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## TRAINING POST ACCREDITATION REGULATIONS

### Surgical Education and Training in Urology

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#### 1. Purpose and Scope

- 1.1 The purpose of these Regulations is to establish the terms and conditions for the assessment and accreditation of training posts in the Surgical Education and Training Program in Urology.
- 1.2 These Regulations comply with the Royal Australasian College of Surgeon (RACS) [Training Post Accreditation and Administration](#) policy.

#### 2. Background

- 2.1 The overall and ultimate responsibility for the assessment and accreditation of training posts for the SET Program in Urology rests with the Board of Urology (Board). The Training Post Accreditation Sub-Committee assists the Board in monitoring and reviewing accredited training posts and assessing applications for accreditation of new and/or additional posts.
- 2.2 All training posts are assessed in accordance with the accreditation criteria outlined in the [Training Post Accreditation Standards and Criteria](#).
- 2.3 The Board is responsible for ensuring all training posts, to which trainees are allocated, can provide adequate training opportunities and comply with the minimum standards in surgical education and relevant RACS policies.
- 2.4 Trainees need to be exposed to a variety of educational experiences to provide them with the opportunity to gain the competencies needed to be a urologist. This includes the ability to practice safely and independently and as part of a multidisciplinary team in a range of hospitals, locations and practice settings. To facilitate this, the Board assesses and accredits SET Urology Training Posts in Australia and New Zealand.
- 2.5 The underlying principle of the accreditation process is ensuring that SET Urology Training Posts provide learning environments which facilitate the training of safe and competent urologists. The Board has developed a consistent criterion-based hospital accreditation process. The criteria are based around eight core educational, clinical and governance standards essential to providing quality training in a range of clinical contexts. The standards have been produced to provide an environment in which trainees can acquire the requisite competencies identified as necessary by the Board.
- 2.6 The Board recognises that a wide range of hospitals and health services can accommodate urological training and education. Some have major strengths, or unique training experiences, but may also have some minor accreditation deficiencies. The Board recognises that there is benefit in utilising posts in such hospitals for their positive attributes, and rotating a trainee through SET Urology posts with complementary attributes.
- 2.7 It is acknowledged that responsibility for the training environment is shared between hospitals, surgeons, trainees and the Board, and that cooperation between all parties is required to obtain the best outcome. The Board is committed to working with hospitals to resolve any issues of accreditation.

#### 3. Accreditation Overview

- 3.1 The process of a post inspection should be conducted in a consistent, independent and transparent manner.

- 3.2 Accreditation is determined by a comparison of the services and facilities of the training post to the published *Training Post Accreditation Standards and Criteria* and not in comparison to other hospitals. In general, posts that fulfill all requirements will be accredited.
- 3.3 The Board acknowledges that not every hospital can comply with every criterion due to the diverse nature of training posts and accepts the benefit of this diversity as it broadens the training experience. There are however **mandatory requirements** for each of eight Standards which must be fulfilled. There are additional **expected requirements**, where the level of compliance may vary between hospitals. Major deficiencies will prevent a hospital being accredited.
- 3.4 In some circumstances, an isolated deficiency may not preclude accreditation of a training post but may preclude accreditation of another post. Expectations are aligned with the ability to comply with the accreditation criteria to a justifiable degree. For example, if a post could meet an accreditation criterion and chooses not to, this will be looked upon less favourably than a post that has no realistic capacity to do so.
- 3.5 The governing principle that is applied is '*a positive learning environment with appropriate resources, and an adequate volume and diversity of experience*'. This judgement is at the sole discretion of the inspectors.
- 3.6 A training post inspection can be initiated as either paper based or onsite in one of four ways;
- The post is due for cyclical re-inspection (generally, each five years), or
  - A hospital applies for a new post, or an additional post, or
  - An existing post encounters a major change to structure or resources, expected to impact on training (staff changes, theatre closure etc.), or
  - Information becomes known indicating a post no longer provides an educational environment of an acceptable quality.
- 3.7 In terms of Items 3.6(c) or 3.6(d), notification of the relevant circumstances must be made to the Board within 3 months.
- 3.8 The Board may initiate a reassessment of an accredited training post outside the standard accreditation schedule at any time if:
- information of concern is provided to the Board in the context of a complaint lodged through RACS, or
  - information of concern is provided to the Board which requires a post reassessment to confirm the safety or quality of the post, or
  - there has been a major change in circumstances.

In such circumstances, the Board will communicate in writing the assessment process to be followed and documentation required. This may differ to that required for a standard assessment process to allow the Board to focus on the areas of concern or change giving rise to the reassessment. Refusal to assist the Board may result in the post having its accreditation suspended or withdrawn.

#### **4. Applications for Accreditation of a New Training Post**

- 4.1 The Training Supervisor (or Head of Unit) must notify the relevant Regional Training Chairperson and the Chair, Training Post Accreditation Sub-Committee of intention to seek accreditation of a new training post.
- 4.2 All applications must be submitted on the requisite accreditation application forms. These can be downloaded from the USANZ website. There are two forms, one focusing on **hospital infrastructure** and the other **quantifying the training**. Both forms need to be endorsed by a senior member of Hospital Administration and the Training Supervisor.

