



SECTION 12: TRAINING POSITION ACCREDITATION REGULATIONS

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Remember: Important information may be included in other sections of the Regulations, so check before printing.

12.1 Introduction

- 12.1.1 The purpose of these Regulations are to set forth and establish the terms and conditions for the inspection and accreditation of training positions for the Royal Australasian College of Surgeons Surgical Education and Training Program in Neurosurgery.
- 12.1.2 These Regulations must be read in conjunction with the Royal Australasian College of Surgeons Accreditation of Hospitals and Posts for Surgical Education and Training guidelines which are available from www.surgeons.org.
- 12.1.3 The overall and ultimate responsibility for the inspection, assessment and accreditation of training positions for Surgical Education and Training in Neurosurgery rests with the Board of Neurosurgery who advise the Council of the College through the Censor in Chief.

12.2 The Application Process

- 12.2.1 There are four types of training positions outlined in section 12.3. Each type has specific minimum accreditation criteria outlined in section 12.8. Applications can be submitted for single position or a combination of positions. Each position will be assessed against the accreditation criteria for that type of position.
- 12.2.2 All applications for accreditation must be submitted to the Board on the appropriate accreditation forms (application forms) which are available from the SET Program website www.neurosurgerytraining.org. Only applications on the prescribed form will be considered. The completed forms must be received via email at college.nsa@surgeons.org and must be accompanied by the logbook summary form.
- 12.2.3 To be considered for the accreditation of a training position for the following year applications must be received no later than 1 February in the year prior to allow completion of the accreditation process prior to the final allocation of trainees which occurs during July each year.
- 12.2.4 For the routine re-accreditation of an existing training position the Board will review the accreditation schedule on an annual basis and identify the training positions due for re-accreditation in the following calendar year. The hospitals in which training positions due for re-accreditation are located will be notified and must submit the application forms prior to the communicated due date.
- 12.2.5 For the accreditation of a new training position the Board will conduct a paper based assessment of the application against the minimum accreditation criteria. Applications which meet the minimum accreditation criteria during the paper based assessment may progress to an accreditation inspection. The Board will send formal notification of the outcome of the paper based assessment within twenty (20) Business Days of receipt of the application forms.
- 12.2.6 For ad-hoc inspections for continued accreditation of an existing training position, the hospital in which any training position is located may apply in writing at any time for an inspection, or an inspection may be conducted outside the schedule if an incident of sufficient concern occurs or if there has been a major change in circumstances. The hospital in which the training position is located must submit the application forms prior to the communicated due date.
- 12.2.7 Where an accreditation inspection is to be conducted the hospital will be notified of the inspection time and composition of the Board appointed inspection team at least twenty (20)



Business Days prior to the scheduled inspection date. The hospital must submit the hospital inspection schedule form provided by the Board at least ten (10) Business Days prior to the scheduled inspection date.

12.3 Types of Training Positions

- 12.3.1 The Board only approves training positions within a hospital. It does not approve hospitals as such for the SET Program.
- 12.3.2 There are four types of accredited positions for the SET Program:
- A **Standard SET1 Position** which is a resident or registrar position located in a primary teaching hospital which already has an existing accredited Standard SET2+ Position for a 12 month trainee placement. The maximum trainee placement in the accredited SET1 position is 12 months. The rotational structure can be 12 months in neurosurgery or 6 months in neurosurgery and 6 months in other approved rotations.
 - A **Standard SET2+ Position** which is a registrar or senior registrar neurosurgical position located in a primary teaching hospital. There are two types of Standard SET2+ Positions, those for a maximum trainee placement of 12 months and those for 6 months. To be eligible for a 6 month position the training unit must have an existing and ongoing arrangement for a 6 month rotation with a unit already accredited for a 12 month SET2+ Position.
 - A **Combined SET2+ Position** which is a registrar or senior registrar neurosurgical position which encompasses two hospitals simultaneously, a primary and a secondary. The primary hospital must be a public teaching hospital and the secondary hospital can be a public, private or paediatric hospital. The trainee must spend a minimum of 75% of their time in the primary hospital. The maximum trainee placement in the accredited position is 12 months.
 - A **Paediatric Position** is a registrar or senior registrar neurosurgical position located in a teaching hospital dedicated to paediatrics. The maximum trainee placement in an accredited Paediatric Position is 12 months.

