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Program Accreditation and Partnership

The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) and The Medical Council of New Zealand (MCNZ) to provide and manage the education and training (including assessment) and professional development programs for surgeons in Australia and New Zealand. RACS delivers its Surgical Education and Training (SET) program in association with the Specialty Societies and Associations ("the Specialty Societies") that represent the nine specialties in which Fellowships are awarded. Those Specialty Societies, which have entered into agreements with RACS, and are represented by membership of the relevant Specialty Training Board[5], are consulted by RACS on all matters of quality and standards, are:

- Australian and New Zealand Society for Cardio and Thoracic Surgeons (ANZSCTS)
- General Surgeons Australia (GSA)
- New Zealand Association of General Surgeons (NZAGS)
- Neurosurgical Society of Australasia (NSA)
- Australian Orthopaedic Association (AOA)
- New Zealand Orthopaedic Association (NZOA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)
- Australian Society of Plastic Surgeons (ASPS)
- New Zealand Association of Plastic Surgeons (NZAPS)
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- Health advocacy
- Collaboration and teamwork
- Communication
- Management and leadership

Doctors are selected directly into one of the surgical specialties with advancement through SET hinging on trainee competence. Trainees progress through integrated programs which provide them with increasing professional responsibility under appropriate supervision. RACS has described five stages of increasing complexity in its publication *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*. To support trainees' safe participation in surgical practice in clinical environments that provide the required knowledge, skills and experiences, Specialty Training Boards responsible for regulating SET accredit hospital-based training posts and ambulatory care facilities for surgical training in Australia and New Zealand.

Training Post A ccreditation

The underlying principle of the accreditation process is to ensure that education andn [illegible]

training, accreditation of the post will be withdrawn but may be reinstated when compliance is achieved.

Processing an a pplication

While the accreditation process varies between Specialty Training Boards, each will generally follow a common framework:

1. After the accreditation application is received it will be checked for completeness and then acknowledged. A request for further information may also be made. All Boards aim to complete the accreditation of a post within six months of receiving complete information.

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8. When accreditation

ACCREDITATION CRITERIA

Minimum requirements marked with an * can be achieved within the hospital network. All others should be achieved within the hospital seeking accreditation.

Standard 1 – Building and maintaining a Culture of Respect for patients and staff. A hospital involved in surgical training must demonstrate and promote a culture of respect for patients and staff that improves patient safety.		
Accreditation Criteria	Factors Assessed	Minimum Requirements
1. The hospital culture is of respect and professionalism	Expressed standards about building respect and ensuring patient safety.	• Hospital provides a safe training environment free of discrimination, bullying and sexual harassment. • Hospital actively promotes respect, including teamwork principles. • Hospital has policies and procedures, including training for all staff, that promotes a culture and environment of respe(i)12.7(0o29 >>BDC q 5 a

14. Supervised experience in Intensive Care Unit (ICU)	Documentation on accreditation of ICU Documentation on role of trainees in ICU	• Accreditation by ANZ College of Anaesthetists and the College of Intensive Care Medicine of Australia and New Zealand* • Trainees involved in patient care in ICU, under supervision*
Standard 4 – Surgical supervisors and staff Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback		
15. Designated supervisor of surgical training	Documentation on supervisor	• Clearly identifiable as supervisor • FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society • Regularly available and accessible to trainees
16. Supervisor's role/ responsibilities	Hospital documentation on supervisor's role/responsibilities in keeping with College requirements as documented in the Surgical Supervisors Policy.	• Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) • Supervisor actively promotes surgical education principles • Supervisor has completed mandatory training as specified in the Surgical Supervisors Policy
17. Credentialled specialist surgical staff willing to carry out surgical training	Documentation on qualifications of specialist surgical staff	• Surgeons have FRACS (or are certified as equivalent) in that specialty and practise generally in the field and/or in related subspecialty areas • Surgeons involved with training have completed mandatory training as specified in the Surgical Trainers Policy.
18. Surgeons committed to training program	Scheduled educational activities of surgeons	

20.	Hospital recognition and support for surgeons involved in education and training	Documentation on weekly service and educational activities of surgical staff Documentation on recognition and support for supervisors HR Policy on educational leave	• The designated Supervisor of Training in each specialty is provided with paid, protected administrative time to undertake relevant duties appropriate to the specialty and in accordance with the SET Surgical Supervisors Policy. This should be related to the 6

24. Flexible Training Options are available for Trainees	Commitment to enabling flexible employment for RACS trainees while continuing in training.	• Hospital has a flexible employment policy allowing for part-time and job sharing options. • Clearly identified processes for applying for flexible employment. • Commitment to working with RACS to facilitate flexible employment for trainees.

Standard 6 - Clinical

41. Morbidity &

In association with the Surgical Specialty Societies and Associations of Australia and New Zealand: