



**TRAINING POST ACCREDITATION STANDARDS AND CRITERIA**

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

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

1.1 The hospital culture is of respect and professionalism.

The hospital must:

- 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 align with RACS Code of Conduct and support professionalism.

1.2 Partnering to Promote Respect.

The hospital must:

- 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.

1.3 Complaint Management Process.

The hospital must:

- a) have clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes;
- b) have clearly defined process 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 requiring intervention to maintain a safe training environment.

The hospital should:

- 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.

**2. EDUCATION FACILITIES AND SYSTEMS REQUIRED**

*Trainees must have access to appropriate educational facilities & systems required to undertake training.*

2.1 The trainee has easy access to computers with appropriate educational, research, and presentation software, and free broadband internet access at the hospital of majority employment, or the site most convenient to the trainee.

2.2 Private areas, isolated from clinical activity, are available to the trainee for self-education, and for tutorials. 24-hour access should be available. These facilities may reasonably be shared, and should be at the hospital of most convenience to the trainee.

2.3 The hospital has a weekly programme of multi-disciplinary clinical and general education meetings, publicised in advance. Urologists and trainees are supported to attend these meetings. The trainee has access to present at these meetings.

2.4 The Hospital has a library.



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### 3. QUALITY OF TRAINING/LEARNING

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

- 3.1 The trainee is provided at least one hospital based Urology tutorial per week, timetabled in advance.
- 3.2 The trainee is provided a regular program of educational events such as pathology, radiology, Journal Club, and clinical multidisciplinary management meetings.
- 3.3 Support and funded leave is provided to the trainee to attend obligatory educational courses and meetings conducted locally, sectionally, and nationally.
- 3.4 The trainee is encouraged to be involved in research, with evidence of recent research activities of the Urology Unit. Support is provided for these research endeavours.
- 3.5 The trainee has access to skills training equipment within the hospital network.

### 4. SURGICAL SUPERVISORS AND STAFF

*The Training Program is managed by appropriate and accessible Supervisor supported by the institution and committed Surgeons, delivering regular training and feedback.*

- 4.1 The hospital employs two or more urologists with appropriate College recognised qualifications per trainee, each actively involved in trainee education. At least one urologist, actively involved in supervision and training, must possess the FRACS (Urol) from the Royal Australasian College of Surgeons.
- 4.2 Urologists are supported to attend scheduled hospital education and audit meetings, and trainee supervision/teaching.
- 4.3 The hospital has a Supervisor of Urology training, recognised financially in a manner consistent with published College expectations and by title within the hospital for the role.
- 4.4 All surgical trainers have their contribution to training and education recognised in their contract and remuneration agreement.
- 4.5 The supervisor is readily accessible to the trainee.
- 4.6 The supervisor responsibly fulfills the role, and;
  - discusses learning needs and goals prior to teaching
  - provides explanation and supervision
  - provides early and regular constructive feedback
  - creates opportunities for a Trainee to rectify weaknesses
- 4.7 The supervisor of Urology training is supported with leave and funding to attend obligatory surgical supervisors meetings and training courses.
- 4.8 Secretarial support is provided for the supervisor's role related to education and training.
- 4.9 In-training assessments are completed within the required timeframe, with the Trainee in attendance. Each report reflects the discussion of the trainee by the department.



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### 5. SUPPORT SERVICES FOR TRAINEES

*Hospitals and their networks are committed to the training, learning and wellbeing of trainees who, in turn, acknowledge their contracted service responsibilities to their employer.*

- 5.1 Trainee rosters comply with safe work practices as recommended in College guidelines and the urology requirement for a **maximum of 1:2 on-call**.
- 5.2 Funding for the trainee's salary is recurrently guaranteed.
- 5.3 The trainee satisfactorily fulfils their agreed contract requirements.
- 5.4 Clerical support is available to the trainee for clinical and work-related activities.
- 5.5 The trainee has ready access to a Human Resources service, which provides support and information efficiently.
- 5.6 The hospital provides financial support to trainees for the necessary relocations during Urology training rotations. This may include, but is not limited to, financial assistance for relocation, advance information on hospital duties rosters and local accommodation, and other local information important to Trainees and their families.
- 5.7 The hospital provides financial support to trainees for legitimate travel expenses to attend scheduled education sessions published in the relevant regional education program.
- 5.8 The hospital network promotes trainee safety, and a policy to provide security for trainees, where necessary.
- 5.9 The hospital should have a commitment to enabling flexible employment for trainees.

### 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 surgeon. **Supervision of trainees must include fulfilling of educational objectives, patient safety and employment obligations.***

- 6.1 The hospital provides at least one Consultant supervised outpatient clinic, with new and follow-up patients, per week.
- 6.2 At least 4 Consultant supervised inpatient (GA) urology operating lists (or 14 hrs) are available to each trainee per week.
- 6.3 Trainees have priority access, as first surgeon, to all cases or aspects of cases appropriate to their level of training and educational needs.
- 6.4 The hospital 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.
- 6.5 Trainees are exposed to a minimum of 2 consultant led ward rounds per week
- 6.6 A diverse case-mix enables exposure of the trainee to a breadth of urological surgical experience.
- 6.7 Unreasonable periods of activity downturn (more than 10%, or five weeks per annum) are not implemented by the hospital.



