) The NSA Annual Scientific Meeting; and d) Compulsory examinations.

11. Opportunities for research inquiry and scholarly activity	Each Primary Unit must provide trainees with the opportunity to participate in neuroscience research. For a Primary Unit in a RACS defined regional area, the research can be delivered in conjunction with another accredited Primary Unit without the need to apply as a Training Network.
12. Supervised experience in patient resuscitation	RACS requirement covered by criterion 13 and 14.
13. Supervised experience in an Emergency Department	In each Primary Unit trainees must manage patients in the Emergency Department on a weekly basis, acting in a neurosurgical capacity and under FRACS supervision.
14. Supervised experience in Intensive Care Unit (ICU)	In each Primary Unit, trainees must be involved in patient care in the ICU on a weekly basis, acting in a neurosurgical capacity and under FRACS supervision.
Standard 4 – Surgical supervisors and staff	
15. Designated supervisor of surgical training	Each Primary Unit must have a Surgical Supervisor who satisfies the responsibilities and requirements outlined in the RACS Surgical Supervisors Policy, Training Program Regulations and these Regulations. It is mandatory that to be eligible for appointment to the position the Surgical Supervisor must: a) undertake a minimum of 2 half day elective operating lists per week at the Primary Unit; b) be a current FRACS in Neurosurgery; c) be a current member of the NSA; d) meet the compliance requirements for RACS Continuing Professional Development; e) have no conditions or restrictions attached to their medical registration; f) participate in the Board neurosurgical supervisor's meeting at least once every two years; g) remain compliant with the Training Program Regulations at all times; h) complete the mandatory training as specified in the RACS Surgical Supervisors Policy; i) be involved in consultant led ward rounds at least once a week with trainees; and j) be involved in at least one consultant led tutorial with trainees a month.

16. Supervisor's role / responsibilities	The Surgical Supervisors must accept responsibility for the duties outlined in the RACS Surgical Supervisors Policy, Training Program Regulations and these Regulations. The supervisor must sign an undertaking confirming their acceptance.
17. Credentialled specialist surgical staff willing to carry out surgical training	At each Primary and Secondary Unit there must be credentialled neurosurgical staff qualified to carry out surgical training and supervision known as Surgical Trainers. Surgical Trainers are involved in the education and assessment of accredited trainees. At each Primary and Secondary Unit, the Surgical Trainers must satisfy the generic requirements, including mandatory training, in the RACS Surgical Trainers Policy, and the following specialty specific requirements. The consultant must be: a) be a current FRACS in Neurosurgery; b) be a current member of the NSA; c) meet the compliance requirements for RACS Continuing Professional Development; and d) complete the mandatory training as specified in the RACS Surgical Trainers Policy For a Primary Unit in a RACS defined regional area only, one of the Surgical Trainer (not the Surgical Supervisor) may be a non-FRACS neurosurgeon provide they are undergoing a RACS period of clinical assessment, have completed a minimum of six months of their clinical assessment period and they have no identified performance issues. For accreditation it is mandatory that the Primary Unit satisfy the following Surgical Trainer requirements: a) for one post there must be a minimum of three Surgical Trainers (including the Surgical Supervisor), with a combined minimum total of 4 half day elective operating lists per week at the Primary Unit; b) for two posts there must be a minimum of four Surgical Trainers (including the Surgical Supervisor), with a combined minimum total of 8 half day elective operating lists per week at the Primary Unit; and c) for three posts there must be a minimum of five Surgical Trainers (including the Surgical Supervisor), spending a combined minimum total of 10 half day elective operating lists per week at the Primary Unit. For each Secondary Unit, there must be a minimum of two surgical trainers with a combined minimum of 3 half day elective operating lists per week .

18. Surgeons committed to the Training Program	RACS requirement covered by criterion 15, 16 and 17.
19. Regular supervision, workplace-based assessment and feedback to trainees	Each Primary and Secondary Unit must provide trainees with access to supervision at all times from the neurosurgical Surgical Supervisor or Surgical Trainers. Supervision must be provided during work hours, on on-call and after hours. Supervision must be onsite or, where necessary and appropriate, there is a process for remote supervision. Where remote supervision is provided, the neurosurgical Surgical Supervisor, Surgical Trainer or neurosurgical consultant delegate must always be accessible by telephone or video-link and must be able to be onsite within 30 minutes. The Surgical Supervisor and Surgical Trainers should provide day to day observation, communication and interaction with the trainee including providing advice guidance and support. This should include but not be limited to: a) discussing and agreeing on goals between surgeon and trainee at the commencement of each surgical rotation; b) providing one-to-one clinical supervision; c) providing frequent informal feedback; d) providing structured constructive feedback and recorded assessment of performance in accordance with the Training Program Regulations; e) providing opportunities for the trainee to respond to feedback. f) participate in ward rounds.
20. Hospital recognition and support for surgeons involved in education and training	Each Primary Unit must provide: a) the Surgical Supervisor with paid, protected administrative time to undertake the relevant duties; b) the Surgical Supervisor and Surgical Trainers who attend mandated courses and meetings as outlined in these Regulations with negotiated leave for these; and c) accessible and adequate secretarial services and IT services for the Surgical Supervisor's role.
21. Hospital response to feedback	RACS requirement covered by criterion 1, 2 and 3.