12.4 Inspection Team

- 12.4.1 The Board appointed inspection team will consist of a minimum of two members of the Board who should not, where possible, reside within the same state or region where the training position is situated.
- 12.4.2 The inspection team may include a recent graduate within five (5) years of gaining their FRACS in Neurosurgery, preferably from the state or region where the training position is situated.
- 12.4.3 The opportunity will be made available for one jurisdictional representative from the state or region where the training position is situated to participate in the inspection. The Board will request from the College the appropriate name and contact details of the applicable jurisdictional representative to participate in the inspection.
- 12.4.4 It is preferable that Board appointed inspectors who have not previously participated in an inspection team attend an inspection as an observer as a method of induction and training. They will be provided with the same information and correspondence as the appointed inspection team.

12.5 Conducting the Inspection

- 12.5.1 The inspection team should receive the application forms and accreditation documentation at least ten (10) Business Days prior to the inspection date.



- 12.5.2 The inspection should run for approximately three hours in duration.
- 12.5.3 The hospital must submit the hospital inspection schedule to the Board at least ten (10) Business Days prior to the scheduled inspection date. The inspection schedule must include:
- (a) Interviews with consultant surgeons and hospital administration.
 - (b) Interviews with the current trainees (in a private area).
 - (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.

12.6 The Inspection Report

- 12.6.1 Following the inspection the team members should discuss the inspection and appoint one member to prepare the draft interim report.
- 12.6.2 The interim report must be completed on the form provided by the Board and should be forwarded to all members of the inspection team and the Board Chairman for input and confirmation within ten (10) Business Days of the inspection. The interim report must reflect the opinion of the inspectors. Areas within the interim report where consensus has not been reached must reflect all the opinions of the inspectors.
- 12.6.3 On confirmation by all members of the inspection team that the content reflects the opinions of the inspectors, the interim report must be submitted to the Board Chairman. This should occur within fifteen (15) Business Days of the inspection date.
- 12.6.4 The interim report will be forwarded by the Board Chairman to the hospital for comment and correction of matters of fact. A confirmation form will be included which must be returned confirming receipt of the interim report. A ten (10) Business Day due date will be stated during which feedback must be received in writing.
- 12.6.5 After this review period has concluded any corrections of fact provided by the hospital will be included in the interim report and investigated if required.

12.7 Recommendation and Ratification of the Accreditation Outcome

- 12.7.1 The Board will consider the interim inspection report together at the next scheduled Board Meeting, usually held during February, May, July and November each year.
- 12.7.2 The Board recommendation will be added to the interim report which will then become the final inspection report. The final inspection report will be forwarded to the College Board of Specialist Surgical Training who will in turn advise Council for the final decision.
- 12.7.3 The Board will notify the hospital of the outcome and provide a copy of the final report. This correspondence will be accompanied by a confirmation form which must be returned confirming receipt of the final report and the outcome.
- 12.7.4 The inspection process must be completed within five months of receiving the completed application forms unless otherwise agreed with the hospital
- 12.7.5 Hospitals may appeal the decision through the College appeals process.



12.8 Accreditation Criteria

12.8.1 Please note this accreditation criteria may refer to the Royal Australasian College of Surgeons Accreditation of Hospitals and Posts for Surgical Education and Training guidelines which are available from www.surgeons.org.

