NZOA/RACS ACCREDITATION CRITERIA FOR HOSPITAL INSPECTION:

Accreditation Criteria	Factors Assessed	Minimum Requirements	Essential in the Hospital or within Hospital Network	List of documents attached that substantiate the achievement of minimum criteria
1. Computer facilities with IT support	Computer facilities and Internet/ broadband access	• Computers and facilities available for information management, online references and computer searches • Terminals at flexible sites which may include remote access • 24-hour computer access acknowledging security issues	In the hospital In the hospital In the hospital	
2. Tutorial room available	Documented booking and access processes Feedback from supervisor and trainees	• Tutorial rooms available when required	In the hospital	
3. Access to private study area	Designated study area Feedback from trainees	• Designated study area/room available isolated from busy clinical areas • 24-hour access acknowledging security issues	In the hospital In the hospital	
4. General educational activities within the hospital	Weekly hospital educational program	• Weekly program publicised in advance • Weekly Grand Rounds • Weekly clinical conference	In the hospital In the hospital In the hospital	

	Feedback from trainees	• Opportunities for trainees to present cases/topics	In the hospital	
5. Coordinated schedule of learning experiences for each trainee	Publicised weekly timetable of activities which incorporate the learning needs of the trainee	• Weekly Imaging meeting • One formal structured tutorial per week	In the hospital In the hospital	
6. Access to simulated learning environment	Documentation on local opportunities for self-directed skills acquisition and practice	• Simple basic skills training equipment available, e.g. for suturing practice	Within hospital network	
7. Access to external educational activities for trainees	Documented hospital HR Policy on educational leave for trainees Feedback from trainees	• Trainees given negotiated educational leave to attend <u>obligatory face-to-face</u> RACS/Specialty courses • Evidence to confirm leave is provided	By the hospital By the hospital	
8. Opportunities for research, inquiry and scholarly activity	Recent or current research funding, publications, current research projects, recognised innovation in medicine, clinical care or medical administration Feedback from trainees	• Record of recent research output by Orthopaedic consultants • Trainees have access to regular Journal Club • Trainees enabled to access medical records, once ethical approval (if necessary) for the project is obtained • For SET in Orthopaedics, it is desirable that trainees have access to computerised medical records. • Shared responsibility by hospital, surgeons and the College	Within hospital network Within hospital network Within hospital network	

9. Supervised experience in patient resuscitation	Documentation on opportunities for trainees to be involved in resuscitation of acutely ill patients	• As this requirement is a prerequisite to the SET program, it is desirable that trainees have access to clinical responsibilities in ICU or HDU and Emergency Department. However do not need to be rostered.	Within hospital network	
10. Supervised experience in an Emergency Department	Documentation on accreditation of Emergency Department Documentation on role of trainees in the Emergency Department	• Accreditation by Australasian College of Emergency Medicine • Trainees manage patients in the Emergency Dept under supervision	Within hospital network Within hospital network	
11. 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 Royal Australasian College of Physicians • Trainees have access to ICU.	Within hospital network Within hospital network	
12. Designated supervisor of surgical training	Documentation on supervisor Feedback from trainees	• Clearly identifiable and named supervisor • FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society • Accreditation for SET in Orthopaedics requires that the NZOA Training Co-ordinator [Surgical Supervisor] is a Fellow of NZOA. • Regularly available and accessible to trainees	In the hospital In the hospital In the hospital	
13. Supervisor's role/ responsibilities	Hospital documentation on supervisor's role/responsibilities as documented in RACS Surgical Supervisors Policy Feedback from trainees	• Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) • Supervisor participates in RACS supervisors' courses/meetings	In the hospital	
14. Specialist surgical staff appropriately qualified to carry out surgical training	Documentation on qualifications of specialist surgical staff	• Surgeons have FRACS or RACS recognised equivalent in orthopaedics and current experience in subspecialty areas where required for training • Accreditation for SET in Orthopaedics requires 3		

