

Hospital Accreditation Regulations For the Surgical Education and Training Program in Vascular Surgery



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1 Introduction

1.1 Definitions and Terminology

Words, phrases, and acronyms used in this document have the following meaning unless the context requires otherwise:

| Term | Shall mean (Definition) |
|----------------------------|--|
| ANZSVS | Australian and New Zealand Society for Vascular Surgery |
| Board (the) | Board of Vascular Surgery |
| CSET | Committee of Surgical Education and Training |
| Post | Training position accredited by the Board of Vascular Surgery |
| RACS | Royal Australasian College of Surgeons |
| SET | Surgical Education and Training |
| Regulations (these) | Hospital Accreditation Regulations for the SET Program in Vascular Surgery |
| Supervisor of Training | The Supervisor of Training is a consultant surgeon in a hospital with accredited trainees. The Supervisor of Training is member of the ANZSVS and appointment is approved by the Board and CSET. |
| Accreditation under Review | The Board may review the accreditation status of a Post at any time. During this process, the Post will be deemed as 'accreditation under review.' |
| Probationary Accreditation | The accreditation status is under evaluation, with specific actions requested. The period is usually for 12 months but may be extended if progressing towards meeting standards or conditions. |
| Accreditation Withdrawn | A Post which is not compliant with accreditation standards will be withdrawn. |

1.2 Overview

- 1.2.1 These Regulations establish the terms and conditions for the assessment and accreditation of training Posts for the SET Program in Vascular Surgery. These Regulations are compliant with RACS regulations and policies.
- 1.2.2 Accreditation of Hospital posts is undertaken to ensure the suitability of units and training posts for the SET Program in Vascular Surgery.
- 1.2.3 Training for the SET Program in Vascular Surgery is undertaken only in accredited training posts approved under these Regulations.
- 1.2.4 The information in these Regulations is subject to change at any time. The most current version is published on the ANZSVS website.
- 1.2.5 The SET Program in Vascular Surgery is governed by the Training Regulations Handbook for the SET Program in Vascular Surgery available on the ANZSVS website.

1.3 Administration

- 1.3.1 RACS is the body accredited and authorised to conduct SET Training in Australia and Aotearoa New Zealand.
- 1.3.2 The administration of the SET Program in Vascular Surgery, including Hospital Post accreditation, is delegated to the ANZSVS in accordance with the Partnering Agreement.

- 1.3.3 RACS has approved regulations, policies and procedures that should be read in conjunction with these Regulations.

2 Accreditation Requirements

2.1 Standards and Criteria

- 2.1.1 Hospitals applying for a Post to be accredited must satisfy the RACS hospital accreditation standards and criteria in an application specific to Vascular Surgery. Refer RACS regulation: *Training Post Accreditation and Administration* and RACS guideline: *Accreditation of Hospitals and Posts for Surgical Education and Training*.
- 2.1.2 Hospitals are required to provide the following information specific to Vascular Surgery as part of an application for accreditation:
- A schedule of each trainee’s clinical day-to-day program.
 - A schedule of unit and interdisciplinary educational meetings.
 - Evidence of Supervisors and Trainers participation in an ANZSVS endorsed audit.
 - Code of Conduct.
 - Bullying/Harassment Policy.
 - Complaint Management Policy/Procedure (patient).
 - Complaint Management Policy/Procedure (staff).
 - Speaking up for Patient Safety program – Promoting Professional Accountability.
 - Incident Management System.
 - A standard procedure for monitoring radiation safety and exposure.
 - Cultural safety policy and mandated training

2.2 Vascular Surgery Supervisors and Trainers

- 2.2.1 Each unit must have a designated Supervisor of Training (FRACS and member of ANZSVS)
- 2.2.2 Each unit must have a minimum of two Vascular surgery Trainers (FRACS or certified as equivalent) of whom one may be the Supervisor of Training.
- 2.2.3 In addition to the requirements for the Supervisor of Training set out in the RACS Standards for Supervision, ANZSVS members must participate in an ANZSVS endorsed audit to maintain their membership.

2.3 Unit Caseload and Case mix

- 2.3.1 Major Vascular surgery procedures are listed on the ANZSVS website and the in-training assessment form. Each training Post must be able to provide a minimum of 100 major cases per year. The trainee must be the primary operator a percentage of the time in accordance with their SET level as detailed below.

| SET Level | First six months | Second six months |
|-----------|------------------|-------------------|
| SET 1 | N/A | N/A |
| SET 2 | 20% | 25% |
| SET 3 | 30% | 40% |
| SET 4 | 50% | 50% |
| SET 5 | 60% | 60% |

- 2.3.2 If any of the above requirements are found to be deficient the Board will request the deficiency to be rectified in a specified timeframe. If the deficiency is not rectified, the accreditation may be withdrawn.

