

Training Post Accreditation Standards and Criteria

Surgical Education and Training Program in Urology

Version: 2

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1. BUILDING AND MAINTAINING A CULTURE OF RESPECT FOR PATIENTS AND STAFF

The hospital setting must demonstrate and promote a culture of respect for patients and staff that improves patient safety.

1.1 The culture of the hospital setting is of respect and professionalism and provides a safe and positive training environment free of discrimination, bullying and sexual harassment. This is demonstrated by the hospital setting:

- a) actively promoting respect and a safe working environment, including teamwork principles
- b) having policies and procedures, including training for all staff, that promote a culture of respect and safety, actively reinforce positive standards leading to improved behaviours
- c) having codes and guidelines which align with Royal Australasian College of Surgeons (RACS) Code of Conduct
- d) implementing effective systems to identify and manage the risk of unlawful and unacceptable behaviour
- e) holding surgical teams to account against these standards.

1.2 The hospital setting has effective processes for Trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them. This is demonstrated by the hospital setting:

- a) having a clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes;
- b) having a clearly defined process to protect complainants; and
- c) being committed to sharing with RACS and the Board of Urology (BOU) relevant complaint information by or about RACS Fellows and Trainees

The hospital setting should:

- a) have a documented process for providing RACS with summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment.

1.3 Trainee rosters comply with safe work practices, optimally 1:3 and no more than 1:2 on-call, dependent upon usual on-call workload at the hospital setting.

2. EDUCATION FACILITIES AND SYSTEMS

Trainees must have access to appropriate educational facilities and systems to undertake training.

2.1 Trainees have access to educational resources to support their learning, including computers with appropriate software, peer-reviewed journals, clinical guidelines and medical databases.

2.2 Quiet areas, isolated from clinical activity, is available to Trainees for self-education, and for tutorials with 24-hour access.

2.3 Trainees have access to skills training equipment within the hospital network.

3. QUALITY OF EDUCATION, TRAINING AND LEARNING

Trainees have opportunities to participate in a range of learning activities, the focus of which is inclusive of their educational requirements.

3.1 Trainees are provided with at least one urology tutorial per week, timetabled in advance.

3.2 Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care to Aboriginal and/or Torres Strait Islander and Māori people, to meet cultural competence and cultural safety curriculum learning outcomes. **(NEW CRITERION)**

3.3 Trainees participate in a regular program of general and clinical learning activities such as grand rounds, pathology and radiology clinical meetings, journal club, and multidisciplinary meetings.

3.4 Trainees are exposed to a minimum of two consultant led ward rounds per week.

3.5 Trainees are encouraged to be involved in research, with evidence of recent research activities of the urology department.

4. SURGICAL SUPERVISORS AND STAFF

The Training Program is managed by an appropriate and accessible Training Supervisor supported by the hospital setting and committed surgeons.

4.1 The hospital setting employs two or more urologists who satisfy the requirements in the *SET Urology Training Supervisor and Trainer Regulations*. At least one urologist, actively involved in supervision and training, must possess the FRACS (Urol).

4.2 The hospital setting has an appointed Training Supervisor who satisfies the requirements in the *SET Urology Training Supervisor and Trainer Regulations* and is recognised financially in a manner consistent with published RACS expectations.

4.3 The Training Supervisor is readily accessible to the Trainee.

4.4 The Training Supervisor responsibly fulfills the role, and;

- a) discusses learning needs and goals prior to teaching
- b) provides explanation and supervision
- c) provides early and regular constructive feedback
- d) creates opportunities for a Trainee to rectify weaknesses

4.5. The Training Supervisor is supported with leave and funding to attend required meetings and training courses.

4.6 All Surgical Trainers are supported to contribute to the delivery of education and training and attend scheduled hospital education and quality improvement meetings, complete feedback tools and provide trainee supervision and teaching.

4.7 In-training assessment (ITA) meetings are conducted, and ITA Reports are completed within the required timeframe. Each report reflects the discussion of the Trainee by the department.

4.8 Administrative support is provided for the delivery of education and training.

5. SUPPORT SERVICES FOR TRAINEES

Hospitals settings are committed to the training, learning and wellbeing of trainees.

