

COMMITTEE RESPONSIBLE:
BOARD OF UROLOGY

APPROVAL DATE: March 2007
UPDATED: February 2009

SUBJECT:
ACCREDITATION OF HOSPITAL POSTS

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1. PURPOSE AND SCOPE

This policy outlines the process for accreditation of hospital training posts by the Board of Urology.

2. MISSION STATEMENT

The Society promotes clinical excellence in urology by providing specialist training and education for urology trainees, continuing medical education and professional development for consultant urologists, and fostering research which improves the practice of urology. The Society also disseminates information on urological topics for the benefit of the community.

3. VALUES

The Society expects that the following values will underpin everything it does. The Society's actions in achieving the goals it has set must reinforce these values.

- Excellence in professional standards
- Ethical standards of the highest order
- Safety for patients and those who provide health care
- Clear and unambiguous communication
- Creativity and proactivity
- Integrity and accountability
- Collegiality, collaboration and cooperation amongst urologists

4. BACKGROUND

The Royal Australasian College of Surgeons (the College) is the principal body accredited by the Australian Medical Council and the Medical Council of New Zealand to provide and manage the education, training (including assessment) and professional development programmes for surgeons in Australia and New Zealand. The Urological Society of Australia and New Zealand acts as the agent of the College in the delivery of these programmes.

The aim of urological training is to ensure trainees are exposed to a variety of experiences which provides them with the opportunity to gain the competencies needed to be a surgeon, able to practice independently and as part of a multidisciplinary team in a range of hospitals, locations, and practice settings.

The underlying principle of the accreditation process is ensuring that hospitals and training posts provide learning environments which facilitate the training of safe and competent surgeons. A consistent criterion based hospital accreditation process is applied, based around seven core educational, clinical, and governance standards.

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5. BODY OF POLICY

5.1 Introduction

The process of a post inspection must be conducted in a consistent and transparent manner.

Accreditation is determined by comparison of the services and facilities of the training post to the published accreditation criteria (Refer – Hospital Accreditation Criteria templates). In general, positions that fulfill all requirements will be accredited for Urological training.

It is acknowledged not every hospital can comply with every criterion due to the diverse nature of hospital posts, and we accept the benefit of this diversity as it broadens the training experience. There are **mandatory requirements** for each of seven Standards. There are additional **expected requirements**, where the level of compliance may vary between hospitals. The net positives of any post must outweigh all the minor deficiencies it may have. Major deficiencies will prevent a hospital being accredited.

In some circumstances, an isolated deficiency may not preclude accreditation of one hospital post, but may preclude accreditation of another post. Expectations are aligned with the ability to comply, to a justifiable degree. If a post could meet an accreditation criterion and chooses not to, this will be looked upon less favourably than a post that has no realistic capability to comply.

The governing principle that is applied is a positive learning environment with appropriate resources, and an adequate volume and diversity of experience. This judgement is at the discretion of the Inspection Committee.

5.2 Indications for a Post Inspection

A new Post requesting accreditation.

An existing Post due for a scheduled re-inspection (generally quinquennial).

An existing Post that has experienced substantial change to structure or resources, or significant change in the education provided within a post. All such changes should be promptly notified to the Board of Urology by any responsible party.

5.3 Process of Application

Separate applications are required from hospital administration and the urology unit. The similarity of the two applications gives a post assessment from two different perspectives, and ensures both applying parties are aware of the full range of services and facilities needed to gain accreditation of a training post.

Documentation relating to accreditation can be accessed from the USANZ website, or from Deborah Klein at education@usanz.org.au.

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The completed forms should be returned to Deborah Klein by email, or by mail to; Education and Training Manager, Urological Society of Australia and New Zealand, Suite 512, Eastpoint, 180 Ocean St, Edgecliff, 2027.

All applications will be acknowledged, and verified for completeness. Incomplete applications will be returned for completion.

