

Training Post Accreditation Regulations
Surgical Education and Training Program in Urology

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1. INTRODUCTION

1.1. Acronyms and Defined Terms

The following acronyms, abbreviations, defined terms and their associated definitions are used throughout this document:

Acronym/Defined Term	shall mean
Accreditation standard	Defines the outcome that must be achieved. A standard consists of a series of criteria which are the measurable components of the standard.
Accredited	BOU approval that a hospital setting/training post has met/substantially met the required accreditation standards.
BOU	Board of Urology
Commendation	A hospital setting/training post's area of strength relevant to the delivery of the training program.
Condition	A qualification attached to the granting of accreditation for a hospital setting/training post which requires action within a defined timeframe.
Hospital setting	The hospital accredited, or applying for accreditation.
Procedural fairness	<p>A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations.</p> <p>Steps associated with ensuring procedural fairness include:</p> <ul style="list-style-type: none">• providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker.• an opportunity for the affected person to directly address the issue/s being decided on.• ensuring that conflicts of interest are declared and managed appropriately.
RACS	Royal Australasian College of Surgeons
Recommendation	A non-mandatory action to improve Trainee experience and/or outcomes.
SET	Surgical Education and Training
Trainee	A doctor in training completing the SET Program in Urology.
Training post	The Registrar position the Trainee will undertake while completing the SET Program in Urology, the roster of which may include multiple hospital settings.
Training provider	The entity legally responsible for the administration of the site of training. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership, or any other entity legally responsible for the hospital setting.
Training Supervisor	A urologist appointed by the BOU with direct responsibility for coordinating a Trainee's education and for overseeing formative and summative assessments which are used to determine progress in the SET Program in Urology.

1.2. Purpose and Scope

- 1.2.1. 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.
- 1.2.2. These Regulations comply with the Royal Australasian College of Surgeon (RACS) Training Post Accreditation and Administration policy.

1.3. Background

- 1.3.1. 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 (BOU).
- 1.3.2. All training posts are assessed in accordance with the accreditation criteria outlined in the Training Post Accreditation Standards and Criteria.
- 1.3.3. The BOU 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.
- 1.3.4. 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 BOU assesses and accredits training posts in Australia and New Zealand.
- 1.3.5. The underlying principle of the accreditation process is ensuring that training posts provide learning environments which facilitate the training of safe and competent urologists. The BOU 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 BOU.
- 1.3.6. The BOU 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 BOU recognises that there is benefit in utilising posts in such hospitals for their positive attributes and rotating a Trainee through training posts with complementary attributes.
- 1.3.7. It is acknowledged that responsibility for the training environment is shared between hospitals, surgeons, Trainees and the BOU, and that cooperation between all parties is required to obtain the best outcome. The BOU is committed to working with hospital settings and training providers to resolve any issues of accreditation.

1.4. Accreditation Overview

- 1.4.1. The process of a hospital setting and training post accreditation should be conducted in a consistent, independent and transparent manner.
- 1.4.2. Accreditation is determined by a comparison of the services and facilities of the hospital setting to the published [*Training Post Accreditation Standards and Criteria*](#) and not in comparison to other hospitals. In general, posts that fulfill all criteria will be accredited.
- 1.4.3. The BOU acknowledges that not every hospital setting 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. Major deficiencies attract conditions against criteria and, if the conditions are not addressed and the associated risk effectively mitigated, will prevent a hospital setting being accredited or accreditation being revoked from existing hospital settings and/or training posts.

- 1.4.4. An accreditation assessment can be initiated in one of four ways;
- a) The hospital setting is due for cyclical re-inspection (generally, each five years), or
 - b) A hospital setting applies for a new post, or an additional post, or
 - c) An existing hospital setting encounters a major change to structure or resources, expected to impact on training (staff changes, theatre closure etc.), or
 - d) Information becomes known indicating a hospital setting no longer provides an educational environment of an acceptable quality.
- 1.4.5. In terms of Items 1.4.4(c) or 1.4.4(d), notification of the relevant circumstances must be made to the BOU within 3 months.
- 1.4.6. The BOU may initiate a reassessment of an accredited hospital setting and/or training post outside the standard accreditation schedule at any time if:
- a) information of concern is provided to the BOU in the context of a complaint lodged through RACS, or
 - b) information of concern is provided to the BOU which requires a reassessment to confirm Trainee safety or quality of training, or
 - c) there has been a major change in circumstances.