3 Accreditation Application

3.1 Application Overview

- 3.1.1 Applications for accreditation must be completed by the hospital Supervisor of Training.
- 3.1.2 Submissions are made to the Board of Vascular Surgery via email at vascular.board@anzsvs.org.au.
- 3.1.3 Unless specified otherwise, applications should be received no later than 31 January in the year accreditation is conducted. Failure to complete the application by this date may result in the Post not being inspected, delay in accreditation, and a post remaining vacant.
- 3.1.4 Accreditation decisions are generally confirmed in June of each year, aligning with the selection process to allow timely allocation of trainees for the following year.

3.2 Inspection Team

- 3.2.1 The Board will conduct the accreditation process using an inspection team. The inspection team will consist of:
 - a) a minimum of two Board members
 - b) may include the trainee member of the Board where possible.
- 3.2.2 Inspection team members should not be employed by the hospital seeking accreditation of a Post.
- 3.2.3 Inspection team members must declare any conflict of interest whether known or perceived.

3.3 Outcomes and Classification

- 3.3.1 The Board will advise the hospital in writing of the accreditation decision. Outcomes include:
 - a) Accreditation approved.
 - b) Accreditation under review.
 - c) Probationary accreditation.
 - d) Accreditation withdrawn.
- 3.3.2 Upon approval, Posts will be accredited either as SET 1 or SET 2+. A SET 2+ signifies the post is suitable for trainees from SET levels 2-5.
- 3.3.3 A Post may be accredited as full-time training or less than full-time training.

4 Accreditation Assessment Type

4.1 New application (standard)

- 4.1.1 Processing a new application takes approximately five months. Therefore, approval is required by 30 June to enable the allocation of a trainee for the following year.
- 4.1.2 New applications will require a site inspection.
- 4.1.3 Accreditation may be awarded for a period of up to five years.

4.2 Reaccreditation (standard)

- 4.2.1 Unless accreditation is awarded for a shorter period, reaccreditation follows a five-year cycle.
- 4.2.2 In November, the year before the accreditation validity expires, the hospital will be advised a reaccreditation application is due.
- 4.2.3 The reaccreditation process is conducted in the year validity expires.

- 4.2.4 Reaccreditation may be awarded on a paper assessment only.
- 4.2.5 The Board will determine whether a site inspection is necessary. If required, the reaccreditation process will be the same as for a new application.
- 4.2.6 Reaccreditation may be awarded for a period of up to five years.

4.3 Out of Cycle Inspection

- 4.3.1 Hospitals must notify the Board of any major changes to an accredited post as soon as possible during the accreditation validity period.
- 4.3.2 The Board may initiate an out of cycle inspection if:
 - a) an area of concern is identified requiring further assessment; or
 - b) reassessment for compliance to standards is required following advice from the hospital of a major change; or
 - c) a deficiency is identified in trainee logbooks.
- 4.3.3 The Board will advise the hospital, in writing, the reason(s) for initiating an out of cycle inspection, including inspection timeline; and
 - a) may request additional documentation or information; or
 - b) instruct the hospital to submit an updated application for reaccreditation.

5 Accreditation Process

5.1 Accreditation Timetable

- 5.1.1 A timetable will be created upon receipt of an application.
- 5.1.2 The Board will determine whether a site inspection is required.
- 5.1.3 The Supervisor of Training is responsible for coordinating the site inspection with the required personnel according to the timetable provided.

5.2 Paper Assessments

- 5.2.1 Paper assessments consider all documents submitted with the application in accordance with Section 2.
- 5.2.2 The inspection team will be provided with the following information:
 - a) Hospital Accreditation Application
 - b) Logbooks for the two years preceding the inspection.
 - c) Deidentified trainee feedback reports for the two years preceding the inspection.

5.3 Site Inspection

- 5.3.1 The Board endeavors to undertake site inspections every 5 years.
- 5.3.2 The site inspection should take approximately three hours and will include:
 - a) Interview with hospital administration including the Director of Medical (or Surgical) Services.
 - b) Interview with hospital Head of Unit, Supervisor of Training, and consultants on unit.
 - c) Interview with trainees.
 - d) Inspection of relevant hospital facilities such as operating theatre, endovascular suite, radiology (Interventional), ultrasound lab, outpatient clinic, emergency department, facilities for the trainee.
 - e) Debrief session following conclusion of inspection with hospital administration and the Supervisor of Training.

- 5.3.3 Alternatively, the Board may conduct remote meetings with:
- a) The Supervisor of Training
 - b) Director of Medical (or Surgical) Services
 - c) All trainees on Unit
 - d) Other Vascular Surgery consultants or hospital employees if appropriate.