		consultant orthopaedic surgeons with FRACS including one Fellow of NZOA and a second Fellow or Associate of NZOA		
15. Surgeons committed to training program	Weekly scheduled educational activities of surgeons Feedback from trainees	• Surgeons attend scheduled educational and audit meetings • All surgeons foster the learning of the RACS nine core competencies (Appendix1) (Responsibility for compliance shared by surgeons and hospital)	In the hospital In the hospital	
16. Regular supervision, workplace-based assessment and feedback to trainees	Documentation on hospital/ department practices relating to supervision, workplace-based assessment and feedback to trainees Feedback from trainees	• Goals discussed and agreed between surgeon and trainee at the commencement of each surgical rotation • One-to-one regular supervision • One-to-one constructive feedback on performance every three months • Accreditation for SET in Orthopaedics requires that formal assessment report be completed every 3 months for SET1 trainees and 6 monthly in SET 2-5 • Opportunities provided for trainee to rectify any weaknesses • One-to-one discussion on NZOA End of Term assessment form • Workplace-based assessment tools mini-CEX, DOPS & PBA used as prescribed by NZOA • Accreditation for SET in Orthopaedics requires that: a) All trainers be Fellows or Associates of NZOA and b) Trainers not be responsible for supervising more than 2 trainees each (Responsibility for compliance shared by surgeons and hospital)	In the hospital In the hospital In the hospital In the hospital In the hospital In the hospital In the hospital	

17. Hospital support for surgeons involved in education and training	Documentation on weekly service and educational activities of surgical staff HR Policy on educational leave Secretarial services available for supervisor's role Feedback from surgeons	• The Hospital Supervisor of Training in each specialty is provided with paid, protected administrative time to undertake relevant duties appropriate to orthopaedics and in accordance with the SET Surgical Supervisors Policy. This should be dependent on the number of trainees but should be at least 0.2 FTE if there are 5 trainees under supervision. For larger numbers of trainees additional support should be considered. • Surgeons who attend obligatory RACS or Specialty Supervisors' meeting / courses should have negotiated leave for these. • Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training. • Accessible secretarial services for supervisor's role related to training	In the hospital In the hospital In the hospital In the hospital	
18. Hospital response to feedback conveyed by the College on behalf of trainees	Mechanisms for dealing with feedback	• Resolution of validated problems	In the hospital	

19. Hospital support for trainees	Safe hours practiced	• Rosters and work schedules in New Zealand take into the principles as outlined in the Multi Employer Collective Agreement (MECA). • Accreditation for SET in Orthopaedics requires that the maximum on-call roster for a trainee is 1 in 3. On-call must be must be supervisd by a consultant.	In the hospital In the hospital	
	Safety procedures for trainees leaving the hospital outside normal working hours Hospital environment is free of intimidation, harassment and abuse of trainees Level and accessibility of Human Resources services Recognition of career aspirations of trainees by the hospital and RACS supervisor	• Hospital promotes trainee safety and provide security when necessary • Hospital does not allow trainee to be intimidated, harassed or abused • Readily accessible Human Resources service available to trainees including counselling if required • Allocation of clinical rotations take trainee's career/surgical specialty aspirations and requirements into account (Joint hospital/supervisor responsibility)	In the hospital In the hospital In the hospital In the hospital	
20. Trainees' professional responsibilities – Duty of Care	Feedback from employers	• Trainees' recognition of the concept of Duty of Care (Joint trainee/supervisor and College responsibility)	In the hospital	

21. Supervised consultative ambulatory clinics in consultative practice	Documentation on frequency of consultative clinics Documentation which shows trainees see new and follow-up patients Documentation on alternatives provided if no consultative clinics available in the hospital	• Trainees attend a minimum of one consultative clinic per week • Trainees see new and follow-up patients under supervision • Trainees attend alternative supervised consultative clinics	In the hospital In the hospital Outside the hospital	
22. Beds available for relevant specialty	Documentation on accessible beds for specialty	Sufficient beds to accommodate caseload required for training	In the hospital	
23. Consultant led ward rounds with educational as well as clinical goals	Documentation on the frequency of consultant led scheduled ward rounds Feedback from trainees	• Two per week • Teaching of trainees on each ward round	In the hospital In the hospital	
24. Caseload and casemix	Summary statistics of number and casemix of surgical cases managed by the relevant specialty in the previous year Number and casemix of surgical cases managed by each trainee's team over the previous year	• Regular elective and acute admissions. This will vary depending on the type of service and the casemix. • Accreditation for SET in Orthopaedics will involve peer review of caseload statistics as provided by the hospital and comparison of registrar log book entries. • Number and casemix varies between specialties and the focus is on competence acquisition (same as preceding point)	In the hospital In the hospital	
25. Operative experience for trainees	Documentation on weekly theatre schedule	• Minimum of three elective theatre sessions per week per specialist trainee (focus is on opportunities to gain required competencies and is based on a combination of theatre time, case numbers and casemix)	In the hospital	

