



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 Applications for accreditation can be submitted by a single training unit (a primary site), or by multiple training units in collaboration.
- 1.2.2 Where an application is made by multiple training units:
 - (a) each site in the application will be assessed as either a primary site or a secondary site;
 - (b) a secondary site will be one which, on its own, does not satisfy the primary site accreditation criteria in Regulation 1.6;
 - (c) secondary sites must be located near a primary site in the application; and
 - (d) there must be at least one primary site in each application.
- 1.2.3 Trainees are only allocated to primary sites. Where secondary sites are accredited in conjunction with one or more primary sites, trainees may spend no more than 20% of their time each week in the secondary site.
- 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.



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- 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 physical inspection is required as part of the assessment process.
- 1.3.6 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.
- 1.3.7 For a 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 where 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) Inspections of wards, theatres, support services and administrative areas
 - (e) 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 not necessary for each individual criterion within each of the eight standards to be met. It is the task of the accreditation panel to determine whether whether enough criteria are met in each standard to demonstrate that 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.



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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 training units (employers) for appointment to accredited posts. Primary 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
- (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 site 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.



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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	<p>All sites must:</p> <ul style="list-style-type: none"> 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	<p>All sites must:</p> <ul style="list-style-type: none"> 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	<p>All sites must:</p> <ul style="list-style-type: none"> 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.



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Standard 2 - Education Facilities and Systems	
4. Computer facilities with IT support	There should be computer facilities and appropriate internet access in all sites.
5. Tutorial room available	There should be a tutorial room available for delivery of the educational programs in all primary sites.
6. Access to a private study area	There should be a designated private study area for trainees isolated from busy clinical areas and suitable for personal study in all primary sites.
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	There must be the following schedule of learning experiences, free from conflicting trainee obligations, in all primary sites: a) Four hours of structured consultant led tutorials and teaching per month; 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.
9. Access to simulated learning environment	There should be simple basic skills training equipment available in all primary sites.
10. Access to external educational activities for trainees	In all sites trainees must be given 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	There should be an opportunity to participate in neuroscience research all primary sites.
12. Supervised experience in patient resuscitation	RACS requirement covered by criterion 13 and 14.



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<p>13. Supervised experience in an Emergency Department</p>	<p>In all primary sites there should be:</p> <ul style="list-style-type: none"> a) an opportunity for trainees to manage patients in the Emergency Department under supervision; and b) accreditation by the Australasian College of Emergency Medicine or equivalent.
<p>14. Supervised experience in Intensive Care Unit (ICU) or High Dependency Unit (HDU)</p>	<p>In all primary sites there should be:</p> <ul style="list-style-type: none"> a) trainee involvement in patient care in ICU, under supervision; and b) accreditation by ANZ College of Anaesthetists and Royal Australasian College of Physicians or equivalent.
<p>Standard 4 – Surgical supervisors and staff</p>	
<p>15. Designated supervisor of surgical training</p>	<p>All primary sites 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 mandatory that to be eligible for appointment to the position the supervisor must:</p> <ul style="list-style-type: none"> a) spend a minimum of 20 hours per week in the primary site including afterhours operating, clinical and teaching work but not on-call hours; 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; and h) complete the mandatory training as specified in the RACS Surgical Supervisors Policy.
<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. The supervisor must sign an undertaking confirming their acceptance.</p>



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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 mandatory 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">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; andd) participate in the delivery of the structured consultant led tutorials and journal club meetings on a regular basis; ande) complete the mandatory training as specified in the RACS Surgical Trainers Policy <p>For accreditation of a training post it is mandatory that the following surgical trainer requirements must be satisfied (in addition to the surgical supervisor requirements):</p> <ul style="list-style-type: none">a) for one post there must be a minimum of two other surgical trainers, spending a combined minimum total of 40 hours per week in the sites;b) for two posts there must be a minimum of three other surgical trainers, spending a combined minimum total of 60 hours per week in the sites; andc) for three posts there must be a minimum of four other surgical trainers, spending a combined minimum total of 90 hours per week in the sites.
<p>18. Surgeons committed to the Training Program</p>	<p>RACS requirement covered by criterion 15, 16 and 17.</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">a) discuss and agree on goals between surgeon and trainee at the commencement of each surgical rotation;b) provide one-to-one clinical supervision;c) provide frequent informal feedback;d) provide structured constructive feedback and recorded assessment of performance in accordance with the Training Program Regulations;e) provide opportunities for the trainee to respond to feedback; andf) participate in ward rounds.