5.4 Complaints

- 5.4.1 A register of complaints is maintained. Complaints will remain anonymous at all times unless permission is given by a complainant for their identity to be known.
- 5.4.2 All complaints of unacceptable behaviour (i.e. discrimination, bullying, sexual harassment, etc.) are reported to RACS.
- 5.4.3 The Board may initiate an out-of-cycle inspection if a complaint is received that raises concerns requiring assessment and review. Complaints can be received in either of the following ways:
- a) Written, or verbally (in which the Board chair or delegate puts it in writing).
 - b) Complaints may be received anonymously, with the complainant's identity, or with complainant's identity withheld.
- 5.4.4 Hospitals, complainants or potential complainants should be offered the opportunity to receive advice and to discuss the options available to them with RACS. This may be conducted anonymously.
- 5.4.5 If the issue is of sufficient merit to warrant an out of cycle inspection, then the Board will inform the relevant unit and hospital of the complaint, giving notice of an out of cycle inspection, and providing an opportunity for the hospital to respond.
- 5.4.6 The out of cycle inspection will follow the standard process for a site inspection. During the inspection the hospital will be required to show policies and procedures are in place to assess and respond to complaints. Where necessary, a timeline for reporting and complaint resolution will be discussed, established, and agreed to.
- 5.4.7 Following the inspection, the Board may decide to alter the accreditation outcome to:
- a) accreditation under review; or
 - b) probationary accreditation; or
 - c) withdraw accreditation.
- 5.4.8 Where the Board is satisfied demonstrated processes are sufficient to address the complaint(s) and no corrective action is required, a review period will be applied. The accreditation cycle continues and the hospital unit will be monitored to ensure no additional concerns are raised.
- 5.4.9 A period of probationary accreditation may be allocated where the Board has
- a) received multiple complaints, or
 - b) has identified deficiencies in processes for addressing complaints, or
 - c) if compliance with accreditation standards is temporarily disrupted.
- 5.4.10 The Board may arrange additional inspections to verify whether processes are updated, and additional conditions required are progressing to reach a satisfactory outcome.
- 5.4.11 Current and incoming trainees will be informed of the hospital's accreditation status.
- 5.4.12 The Board may withdraw accreditation and suspend allocation of trainees if the hospital fails to implement processes or action conditions imposed to reach a resolution within the agreed timeline. The hospital will be required to resubmit an accreditation application for a post to be reaccredited.

- 5.4.13 Where accreditation is subject to attendance of all the trainers and the supervisor of training at the RACS Operating with Respect Course and the unit does not comply within the mandated time allocated, accreditation may be temporarily withdrawn and then reinstated once compliance is achieved. No trainees will be allocated to the post while accreditation is temporarily withdrawn.

5.5 Logbook Review

- 5.5.1 During the accreditation validity period, if a deficiency is identified in trainee logbooks the Board may carry out a Logbook Review or an out of cycle inspection.
- 5.5.2 The logbook review will be undertaken by one Board member who will make a recommendation for approval of the Board.
- 5.5.3 The member conducting the logbook review should not be employed by the hospital under review and must declare any conflict of interest, whether actual or perceived.
- 5.5.4 The hospital may be required to submit a reaccreditation application for a Logbook Review.

5.6 Accreditation Determination

- 5.6.1 The Inspection team will draft a report with the accreditation determination. The draft report is forwarded to the Supervisor of Training and hospital for verification of fact and comment.
- 5.6.2 The hospital will have 10 working days to respond. If no comment is received, the report is considered final and is submitted to the Board for approval.
- 5.6.3 If changes are requested, the Inspection team will consider these and provide a response to the hospital within 10 working days. Following acceptance of the changes, the report will be submitted to the Board for approval.
- 5.6.4 The Board will then submit a recommendation for endorsement by RACS at the next CSET meeting.
- 5.6.5 Following CSET's endorsement, RACS issues the Certificate of Accreditation.

6 Training Posts

6.1 Allocation of Trainees

- 6.1.1 The trainee and Supervisor of Training will be notified of placement for the following year by July each year.
- 6.1.2 The hospitals are notified which trainees are allocated to that hospital for the training year. The Hospital has the right to accept and employ an allocated trainee, or not. Once the hospital has accepted the trainee as an employee of the hospital, the trainee must adhere to the hospital's rules and regulations.
- 6.1.3 It is the trainee's responsibility to contact the relevant hospital Supervisor of Training and medical administration department to arrange employment documents and employment start dates.
- 6.1.4 The trainee portfolio, consisting of all previous assessment forms, logbooks, and performance management plans will be provided to the Supervisor of Training each year.
- 6.1.5 A Post may remain vacant if:
- a) There are no suitable trainees.
 - b) The accreditation of a Post is being reviewed and the allocation of a trainee may compromise the quality of the review, or the training afforded to the trainee.
 - c) The post becomes vacant too late in the year to logistically accommodate an appointment.

7 Reconsideration, Review and Appeal (RRA)

7.1 RRA Process

- 7.1.1 Any person or organisation affected by a decision related to the training and education function of the Royal Australasian College of Surgeons may challenge the decision in the steps set out in the RACS regulation: *Reconsideration, Review and Appeal*.

8 Contact Details

Australian and New Zealand Vascular Society Board of Vascular Surgery
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