In such circumstances, the BOU 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 BOU to focus on the areas of concern or change giving rise to the reassessment. Refusal to assist the BOU may result in the hospital setting being assessed as extreme risk and having its accreditation revoked.

2. APPLICATIONS FOR ACCREDITATION

2.1. Applications for Accreditation of a New Hospital Setting and/or Training Post

- 2.1.1. The Training Supervisor (or Head of Department) must notify the relevant Chair, Regional Training Committee and the Chair, BOU of intention to seek accreditation of a new training post.
- 2.1.2. 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.
- 2.1.3. 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.
- 2.1.4. Applications for accreditation of a new training post or an additional post in a hospital setting with an accredited post(s) 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.
- 2.1.5. Upon receipt of an application for accreditation of a new training post, a preliminary review of the application will be conducted to assess whether the accreditation criteria appear to be satisfied.
- 2.1.6. The BOU will determine whether the site visit of a new training post is to be physical, virtual, or a hybrid of the two.

2.2. Re-Accreditation of Existing Hospital Settings and Training Posts

- 2.2.1. Training posts are accredited for a specific period not exceeding five years and are assessed according to the validity period of their accreditation.
- 2.2.2. Assessments are generally conducted in the year of the accreditation validity period ending.

- 2.2.3. The BOU will determine whether a reaccreditation site visit is to be physical, virtual or hybrid. All hospital settings and training posts will be subject to physical visit at least every 5 years. A physical visit 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 setting which has not been physically visited on a previous occasion.
- 2.2.4. Training Supervisors will be contacted by November of the preceding year regarding the nature and approximate timing of the reaccreditation.
- 2.2.5. The requisite accreditation application forms must be submitted for reaccreditation. 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.

3. ACCREDITATION ASSESSMENTS

3.1. Accreditation team

- 3.1.1. The BOU will appoint an accreditation team 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 assessed. At least one will have prior experience undertaking training post accreditation.
- 3.1.2. The potential assessment team members must advise of any personal or professional interest that may, or may be perceived, to impact their ability to be an impartial assessor. The team member may be required to step aside from a particular accreditation process.
- 3.1.3. Where there is a perceived or potential conflict of interest, this will be disclosed to the hospital and their comments sought on the accreditation team membership. Any declared interests as well as the hospital's comments will be considered when finalising the appointment of the team.
- 3.1.4. If an accreditation team member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Accreditation Team Chair will determine an appropriate course of action. This may include replacing the team member, changing the responsibilities of the team member, e.g. requiring them to abstain during relevant discussions, or altering the site visit program. Any such conflicts, and the course of action taken, will be reported to the BOU.

3.2. Site Visit

- 3.2.1. For physical site visits, the timing will be co-ordinated by the Training Manager, and the accreditation panel will have priority in selecting the date and time of the assessment.
- 3.2.2. The accreditation team 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 assessment (existing posts). If the assessment occurs after the end of Term 1, the logbook for this term will also be provided. If the assessment is for a new post, the hospital setting may be required to submit logbook data for any unaccredited Trainees/registrars who have worked in the post
 - f) Previous Report/s (existing posts only)
 - g) De-identified Trainee feedback reports for at least the two years preceding the assessment (existing posts only)
 - h) Contact details of Trainees who have occupied the post over the last 3 years. The accreditation team may contact them for information regarding the post prior to the site visit.