Standard 1 - Education Facilities and Systems	
1. Computer facilities with IT support	RACS Accreditation Criteria
2. Tutorial room available	RACS Accreditation Criteria
3. Access to private study area	RACS Accreditation Criteria
4. General educational activities within the hospital	RACS Accreditation Criteria; and Appropriate medical library facilities available readily accessible to all trainees 24 hours a day 7 days a week including current neurosurgical text books and journals.
Standard 2 - Quality of Educational Training and Learning	
5. Coordinated schedule of learning experiences	Trainees participate in the following schedule of learning experiences: <ul style="list-style-type: none"> • Ward rounds a minimum of five days a week with a neurosurgeon; and • Four hours of neuro-radiological sessions per month; and Two hours of case presentations per month; and • Two hours of structured tutorials per month; and • One hour of neuropathology sessions per month; and • One hour of Journal Club face to face meeting per month.
6. Access to simulated learning environment	RACS Accreditation Criteria
7. Access to external educational activities for trainees	Trainees are given negotiated educational leave to attend: <ul style="list-style-type: none"> • Compulsory skills courses • Compulsory trainee seminars • The NSA Annual Scientific Meeting • Examinations
8. Opportunities for research inquiry and scholarly activity	An opportunity to participate in neuroscience research in the hospital.
9. Supervised experience in patient resuscitation	Not required.
10. Supervised experience in an Emergency Department	RACS Accreditation Criteria



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11. Supervised experience in Intensive Care Unit (ICU) or High Dependency Unit (HDU)	RACS Accreditation Criteria
Standard 3 – Surgical Supervisors and Staff	
12. Designated supervisor of surgical training	<p>The supervisor must:</p> <ul style="list-style-type: none"> • Be a current FRACS in Neurosurgery • Be a member of the Neurosurgical Society of Australasia • Spend a minimum of 20 hours per week in the unit including after hours operating but not on-call hours • Take responsibility for the educational program and supervision of trainees <p>For Combined SET2+ Positions the supervisor must be on staff at both the primary and secondary unit with a minimum 20 hours per week spent in both units combined.</p>
13. Supervisor's role/responsibilities	<p>The supervisor must:</p> <ul style="list-style-type: none"> • Demonstrate compliance with the SET Program Regulations in Neurosurgery. • Participant in the neurosurgical supervisor's training meeting at least once every 2 years.
14. Specialist surgical staff appropriately qualified to carry out surgical training	<p>In addition to the supervisor:</p> <ul style="list-style-type: none"> • For one position there must be a minimum of two other FRACS in Neurosurgery in the unit, spending a combined minimum total of 30 hours per week in the unit. • For two positions there must be a minimum of three other FRACS in Neurosurgery in the unit, spending a combined minimum total of 45 hours. • For three positions there must be a minimum of four other FRACS in Neurosurgery in the unit, spending a combined minimum total of 60 hours per week. • For four positions there must be a minimum of four other FRACS in Neurosurgery in the unit, spending a combined minimum total of 75 hours per week. <p>These requirements apply regardless of the position classification.</p>



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15. Surgeons committed to the training program	RACS Accreditation Criteria
16. Regular supervision, workplace-based assessment and feedback to trainees.	Demonstrate compliance with the SET Program Regulations in Neurosurgery.
17. Hospital support for surgeons involved in training	RACS Accreditation Criteria
18. Hospital response to feedback convened by the College on behalf of trainees	RACS Accreditation Criteria
Standard 4 – Support Services for Trainees	
19. Hospital support for trainees	RACS Accreditation Criteria
20. Trainees' professional responsibilities – Duty of Care	RACS Accreditation Criteria
Standard 5 – Clinical Load and Theatre Sessions	
21. Supervised consultative clinic in consultative practice	<p>Trainees must:</p> <ul style="list-style-type: none"> Attend a minimum of one out patient clinic per week Be involved in the management decisions, pre-operative assessment and post-operative monitoring of patients in the hospital Where a Combined SET2+ Position involves a private hospital the trainees role must not be limited to assisting
22. Beds available for relevant speciality	A defined neurosurgical unit of sufficient beds to enable adequate turnover. As a guide fifteen neurosurgical beds would be sufficient.
23. Consultant led ward rounds	Trainees must participate in ward rounds a minimum of two days a week with a neurosurgeon.
24. Caseload and casemix (for the unit)	<p>Each unit must be able to provide all the core workplace competencies.</p> <p>For each SET1 Position there is no additional caseload and caesmix required however to be eligible for a SET1 position the unit must already have an existing accredited 12 month SET2+ position.</p> <p>For each Standard SET2+ Position the unit must:</p> <ul style="list-style-type: none"> Have a minimum of 400 major neurosurgical procedures performed annually for a 12 month position; or