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20. Hospital recognition and support for surgeons involved in education and training	<p>All sites should provide:</p> <ul style="list-style-type: none">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; andc) 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	<p>All sites should:</p> <ul style="list-style-type: none">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); andb) ensure trainees are on-call no more than 1:3; andc) 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. <p>All sites must:</p> <ul style="list-style-type: none">d) promote trainee safety and provide security when necessary; ande) have readily accessible Human Resources service available to trainees including counselling if required.
23. Trainees' remuneration and professional responsibilities – Duty of Care	<p>For all sites, remuneration of the trainee:</p> <ul style="list-style-type: none">a) should not depend primarily on private practice assisting;b) should be salaried; andc) should be appropriate payment for work performed in accordance with or at least equivalent to the public sector awards.
24. Flexible training options	Primary sites should have a commitment to working with the Board to facilitate flexible employment for trainees where feasible and approved by the Board.



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Standard 6 - Clinical load and theatre sessions	
25. Supervised consultative clinics	In all primary sites, trainees must attend a minimum of one consultative clinic per week and see new and follow-up patients under supervision.
26. Beds available	In all sites there must be a defined neurosurgical unit of sufficient beds to enable adequate turnover. As a guide for primary sites, fifteen neurosurgical beds would be sufficient.
27. Consultant led ward rounds with educational as well as clinical goals	In all primary sites, trainees must participate in a minimum of three ward rounds or patient care meetings a week with a neurosurgeon discussing all ward patients. This should include facilitation of learning for trainees, especially for feedback purposes.
28. Caseload and casemix	<p>The number of major neurosurgical procedures, as identified in the training post accreditation logbook, required to be performed annually in the sites are as follows noting <u>these are absolute and the minimum criteria for application for accreditation</u>.</p> <p><u>General Posts</u></p> <ul style="list-style-type: none">a) for one training post there must be 400 major cases of which a minimum of 200 must be in each primary site;b) for two training posts there must be 600 major cases of which a minimum of 300 must be in each primary site; andc) for three training posts there must be 900 major cases of which a minimum of 450 must be in each primary site. <p><u>Paediatric Posts</u></p> <ul style="list-style-type: none">d) for one training post there must be 200 major paediatric neurosurgical cases.



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29. Operative experience for trainees	<p>Trainees must have significant hands-on involvement in surgical cases, increasing based on their skill level to primary surgeon.</p> <p>As a minimum for a primary site, the trainee must have the opportunity for primary surgeon experience in all the following procedures:</p> <ul style="list-style-type: none">(a) Acute Subdural Haematoma(b) Chronic Subdural Haematoma – Burr Hole or Craniotomy(c) External Ventricular Drain/ ICP Monitor(d) Opening and closing a pterional craniotomy <p>As a minimum for a primary site, the trainee must have the opportunity for primary operating in at least eight of the following procedures:</p> <ul style="list-style-type: none">(e) Anterior cervical discectomy and fusion(f) Carpal Tunnel Decompression(g) Cerebral Abscess Aspiration or Stereotactic Biopsy of a Cerebral Lesion(h) Excision of Cerebral Metastasis(i) Extradural Haematoma(j) High Grade Glioma(k) Intracerebral Haemorrhage Evacuation(l) Lumbar Laminectomy for Canal Stenosis(m) Lumbar Microdiscectomy(n) Revision of Shunt(o) Spinal Epidural Abscess/Tumour(p) Ventriculo-Peritoneal Shunt <p>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.</p>
30. Experience in perioperative care	<p>In all sites, the trainees should have a major involvement in perioperative management of all patients where they participate in the surgery. There must be:</p> <ul style="list-style-type: none">a) adequate facilities available to enable appropriate clinical examination of all preoperative patients in all sites; andb) daily postoperative ward rounds in all sites.
31. Involvement in acute/emergency care of surgical patients	<p>In all primary sites, 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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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 by ACHS or NZCHS to undertake surgical care.
33. Imaging – suitable diagnostic and intervention services	The following services must be available in all primary sites: <ul style="list-style-type: none">a) CT with 24 hour access, 7 days per weekb) Digital subtraction angiography with 24 hour accessc) MRI access with 24 hour access, 7 days per week
34. Diagnostic laboratory services	The following services must be available: <ul style="list-style-type: none">a) General pathology with 24 hour accessb) Neuropathology access
35. Theatre Equipment	The following equipment must be available in all sites: <ul style="list-style-type: none">a) Stereotactic equipmentb) Modern operating microscopesc) Operative Ultrasonic Aspirator
36. Support/ancillary services	The following services should be available: <ul style="list-style-type: none">a) Rehabilitation accessb) Neuropsychology and neuropsychiatry accessc) Dedicated secretarial support and office spaced) Radiologye) Medical neurology
Standard 8 - Clinical Governance, Quality and Safety	
37. Hospital accreditation status	There must be evidence of accreditation of all sites 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 sites, there should be: <ul style="list-style-type: none">a) a quality assurance board or equivalent (with senior external member) reporting to the appropriate governance body; andb) 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 designated head of the neurosurgical department in all sites with a defined role in governance and leadership and a minimum six-monthly department meeting in each site.
40. Hospital credentialing or privileging committee	Clinicians should be credentialed at least every 5 years in all sites.
41. Morbidity and mortality and audit activities constituting peer review	All sites 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.
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 sites 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.