



New Zealand Board in General Surgery

Royal Australasian College of Surgeons, & New Zealand Association of General Surgeons

Hospital Accreditation and Trainee Feedback Regulations:

For the Surgical Education and Training Program in General Surgery

Effective: 1 Dec 2018

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1. INTRODUCTION

1.1 Definitions and Terminology

The following terms, acronyms, and abbreviations, and their associated definition, will be used throughout these Regulations:

Term	Definition
Board (the Board)	New Zealand Board in General Surgery (NZBIGS)
BSET	Board of Surgical Education and Training
NZAGS	New Zealand Association of General Surgeons
College	Royal Australasian College of Surgeons (RACS)
Post	Training position accredited by the Board in General Surgery
SET	Surgical Education and Training
Hospital Supervisor	The Hospital Supervisor is a consultant surgeon in a hospital with accredited Trainees. The Hospital Supervisor is appointed and approved by the Board and BSET and is a member of the New Zealand Training Committee.
New Zealand Training Committee	The New Zealand Training Committee is a subcommittee of the New Zealand Board in General Surgery responsible for the management of trainees in New Zealand
Application	Information requested of hospital units for the Quinquennial inspection process, or for a new training post. The accreditation application template provided by the Board for this purpose covers the standards and criteria identified in the RACS Training Post Accreditation booklet
Submission	Information requested of hospital units for the purposes of reinspection or inspections outside the Quinquennial inspection process
Review Committee	All panel members involved in quinquennial inspections are termed the Review Committee. The Review Committee will meet as soon as practicable after the inspections have been completed to discuss the findings and recommendations of the draft inspection report. The Review Committee approves the draft report to be circulated to each hospital.

1.2 Overview

- 1.2.1. The Regulations establish the terms and conditions for the assessment and accreditation of training posts for the General Surgery SET Program and process of obtaining feedback from trainees on accredited posts.
- 1.2.2. Hospital Accreditation Inspections and the ensuring approval process are undertaken to ensure the suitability of units for the SET Program in General Surgery.
- 1.2.3. Training for the SET Program in General Surgery is undertaken in accredited training posts.
- 1.2.4. These Regulations are compliant with the Royal Australasian College of Surgeons Training Post Accreditation and Administration Policy.
- 1.2.5. The information in these Regulations is accurate as at the time of publication. The Board reserves the right to make reasonable changes to these Regulations at any time. As the Regulations are subject to change, the

most current version is available on the [NZAGS](#) website. All persons are advised to ensure they are consulting the most current version.

- 1.2.6. The General Surgery SET Program is governed by the New Zealand General Surgery Training Regulations available on the [NZAGS](#) website.

1.3 Administration and Ownership

- 1.3.1. The RACS is the body accredited and authorised to conduct Surgical Education and Training in Australia and New Zealand.
- 1.3.2. The Board is responsible for the delivery of the SET Program in General Surgery in New Zealand, selection, the accreditation of hospital posts, and the supervision and assessment of General Surgical Trainees.
- 1.3.3. The Board delivers the SET program in New Zealand The SET program, including hospital accreditation, is administered by NZAGS

2. APPLICATIONS

2.1 New Training Post

- 2.1.1. Applications for accreditation of a new training post must be submitted to the New Zealand Board in General Surgery at NZAGS.
- 2.1.2. To be considered for a training post, applications must be received no later than 31 January to allow for completion of the accreditation process prior to the final allocation of trainees during Selection.
- 2.1.3. A new training post will be considered by the New Zealand Training Committee, or by the Board if occurring during the Quinquennial Inspections.

2.2 Quinquennial Inspections

- 2.2.1. The Board inspects all training posts on a five-yearly cycle.
- 2.2.2. The quinquennial inspections are conducted by the Board the year the accreditation validity period ends.
- 2.2.3. Hospitals will be contacted in October of the preceding year regarding the scheduled inspection and must submit an Application for accreditation as requested by the Board.
- 2.2.4. The time and date for the inspection will be set by the Board and communicated to the hospital unit with sufficient notice to ensure the availability of required staff

2.3 Reinspection

- 2.3.1. Posts are accredited for a specific period of time not exceeding five years.
- 2.3.2. Where a post has been accredited for less than five years, that is prior to the next scheduled quinquennial, a reinspection is required.
- 2.3.3. The reinspection is conducted the year of the accreditation validity period ends.
- 2.3.4. A reinspection may be requested by either the New Zealand Training Committee or the Board.
- 2.3.5. The New Zealand Training Committee or Board may initiate a reassessment at any time for any training post if any area of concern is identified which requires further investigation or if there has been a major change in circumstances. In such circumstances the Board or New Zealand Training Committee Chair will communicate in writing the reason for the reassessment (refer to **Section 9 and 10**).
- 2.3.6. Where **Sections 2.3.2 or 2.3.5** apply, the New Zealand Training Committee or Board may request the hospital unit to provide either a full Application, or a Submission which specifies the areas where information is required.
- 2.3.7. The hospital unit will be required to provide the full Application or Submission within the timeframe specified.
- 2.3.8. The time and date for the reinspection will be communicated to the hospital unit with sufficient notice to ensure the availability of required staff