5.4 Application for Accreditation of a New Post

- a) Accreditation documentation should be obtained from the office of the Urological Society of Australia and New Zealand
- b) The Chair of the Training, Accreditation and Education Committee of the relevant Section should be notified by the applicant of the intention to seek accreditation
- c) The completed accreditation documents should be returned to the relevant Section TA&E Committee through its Chair
- d) When, in the opinion of the relevant TA&E Committee, accreditation criteria appear to be satisfied, the position will be recommended to the Board of Urology for inspection
- e) An essential criterion of post accreditation is salary funding. There are circumstances where a letter of support from the Board may help secure the necessary salary. The Board will undertake a paper based post assessment when requested, and provide a report. A request for this service should be made to the relevant Section TA&E Committee. A site visit will only be undertaken if the salary is guaranteed, and inspection is recommended by the relevant TA&E Committee.

5.5 Application for re-Accreditation of an established Post

Each Training Post requires re-inspection every 5 years

- a) The Society Office maintains records of Post accreditation, and will generally give adequate prior warning to a hospital that an inspection is due
- b) Accreditation documentation should be obtained from the office of the Urological Society of Australia and New Zealand
- c) The completed accreditation documents should be returned to the Society office. An inspection visit will then be negotiated by the Education and Training manager.

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5.6 Conduct of a Hospital Inspection

1. The Inspection Committee will consist of 2 urologists **not** from the Section of the hospital being inspected, and a jurisdictional representative where relevant. A legitimate inspection can proceed in the absence of a jurisdictional representative.
2. The inspecting urologists will be nominated by the Board of Urology
3. At least one of the inspecting urologists will have prior experience of Hospital Inspections
4. The timing of the inspection will be co-ordinated by the Education and Training Manager
5. The inspectors will have priority in selecting the date of the inspection.
6. The inspectors will be provided with the current accreditation application, the previous accreditation report, trainee log books for the preceding 24 months, and the stored confidential trainee post feedback reports, all of this at least 2 weeks prior to the inspection date.
7. During the course of a hospital post inspection, the minimum people to be interviewed include all trainees, representatives of the urology supervisors, and a responsible member of the administrative staff.
8. Trainees must always be interviewed individually. Any person relevant to the inspection can request a confidential interview with the inspectors.
9. At the conclusion of a hospital inspection, an inspection report must be agreed by all members of the Inspection Committee. This report is then forwarded to the relevant Section Chair, and the Board Chairman for comment. This must be concluded prior to distribution of the report to any other parties
10. A copy of the agreed report must be returned to the applying Urologist and Hospital Administrator within 2 weeks of the Inspection
11. The applicants (Urologist and Administrator) then have 14 days to respond with corrections of any factual errors alleged to be contained within the report.
12. At the end of this period, the report is accepted by all parties as true and fair, and its recommendations become requirements of further accreditation.

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5.7 Process of Accreditation

The Board of Urology will then make a final recommendation to the Council of the College. For a fully compliant post, the period of accreditation will be for 5 years. For a newly inspected post, the initial period of accreditation is limited to 1 year. For a partially compliant post, the recommended period of accreditation is usually 1 year, with a programme of rectification to be addressed within a prescribed time. Typically, 6 and 12 month goals are outlined in the final report. A post that fails to adequately address deficiencies within the specified time may have accreditation withdrawn.

Where accreditation is not recommended or when it is withdrawn, the inspection report will outline the reasons for this decision. The Society is keen to work with hospitals to overcome deficiencies, and open dialogue between the inspection team, the hospital, and the relevant urology department is encouraged.

5.8 Feedback

Feedback on any aspect of this process is welcome from any party or individual, not limited to the time of an inspection, or those directly involved with an inspection.

5.9 Appeals

Appeals against any decision relating to hospital accreditation can be made using The Royal Australasian College of Surgeons Appeals process (Refer RACS policy – Appeals Mechanism)

Approver Board of Urology