- 3.2.3. For a physical site visit, the Training Supervisor must submit an accreditation site visit schedule prior to the site visit. The accreditation assessment 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, Specialist International Medical Graduates 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 site visit with the Training Supervisor

3.3. Assessment against Criteria

- 3.3.1. The accreditation team will use information gathered from the application form, surveys, documentation review, data analysis and the site visit to assess and evaluate the hospital setting and training post against each criterion in the standards.
- 3.3.2. Each criterion will be assessed and given one of the following findings:

Finding against criterion	Definition
Met	There is evidence that the criterion has been fully met.
Substantially met	Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent, but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.
Not met	The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

- 3.3.3. It is noted that new hospital settings may not be able to meet all accreditation criteria because they do yet have Trainees, or for other relevant reasons.
- 3.3.4. The accreditation team will record the rationale for its decision and any other comments in the draft report.
- 3.3.5. The accreditation report also allows for the inclusion of conditions and recommendations. Conditions are a qualification attached to the granting of accreditation at a hospital which requires action within a defined timeframe, whilst recommendations are intended to support continuous improvement. Unlike conditions, hospital settings are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.
- 3.3.6. The accreditation team may also make commendations in the report where it has found the hospital setting and/or training post is significantly exceeding the minimum requirements for accreditation. The commendations may be shared with others to promote best practice.

4. ACCREDITATION OUTCOME

4.1. Decision-making Process

- 4.1.1 Decision-making is driven by the following principles:
- a) accreditation is focused on the hospital setting's ability to deliver the training program and to provide a safe learning environment for Trainees.
 - b) accreditation findings and decisions relate to the accreditation standards and do not extend to areas outside of this scope.
 - c) accreditation decisions will be risk based and proportionate.

- d) a consistent approach is used for assessing risk and determining the accreditation outcome and any subsequent actions, using the risk assessment framework for accreditation (see Accreditation Risk Matrix and Risk Rating Outcomes below).
- e) where an urgent response to an issue is required to protect a Trainee's health and safety, the BOU will communicate the matter appropriately to the hospital setting/training provider to allow for all parties to meet their workplace health and safety obligations. If this includes actions that affect the Trainee's employment (for example, removing the Trainee from the risk by providing immediate leave, moving the Trainee to another training post), the parties will cooperate and coordinate actions to allow this to occur, noting that the agreement of the BOU, employer and Trainee will be needed.

4.1.2 Where a hospital setting has a finding of 'met' for all criteria within the standards, accreditation will be granted.

4.1.3 Where a hospital setting has a finding of 'substantially met' or 'not met' for any criteria within the standards, a risk assessment will be conducted (using the *Accreditation Risk Matrix* at 4.1.4). The outcome of this assessment will guide the response and accreditation decision.

4.1.4 The Accreditation Risk Matrix (below) is used to determine the level of risk based on reviewing the totality of the criteria that are substantially met and not met against the following dimensions:

- a) the impact on training at the hospital, noting that this has consequences for patient safety. This includes considering the impact on current and future Trainees.
- b) the likelihood that actions will be implemented to meet the criterion/a within a reasonable period.

Likelihood of the hospital setting/training provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period

		Rare	Unlikely	Possible	Likely	Almost certain
Impact on training	Insignificant	Low	Low	Low	Low	Low
	Minor	Medium	Medium	Low	Low	Low
	Moderate	High	High	Medium	Low	Low
	Major	Extreme	High	High	Medium	Low
	Severe	Extreme	Extreme	High	Medium	Medium

4.1.5 The accreditation team will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (also refer to 4.1.6).

4.1.6 Conditions may be provided at the individual criterion level or address multiple criteria. The BOU will determine what monitoring activities and contact is required based on the risk assessment outcomes.

Risk rating	Approach	Outcome	
		New	Existing
Low risk	<ul style="list-style-type: none"> Determine if conditions are required. Where they are required: <ul style="list-style-type: none"> impose conditions against the criteria outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months). There will likely be limited need for ongoing review or intervention. 	Provisionally Accredited	Accredited OR Conditionally accredited
Medium risk	<ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions. 	Provisionally Accredited	Conditionally accredited
High risk	<p>New: Do not grant accreditation (accreditation is refused).</p> <p>Existing:</p> <ul style="list-style-type: none"> Impose conditions against the criteria. Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months). 	Not accredited (refused)	Conditionally accredited
Extreme risk	<p>New: Do not grant accreditation (accreditation is refused).</p> <p>Existing: Move to revoke accreditation.</p> <ul style="list-style-type: none"> Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. Note: For existing settings, an active management approach may be taken to help it take immediate steps to lower the risk which in turn moves the hospital setting back to a conditionally accredited pathway rather than revocation. The situation will be carefully deliberated by the parties, noting that each case will be different. 	Not accredited (refused)	Not accredited (revoked)