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- 6.8 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.
- 6.9 The hospital provides trainees with the opportunity to:
- Gain experience in the assessment and diagnosis of the acute abdomen
  - Gain experience in assessment and coordinated management of trauma (where appropriate)
  - Gain experience and skill in the resuscitation and management of the patient who is acutely unwell, unstable or shocked, secondary to blood loss, fluid loss, toxemia, or sepsis.
  - Learn resuscitation, fluid balance, and nutrition in the surgical patient.
  - Develop sound judgement in the place and realistic expectations of surgery, and the appropriateness of surgery in the well, acutely unwell, co-morbid and dying patient.
  - Develop sound judgement in the use of peri-operative interventions (anti-coagulation, antibiotics, fluids, nutrition) through learning the indications and contra-indications for their use.
  - Gain experience in the early recognition and appropriate investigation and management of post-operative complications.
  - Develop sound technique in wound closure, simple and layered of all of the above incisions
  - Gain knowledge of anatomical land-marks, anatomical relations, and anatomical and surgical planes in the open abdomen.
  - Learn to recognise normal and diseased abdominal and pelvic organs.
  - Learn safe tissue handling, mobilisation, dissection, and transection techniques.
  - Learn to safely, confidently, and fluently gain laparoscopic access to the abdomen and the pelvis. Develop an awareness of anatomical landmarks, and laparoscopic orientation.
  - Develop familiarity with laparoscopic instruments, applicators, and stapling devices.
  - Acquire a level of expertise in laparoscopic tissue manipulation, dissection, and haemostasis.
  - Develop introductory skills in laparoscopic suturing and intra-corporeal knot tying.
- 6.10 Exposure is provided to:
- Supervised urodynamics
  - Supervised prostate ultrasound and biopsies
  - Supervised flexible cystoscopy lists

**Additional Criteria for SET6 Posts**

- 6.11 The SET6 trainee is the primary Surgeon for at least 1 operating session per week.
- 6.12 The post provides the SET6 trainee with at least 20% of independent decision making/indirectly supervised operative surgery.



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**7. EQUIPMENT AND CLINICAL SUPPORT SERVICES**

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

- 7.1 The hospital has appropriate accreditation (ACHS or NZCHS).
- 7.2 The hospital has diagnostic imaging services including;
  - General radiography
  - Ultrasonography
  - CT scanning
  - Nuclear medicine
- 7.3 Where local emergency referral protocols demand it is needed, 24 hour access to Imaging (e.g. IVP and/or CT) and Interventional Radiology is available.
- 7.4 The hospital provides facilities and services for:
  - Urodynamic studies
  - Transrectal ultrasound and prostate biopsies
  - Flexible cystoscopies
- 7.5 Enough resources are available in the operating theatre to enable safe and efficient performance of urological procedures. These must include:
  - An image intensifier
  - Open surgical instrumentation of sufficient volume and quality, in good condition.
  - Video cameras sufficient for all urological surgery
  - Comprehensive contemporary upper and lower urinary tract rigid endo-urology instrumentation of acceptable quality and volume. (Access to flexiscopes is preferable)
  - Endoscopic lithotripsy (laser is preferable)
  - Contemporary laparoscopic equipment
- 7.6 The hospital has accredited diagnostic laboratory services.
- 7.7 Urology services have appropriate access to all allied health professionals, including skilled stoma therapy and continence nursing, where appropriate.



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**8. CLINICAL GOVERNANCE QUALITY AND SAFETY**

*A hospital involved in surgical training must be fully accredited and 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 Trainees have access to medical records for audit purposes, and for ethics approved studies.
- 8.3 The Division of Surgery has a designated Head, with a role in Governance and leadership.
- 8.4 The hospital has a cyclical credentialing process for all Clinicians, typically every five years.
- 8.5 The hospital has a process for review of patient/system adverse events, in which surgeons and trainees participate.
- 8.6 There is opportunity for urologists and trainees to train and participate in a process for Root Cause Analyses (RCA's).
- 8.7 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.
- 8.8 The hospital has the requirement that all Units conduct regular quality meetings such as Audit and peer review, with multi-disciplinary attendants and Trainee participation.
- 8.9 The hospital has a Laser Safety Committee (where relevant) with policies on the safe use of laser, and supports Trainees to gain appropriate safety certification.
- 8.10 The hospital has an Ionising Radiation Safety Committee, with policies on the safe use of ionising radiation, and supports Trainees to gain appropriate safety certification.
- 8.11 The hospital has an Infection Control Committee and management Protocols for dealing with episodes of exposure to biological hazards and contagions.