2.4 Logbook Review

- 2.4.1. A Logbook Review is where only the logbook numbers are reviewed.
- 2.4.2. Where a post has been accredited for less than five years, that is prior to the next scheduled quinquennial, the inspection report may recommend that a Logbook Review is undertaken.
- 2.4.3. The Logbook Review will normally be conducted the year the accreditation validity period ends following the end of Term 1, but there may be variance to this depending on the circumstances which will be communicated to the hospital at the time of notification.

- 2.4.4. The Logbook Review will be undertaken by the New Zealand Training Committee.
- 2.4.5. A hospital unit will not be required to submit a full Application for a Logbook Review.

3. INSPECTION PANEL

3.1 Quinquennial Inspections

- 3.1.1. Quinquennial Inspections will be organised by the Board.
- 3.1.2. The panel will consist of the following members:
 - a. Minimum of two (2) and maximum of three (3) Fellows, with a minimum of one (1) Board member
 - b. One (1) Trainee Representative
 - c. The Board will also invite Jurisdictional Representatives, through the College, to participate. However, if no Jurisdictional Representatives are available, the panel will only comprise of **3.1.2a and 3.1.2b**.
- 3.1.3. No member of the panel should be employed by the hospital being inspected, or have any conflict of interest. Panel members should ideally be employed outside the immediate catchment area of the hospital being inspected.
- 3.1.4. Panel members may include Fellows and/or Trainee Representatives from General Surgery Australia.

3.2 Reinspection and New Post

- 3.2.1. Reinspections and New Post Inspections (not in conjunction with Quinquennial Inspections) will be organised by the New Zealand Training Committee.
- 3.2.2. The panel will consist of the following members:
 - a. Minimum of two (2) and maximum of three (3) Fellows. The panel will consist of a minimum of two (2) New Zealand Training Committee members.
 - b. If appropriate, a Trainee Representative may also be appointed to the panel but is not mandatory.
 - c. The panel may include members from General Surgery Australia where there are conflicts of interest from including panel members from **3.2.2a or 3.2.2b**.
- 3.2.3. No member of the panel should be employed by the hospital being inspected or have any conflict of interest. Panel members should ideally be employed outside the immediate catchment area of the hospital being inspected.

3.3 Logbook Review

- 3.3.1. A Logbook review will be organised by the New Zealand Training Committee.
- 3.3.2. The panel will consist of the following members:
 - a. Two (2) Fellows. The panel will consist of a minimum of two (2) New Zealand Training Committee members.
 - b. No member of the panel should be employed by the hospital being inspected or have any conflict of interest. Panel members should ideally be employed outside the immediate catchment area of the hospital being inspected.

4. TYPE OF INSPECTION

4.1 Physical

- 4.1.1. All Quinquennial Inspections will be undertaken physically. If for logistical reasons a physical inspection is unable to be organised, a paper based inspection will be undertaken, however the panel will undertake a teleconference with the required personnel including at a minimum:
- a. Hospital Administrators
 - b. Hospital Supervisor
 - c. Current Trainees allocated at the time of inspection

4.2 Paper-based

- 4.2.1. Where a physical inspection is considered unnecessary, a paper based inspection will be scheduled. The hospital will be informed of the decision.
- 4.2.2. The panel will consist of the following members:
- a. Two (2) Fellows. The panel will consist of a minimum of two (2) New Zealand Training Committee members.
 - b. No member of the panel should be employed by the hospital being inspected or have any conflict of interest. Panel members should ideally be employed outside the immediate catchment area of the hospital being inspected.
- 4.2.3. A Logbook Review is considered a paper-based inspection.
- 4.2.4. A paper based inspection that is not a logbook review, will also consist of a teleconference with the following:
- a. Hospital Supervisor
 - b. Current Trainees allocated at the time of inspection
- 4.2.5. The Panel may request to contact other General Surgery trainers or hospital administrators if appropriate.