Standard 5 - Support services for trainees	
22. Hospital support for trainees	Each Primary and Secondary Unit must: 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 b) ensure trainees are on-call no more than 1:3; and c) ensure trainees work less than 70 hours per week, including meal breaks, overtime and recall duty and excluding time on-call when they are not required; and d) promote trainee safety and provide security when necessary; and e) have readily accessible Human Resources service available to trainees including counselling if required.
23. Trainees' remuneration and professional responsibilities – Duty of Care	Each Primary and Secondary Unit must ensure remuneration of the trainee: a) does not depend primarily on private practice assisting; b) is salaried; and c) is appropriate payment for work performed (including overtime) in accordance with or at least equivalent to the public sector awards.
24. Flexible training options	Each Primary Unit must have a commitment to working with the Board to facilitate flexible employment for trainees where feasible and approved by the Board.
Standard 6 - Clinical load and theatre sessions	
25. Supervised consultative clinics	In each Primary Unit, trainees must attend a minimum of one consultative clinic per week and see new and follow-up patients under the onsite supervision of the neurosurgical Surgical Supervisor or Surgical Trainers.
26. Beds available	Primary and Secondary Units must have a defined neurosurgical unit of sufficient beds to enable adequate turnover. As a guide for Primary Units, fifteen neurosurgical beds would be sufficient.

27. Consultant led ward rounds with educational as well as clinical goals	In each Primary Unit, trainees must participate in a minimum of three ward rounds or patient care meetings a week including the attendance of the neurosurgical Surgical Supervisor or Surgical Trainers discussing all ward patients. This should include facilitation of learning for trainees, especially for feedback purposes. This does not include postoperative ward rounds.
28. Caseload and casemix	The number of major neurosurgical procedures, as identified in the training post accreditation logbook, required to be performed annually in the units are as follows noting <u>these are absolute and the minimum criteria for application for accreditation</u>. <u>General Posts</u> • for one training post there must be 400 major cases of which a minimum of 300 must be in the Primary Unit; • for two training posts there must be 600 major cases of which a minimum of 450 must be in the Primary Unit; and • for three training posts there must be 900 major cases of which a minimum of 675 must be in the Primary Unit. For one training post in a Primary Unit in a RACS defined regional area, there must be 300 major cases. <u>Regional Posts</u> For more than one post in a RACS defined regional area, or as part of a Training Network the General Post requirements above are applicable. <u>Paediatric Posts</u> • for one training post there must be 200 major paediatric neurosurgical cases.
29. Operative experience for trainees	Trainees must have significant hands-on involvement in surgical cases, increasing based on their skill level to primary surgeon. As a minimum for the Primary Unit, the trainee must have the opportunity for primary surgeon experience in: • all Type 1 DOPS procedures identified in the Training Program Regulations; and • at least eight of the Type 2 DOPS procedures identified in the Training Program Regulations.

	The trainee must also participate in a minimum of 100 major neurosurgical cases per six months in General Posts and 75 major cases in Paediatric Posts.
30. Experience in perioperative care	As a minimum in Primary and Secondary Units the trainees must have a major involvement in perioperative management of all patients where they participate in the surgery. There must be: a) adequate facilities available to enable appropriate clinical examination of all preoperative patients; and b) daily postoperative ward rounds
31. Involvement in acute/emergency care of surgical patients	In all Primary Units, trainees must 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.
Standard 7 – Equipment and clinical support services	
32. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	There must be evidence of accreditation of all sites with Primary and Secondary Units by ACHS or NZCHS to undertake surgical care.
33. Imaging – suitable diagnostic and intervention services	The following services must be available in all Primary Units: 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
34. Diagnostic laboratory services	The following services must be available in all Primary Units: a) General pathology with 24 hour access b) Neuropathology access
35. Theatre Equipment	The following equipment must be available in all Primary and Secondary Units: a) Stereotactic equipment b) Modern operating microscopes c) Operative Ultrasonic Aspirator

36. Support/ancillary services	The following services must be available in all Primary Units: a) Rehabilitation access b) Neuropsychology and neuropsychiatry access c) Dedicated secretarial support and office space d) Radiology e) Medical neurology
Standard 8 - Clinical Governance, Quality and Safety	
37. Hospital accreditation status	There must be evidence of accreditation of all sites with Primary and Secondary Units by ACHS or NZCHS to undertake surgical care.
38. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	In all Primary and Secondary Units, there must 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.
39. Head of surgical department and governance role	In all Primary and Secondary Units there must be a designated head of the neurosurgical department with a defined role in governance and leadership. In all Primary and Secondary Units there must be minimum six-monthly department meeting.
40. Hospital credentialing or privileging committee	In all Primary and Secondary Units, clinicians must be credentialed at least every 5 years.
41. Morbidity and mortality and audit activities constituting peer review	In all Primary and Secondary Units there must be 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.
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	All Primary and Secondary units 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.