4.1.7 The period for which accreditation will be granted, and *Accreditation Outcomes* is outlined below.

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New hospitals settings		
Provisionally accredited	<p>A new hospital setting that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but has the potential to meet them once Trainees are in place. The overall risk assessment is rated as low or medium with conditions required. 	<p>Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions.</p> <p>Trainees can be appointed but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, a hospital will be considered to be 'existing' for accreditation purposes.</p> <p>If no Trainees are appointed within 12 months, the BOU will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the BOU will determine if a new accreditation application must be submitted before Trainees can be appointed.</p>
Not accredited (refused)	A hospital setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	<p>Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the hospital may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.</p>

Existing hospital settings		
Accredited	<p>A hospital setting and/or training post that:</p> <ul style="list-style-type: none"> meets all of the accreditation criteria OR does not meet all of the accreditation criteria but the overall risk assessment is rated as low, and it has been determined conditions are not required. 	Accredited for 5 years, subject to satisfactory routine monitoring submissions.
Conditionally accredited	<p>An existing hospital setting and/or training post that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required. 	<p>Accredited for 3 months to 5 years depending on the severity of the risk and:</p> <ul style="list-style-type: none"> conditions being addressed within the defined timeframe satisfactory routine monitoring submissions meeting any other specific monitoring requirements.
Not accredited (revoked)	<p>An existing hospital setting and/or training post that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <p><i>Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage to a conditionally accredited pathway have been unsuccessful.</i></p>	<p>Accreditation not granted.</p> <p>Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the hospital needs to address.</p> <p>The date the accreditation will be revoked will be set. Prior to this, Trainees may continue to complete their training term at the hospital unless their safety is at immediate risk. From the revocation date:</p> <ul style="list-style-type: none"> Trainees at the hospital will not be able to count training towards their training program unless specific arrangements are made no new Trainees can be appointed. <p>A new application for accreditation must be submitted once requirements have been met (the must also be continuing to meet all other accreditation criteria at the time of submitting the application).</p>

4.2. Draft and Final Report

- 4.2.1. Following the site visit, the accreditation team will submit a draft report, including the proposed decision, conditions, recommendations and commendations to the Chair, BOU for review.
- 4.2.2. After review, to ensure procedural fairness, the hospital setting and/or training provider will be notified of the proposed decision, providing a copy of the draft report as well as any reasons for its proposed decision, within 4 weeks following the site visit for review and distribution within the hospital as appropriate.
- 4.2.3. The hospital has 10 working days to review the draft report and to provide a response. This can include highlighting any factual inaccuracies that require fixing for the final report, as well as any additional evidence that it wishes to be considered.
- 4.2.4. If the BOU is considering any of the actions below for a public health facility, it will act in accordance with the [Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities](#), which requires the nominated contact point of the accredited organisation and jurisdiction to be informed if:
 - a) accreditation is to be revoked
 - b) Trainees are to be withdrawn from the post
 - c) any other action is to be taken that is likely to significantly impact the hospital setting/training provider's ability to provide services to patients and the public.
- 4.2.5. Any responses from the hospital setting/training provider and jurisdiction will be considered by the BOU and accreditation team (where required) before making the final accreditation decision and finalising the accreditation report.
- 4.2.6. The final report will include acknowledgement of any responses to the draft report, including how feedback has been considered in the making of the final decision.
- 4.2.7. The BOU will report the determination to the next scheduled meeting of the Committee of Surgical Education and Training, RACS.
- 4.2.8. If a hospital setting or training provider is not satisfied with the outcome of an accreditation (or reaccreditation) application it has the right to challenge this decision in accordance with the *RACS Regulation: Reconsideration, Review and Appeal*.

4.3. Allocation of Trainees to Training Posts

- 4.3.1. Each Regional Training Committee conducts the allocation of Trainees to training posts.
- 4.3.2. Trainees are recommended to hospital settings and training providers for appointment. Hospital settings and training providers retain the right to not employ recommended Trainees.
- 4.3.3. 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) and when logistical considerations may prevent another appointment.