	Evidence of trainees' exposure to emergency operative surgery Evidence of specialist trainees' access to "index" cases from trainees' log book and feedback	• No conflicting service demands which interfere with required operative experience by trainee • Number and level of surgical procedures varies with stage of training. The focus is on competence acquisition • Accreditation for SET in Orthopaedics will involve peer review of caseload statistics as provided by the hospital and comparison of registrar log book entries. • Rosters and work schedules enable trainee to participate in emergency surgery • Specialist trainees have priority access to those indexed cases required for their training	In the hospital In the hospital In the hospital In the hospital	
26. Experience in perioperative care	Clinical examination rooms available Timetable of postoperative ward rounds	• Adequate rooms available to enable appropriate clinical examination of all preoperative patients • Scheduled daily postoperative ward rounds	In the hospital In the hospital	

27. Access to ambulatory care surgery	Documentation on access to ambulatory care surgery	• Regular weekly experience with ambulatory care surgical procedures	In the hospital	
28. Involvement in acute/emergency care of surgical patients	Documentation showing frequency of involvement in acute/emergency care of surgical patients	• Weekly (minimum of 1 in 5) involvement in acute/emergency care of surgical patients	In the hospital	
29. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	Hospital has the accredited status to undertake surgery	• Evidence of accreditation by ACHS or QHNZ to undertake surgical care **See individual specialty websites for specific requirements*	In the hospital	
30. Imaging – Diagnostic and intervention services	Documentation on accreditation Extent of services Timetable of weekly meetings with relevant surgical specialty Feedback from surgeons and trainees	• Accredited by appropriate Body • Basic imaging of head chest, abdomen, pelvis and musculoskeletal system **See individual specialty websites for specialty specific requirements* Weekly meeting with surgeons	In the hospital In the hospital In the hospital	
31. Diagnostic laboratory services	Documentation on accreditation Extent of service Timetable of weekly meetings Feedback from surgeons and trainees	• Accredited by appropriate Body e.g. NATA/ RCPA/ IANZ • Haematology Biochemistry Cytopathology Bacteriology • Weekly multidisciplinary meeting	In the hospital Within hospital network Within hospital network	

32. Theatre equipment	Documentation on equipment available Feedback from surgeons and trainees	• This will vary from a standard suturing set to very sophisticated theatre equipment depending on the size and casemix of the unit. *See individual specialty websites for specialty specific requirements	In the hospital	
33. Support/ ancillary services	Documentation on services Feedback from surgeons and trainees	• Physiotherapy, rehabilitation, social work • Specialty specific, e.g. breast care nurse/stoma therapist/speech therapist/audiologist/prosthetics/photographic *See individual specialty websites for specialty specific requirements	In the hospital or off site In the hospital or within network	
34. Hospital accreditation status	Evidence of accreditation	• Hospital accredited by ACHS or QHNZ	In the hospital	
35. Risk management processes with patient safety and quality committee reporting to Quality Assurance Board	Documentation on processes including those for correct site surgery	• Quality Assurance Board or equivalent (with senior external member) reporting to appropriate governance body • Documentation published by hospital on HR, clinical risk management and other safety policies	In the hospital In the hospital	
36. Head of Surgical Department and governance role	Documentation on structure of surgical department Position description and reporting lines	• Designated Head with negotiated role in governance and leadership	In the hospital	
37. Hospital Credentialing or Privileging Committee	Documentation on Credentialing or Privileging Committee and its activities	• Clinicians credentialed at least every 5 years	Within hospital network	

38. Surgical audit and peer review program	Documentation on audit and peer review program for unit	• Accreditation for SET in Orthopaedics requires M&M meetings to be held every 3-6 months. • All surgical staff participate • Opportunity for trainees to participate	In the hospital In the hospital In the hospital	
39. Hospital systems reviews	Documentation on systems reviews	• Surgeons and trainees participate in review of patient/system adverse events	Within hospital network	
40. Experience available to trainees in root cause analysis	Documentation on root cause analysis education Feedback from trainees	• Training and participation occurs in root cause analysis	Within hospital network	
41. Occupational safety	Documented measures available to ensure safety against hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients and others	Available measures to prevent these occurring • Radiation protective equipment available • Hospital protocol for dealing with possible exposure to hazards	In the hospital In the hospital In the hospital	

Appendix 1: RACS Nine Key Competencies for Surgeons

Medical Expertise

Judgment – Clinical Decision Making

Technical Expertise

Professionalism

Scholarship and Teaching

Health Advocacy

Collaboration

Communication

Management and Leadership