- 4.3 Completed application forms must be returned to the Education and Training Manager by email. All applications will be acknowledged and verified for completeness. Incomplete applications will be returned for completion.
- 4.4 Applications for accreditation of a new training post must be received no later than 31 March in the year prior to allow for completion of the accreditation process before the allocation and appointment of trainees which occurs during July each year. Applications received after 31 March may be held over to the following year.
- 4.5 Upon receipt of an application for accreditation of a new training post, the Training Post Accreditation Sub-Committee will conduct a preliminary review of the application to assess whether the accreditation criteria appear to be satisfied.
- 4.6 The Training Post Accreditation Sub-Committee will then make a recommendation to the Board in terms of whether an inspection of a new training post should be conducted, and whether the inspection is to be onsite or paper based.

## **5. Re-Accreditation of Existing Training Posts**

- 5.1 Training posts are accredited for a specific period not exceeding five years and are inspected according to the validity period of their accreditation.
- 5.2 Inspections are conducted in the year of the accreditation validity period ending.
- 5.3 The Training Post Accreditation Sub-Committee will make a recommendation to the Board in terms of whether a reinspection is to be onsite or paper based. All Training Posts will be subject to an onsite inspection at least every 5 years. An onsite inspection may be required at other times if there are issues of sufficient concern, a significant change in circumstances or the training post is in a hospital which has not been physically inspected on a previous occasion.
- 5.4 Training Supervisors will be contacted by November of the preceding year regarding the nature and approximate timing of the inspection.
- 5.5 The Training Post Accreditation Sub-Committee will determine if accreditation application documentation is required.
  - a) If required, the requisite accreditation application forms must be submitted. These can be downloaded from the USANZ website. There are two forms, one focusing on **hospital infrastructure** and the other **quantifying the training**. Both forms must be endorsed by a senior member of Hospital Administration and the Training Supervisor.
  - b) If not required, the Training Post Accreditation Sub-Committee will request an update on the progress that has been made to address the issues that were identified in the previous inspection. This update must be endorsed by a senior member of Hospital Administration and the Training Supervisor.

## **6. Inspection Process**

- 6.1 The Board will appoint an inspection panel consisting of a minimum of two urologists with experience in supervision and education of trainees. Neither urologist will be from the region of the training post being inspected. At least one will have prior experience undertaking training post inspections.
- 6.2 For onsite inspections, the timing of onsite will be co-ordinated by the Education and Training Manager and the inspection panel will have priority in selecting the date and time of the inspection.
- 6.3 The inspection panel will be provided with the following information:

- a) Extent of Training Form
  - b) Facilities and Administration Form
  - c) Trainee Timetable
  - d) Educational Meeting Timetable
  - e) Logbooks from the one year preceding the inspection (existing posts). If the inspection occurs after the end of Term 1, the logbook for this term will also be provided. If the inspection is for a new post, the hospital may be required to submit logbook data for any unaccredited trainees/registrars who have worked in the post
  - f) Previous Inspection Report/s (existing posts only)
  - g) De-identified trainee feedback reports for at least the two years preceding the inspection (existing posts only)
  - h) Contact details of trainees who have occupied the post over the last 3 years. Inspectors may contact them for information regarding the post prior to the inspection.
- 6.4 For an onsite inspection, the Training Supervisor must submit an inspection schedule prior to the inspection. The inspection should run for approximately three (3) hours but may vary. The schedule will include the following:
- a) A private meeting with consultant urologists. It is expected that all members of the unit will attend.
  - b) A private meeting with the current trainee(s), unaccredited trainees, IMGs and Fellows
  - c) Inspection, as appropriate of wards, theatres, support services, administrative areas and library facilities
  - d) A private meeting with a senior member of hospital administration
  - e) Meetings, as required with urology support service employees
  - f) Debrief following conclusion of the inspection with the Training Supervisor
- 6.5 Following the inspection, the panel will submit a draft report, including accreditation determination to the relevant Regional Training Committee Chair, the Chair, Training Post Accreditation Sub-Committee and the Chair, Board of Urology for comment and approval. This must be concluded prior to distribution of the report to any other parties.
- 6.6 The draft inspection report will be provided to Training Supervisor and Hospital Administrator within 4 weeks following the inspection for review and distribution within the hospital as appropriate.
- 6.7 The Training Supervisor will be given a due date to provide any corrections of fact.
- 6.8 After consideration of any comments, corrections and additional information from the Training Supervisor, the inspection panel will finalise the accreditation report and has the delegated authority of the Board to make the final determination regarding the accreditation outcome.
- 6.9 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 solely the task of the inspectors 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.
- 6.10 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.
- 6.11 The Board will note the determination of the inspection panel at its next scheduled meeting. The Board will report the determination to the next scheduled meeting of the Board of Surgical Education and Training, RACS.
- 6.12 If a hospital is not satisfied with the outcome of an accreditation (or reaccreditation) application it has the right to appeal this decision in accordance with the RACS Appeals Mechanism policy.

## **7. Allocation of Trainees to Accredited Training Posts**

- 7.1 Each Regional Training Committee conducts the allocation of trainees to accredited training posts during all SET1-SET5 training years.
- 7.2 Trainees are recommended to training units (employers) for appointment to accredited posts. Training units retain the right to not employ recommended trainees.
- 7.3 A post may remain vacant if:
- a) there are no suitable applicants who meet the minimum criteria for appointment to the training program; or
  - b) the post is suitable only for certain trainees and there is no active trainee suitable to be allocated to the post; or
  - c) the appointment of a trainee to a 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 training afforded to that trainee, or
  - e) a post becomes vacant at a time (e.g. due to refusal of employment, illness or withdrawal) when logistical considerations may prevent an appointment.