	<ul style="list-style-type: none"> • Have a minimum of 300 major neurosurgical procedures performed annually for a 6 month position and have a six month rotational structure in place with a unit with an accredited 12 month SET2+ Position in neurosurgery; and • Have a minimum of 50 histopathologically verified tumours or 25 surgically treated aneurysms annually. <p>For each Combined SET2+ Position the:</p> <ul style="list-style-type: none"> • Primary unit must have a minimum of 300 major neurosurgical procedures performed annually; and • Secondary unit must have a minimum of 100 major neurosurgical procedures performed annually; and • The primary unit must have a minimum of 50 histopathologically verified tumours or 25 surgically treated aneurysms annually. <p>For each Paediatric Position the unit must:</p> <ul style="list-style-type: none"> • Have a minimum of 200 major paediatric neurosurgical procedures performed annually. <p>A major neurosurgical procedure for this purpose excludes:</p> <ul style="list-style-type: none"> • Those classified in the logbook summary as minor/miscellaneous; and • Endovascular procedures; and • Peripheral nerve procedures.
25. Operative experience for trainees	<ul style="list-style-type: none"> • Each trainee in SET2+ must participate in a minimum of 100 major cases per six month rotation and a minimum of 3 half day operating sessions per week plus operating theatre time for emergencies. • Each trainee in SET1 must participate in a minimum of 75 major cases per six month rotation and a minimum of 2 half day operating sessions per week plus operating theatre time for emergencies.
26. Experience in perioperative care	RACS Accreditation Criteria
27. Access to ambulatory care surgery	RACS Accreditation Criteria
28. Involvement in acute / emergency care of surgical patients	RACS Accreditation Criteria



Standard 6 – Equipment and Clinical Support Services	
29. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	See criteria 30 to 33
30. Imaging – diagnostic and intervention services	The following services must be available in the hospital: <ul style="list-style-type: none"> • CT with 24 hour access • Digital subtraction angiography with 24 hour access • MRI access with 24 hour access
31. Diagnostic laboratory services	The following services must be available in the hospital: <ul style="list-style-type: none"> • General pathology with 24 hour access • Neuropathology access
32. Theatre Equipment	The following equipment must be available in the hospital: <ul style="list-style-type: none"> • Stereotactic equipment • Modern operating microscopes • Operative Ultrasonic Aspirator
33. Support/ancillary services	The following services must be available in the hospital: <ul style="list-style-type: none"> • Rehabilitation services • Neuropsychology and neuropsychiatry access • Dedicated secretarial support and office space • Radiology • Medical neurology
Standard 7 – Clinical Governance, Quality And Safety	
34. Hospital accreditation status	RACS Accreditation Criteria
35. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	RACS Accreditation Criteria
36. Head of Surgical Department and governance role	RACS Accreditation Criteria
37. Hospital credentialing or privileging committee	RACS Accreditation Criteria
38. Surgical audit and peer review program	Trainee must participate in one hour of surgical audit review of morbidity and



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	mortality attended by all surgical staff per month.
39. Hospital systems reviews	RACS Accreditation Criteria
40. Experience available to trainees in root cause analysis	RACS Accreditation Criteria
41. Occupational safety	RACS Accreditation Criteria