- 5.1 Trainees are provided with an effective orientation to the hospital setting and department at the start of the rotation and the completion of any onboarding requirements is monitored and adhered to. **(NEW CRITERION)**
- 5.2 Trainees have access to resources that support their health and welfare (e.g. Employee Assistance Program).
- 5.3 Funding for the Trainee's salary is recurrently guaranteed.
- 5.4 Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and or appointment conditions. **(NEW CRITERION)**
- 5.5 The hospital setting enables flexible working arrangements for Trainees, in accordance with employment and or appointment conditions.
- 5.6 Financial support for legitimate travel expenses and funded leave is provided to Trainees to attend mandatory courses and meetings conducted locally, sectionally and nationally, to meet training program requirements.
- 5.7 Financial support for the necessary relocations during urology training rotations is provided to Trainees. This may include, but is not limited to, financial assistance for relocation, advance information on hospital duties, rosters, local accommodation, and other local information important to Trainees and their families.
- 5.8 Administrative support is available to Trainees for clinical and work-related activities.

6. CLINICAL LOAD AND THEATRE SESSIONS

*Trainees must have access to a range and volume of clinical and operative experience, which will enable them to acquire the competencies required to be a urologist. **Supervision of Trainees must include fulfilling of educational objectives, patient safety and employment obligations.***

- 6.1 The equivalent of four half-day consultant supervised inpatient general anaesthetic elective urology theatre sessions (or 14 hrs) are available to each Trainee per week.
- 6.2 Trainees have priority access, as primary surgeon, to all cases or aspects of cases appropriate to their stage of training and to complete entrustable professional activities.
- 6.3 The hospital setting provides at least one consultant supervised outpatient clinic, with new and follow-up patients, per week.
- 6.4 Trainees are involved and supervised in the assessment and care of acute/emergency urology cases. On-call, including after-hours work, is supported by a consultant who is readily contactable and attends when requested to assist the Trainee.
- 6.5 The hospital setting provides Trainees with sufficient opportunities to assess and manage patients to achieve the learning outcomes relevant to their stage of training across the breadth of the curriculum, including the following clinical topic areas:
 - a) Upper Urinary Tract
 - b) Stone Disease
 - c) Lower Urinary Tract and Pelvic Floor
 - d) Andrology and Sexual Health
 - e) Congenital Uropathology
 - f) Trauma
 - g) Oncology
 - h) Infection and Inflammation
- 6.6 The hospital setting has a clearly defined and recognisable urology ward (which may only be part of a ward). This ward is staffed by urology skilled nurses, and these nurses are supported to attend meetings and courses for self improvement.
- 6.7 Unreasonable periods of activity downturn (more than 10%, or five weeks per annum) are not implemented by the hospital setting.

7. EQUIPMENT AND CLINICAL SUPPORT SERVICES

A hospital setting must have the facilities, equipment and clinical support services required to manage surgical cases in urology.

- 7.1 The hospital setting has appropriate accreditation (ACHS or NZCHS).
- 7.2 Enough resources are available in the operating theatre to enable safe and efficient performance of urological procedures. These must include:
 - a) An image intensifier
 - b) Video cameras for all urological procedures
 - c) Endo-urology instrumentation (access to flexible scopes is preferred)
 - d) Laparoscopic instrumentation
 - e) Fragmentation devices
- 7.3 The hospital setting provides facilities and services for:
 - a) Urodynamic studies
 - b) Transrectal ultrasound and prostate biopsies
 - c) Flexible cystoscopies
- 7.4 The hospital setting has accredited diagnostic imaging services including;
 - a) General radiography
 - b) Ultrasonography
 - c) CT scanning
 - d) Nuclear medicine
- 7.5 Where local emergency referral protocols demand it is needed, 24 hour access to imaging and interventional radiology is available.
- 7.6 The hospital setting has accredited diagnostic laboratory services.
- 7.7 Urology services have appropriate access to all allied health professionals, including skilled stomal therapists and continence nurses, where appropriate.

8. CLINICAL GOVERNANCE QUALITY AND SAFETY

A hospital setting involved in surgical training must have the governance structure to deliver and monitor safe surgical practice.

- 8.1 The hospital has a Quality Assurance Committee, Clinical Governance Unit, or similar body, involved in clinical risk management.
- 8.2 The Division of Surgery has a designated Head, with a role in governance and leadership.
- 8.3 Trainees are involved in regularly scheduled department quality improvement processes with consultants, such as clinical audits, peer review, morbidity and mortality meetings.
- 8.4 There is opportunity for urologists and trainees to train and participate in a process for Root Cause Analyses (RCA's).
- 8.5 Trainees have access to relevant data to complete the quality improvement and research requirements, and for ethics approved studies.
- 8.6 Where the training post is in a private setting, or private patients form a significant percentage of the patient caseload, the post has a demonstrated record of utilisation of approved open disclosure and patient consent forms outlining the nature of trainee involvement in their care.