5. INSPECTION PROCESS

5.1 Physical Inspection

- 5.1.1. The Hospital Supervisor or appointed contact person shall complete and submit the Application or Submission by the due date as per **Section 2.3.6**, or as a result of circumstances where a physical inspection is considered necessary as per **Sections 9 or 10**.
- 5.1.2. Failure to complete or submit the Application or Submission by the due date may deem the post(s) as unaccredited.
- 5.1.3. The Hospital Supervisor or appointed contact person, shall provide the names of the following personnel with whom the inspection panel will meet with:
- a. Appropriate Hospital Administration including but not limited to Director of Medical Services, Chief Medical Officer, Resident Medical Officer (RMO) Manager, and Director of Surgery.
 - b. Hospital Supervisor
 - c. General Surgery Trainers
- 5.1.4. The Inspection Panel will be provided with the following information:
- a. Hospital Application or Submission as per **Section 2.3.6**, or as a result of circumstances where a physical inspection is considered necessary as per **Sections 9 or 10**. If the inspection has been prompted due to circumstances covered by **Sections 9 or 10**, the panel will be provided with an overview of the issues raised.
 - b. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of Term 1, the logbook for this term will also be provided. If the inspection is for a new post, the

hospital may be required to submit logbook data for any unaccredited trainees/registrar who have worked in the post.

- c. Previous Inspection Report (if not a new post)
 - d. De-identified trainee feedback reports (if not a new post) for the two years preceding the inspection.
- 5.1.5. The Inspection Panel will be required to meet with all General Surgery trainees allocated to the post to be inspected. If the inspection is for a new post, the panel may wish to speak to any unaccredited trainees/registrar allocated to the post.
- 5.1.6. A schedule for the inspection will be provided to the panel and hospital. The inspection should run for approximately three (3) hours but may vary. The schedule will include the following:
- a. Private Interview with Hospital Administration (as per **Section 5.1.3a**)
 - b. Private interview with Hospital Supervisor and General Surgery Trainers
 - c. Private interview with Trainees. The Trainee Representative will meet privately with the Trainees without the remaining Inspection Panel where the panel includes a Trainee Representative.
 - d. Inspection, as appropriate, of Wards, Theatres, Support Services, Administration Areas, Library Facilities, Research Facilities and Laboratories
 - e. Briefing session following conclusion of inspection with key hospital administration and Hospital Supervisor.
- 5.1.7. Following the inspection, the panel will submit a draft report, including accreditation recommendations.
- 5.1.8. The Review Committee, which includes all inspectors taking part in the inspections, will be review all the draft inspection reports.
- 5.1.9. For inspections completed outside the Quinquennial cycle, the draft report will be presented first to the requesting body, either the New Zealand Training Committee or the Board.
- 5.1.10. All accreditation recommendations from any inspection type will be reviewed and approved by the Board.
- 5.1.11. If during the course of an inspection issues regarding professional conduct are raised the Inspection Team will notify the Hospital during the Briefing session of the inspection that:
- a. Issues regarding professional conduct have been raised.
 - b. The Board will review the issues prior to finalising the draft report.
 - c. The Inspection Report will therefore be delayed following further clarification and enquiry, by the Board, into the allegation which may include, but not limited to:
 - Interview with surgeon/s involved in allegation
 - Interview with trainees
 - Interview with hospital administration
 - Submit a complaint via the RACS Complaint Process
 - Advice from RACS In-house Counsel
 - d. Following investigation, the Board will review the draft report and accreditation recommendation.
- The Hospital's Chief Executive Officer or equivalent will be informed via formal correspondence that further clarification will be required. A

copy will be provided to the Hospital Supervisor and Director of Surgery, if appropriate.

- 5.1.12. Following finalisation of the draft, the inspection report will be provided to the Hospital Supervisor or contact person for review and distribution within the hospital as appropriate.
- 5.1.13. The Hospital must acknowledge receipt of the inspection report and will have 30 working days to provide a response to the report.
- 5.1.14. If after 30 working days no response is received from the hospital, the inspection report will be taken as final. Should the hospital require further time to respond to the inspection report, the hospital must apply for this extension in writing within the initial 30 working days. The Chair of the Board will review the request and determine approval for extension. If approved, a revised date of no longer than a further 30 working days will be communicated to the hospital.
- 5.1.15. If the hospital provides comments or suggested changes, these will be reviewed by the Inspection Panel. Following which a response will be provided to the hospital either accepting the changes or providing a reason why the changes are not to be included.
- 5.1.16. If significant changes are required or suggested, the report will be reviewed once again by the Board. Following which a response will be provided to the hospital either accepting the changes or providing a reason why the changes are not to be included. A significant change is deemed, but not limited to, one or more of the following areas:
 - a. Minor deficiencies
 - b. Major deficiencies
 - c. Accreditation Recommendation
 - d. Conditions for Accreditation
- 5.1.17. Following acceptance of the report, and following **Sections 5.1.13 and 5.1.14**, if applicable, a final copy will be provided to the hospital via the Hospital Supervisor and/or contact person. This will be known as the Final Inspection Report.
- 5.1.18. If the inspection was undertaken by the New Zealand Training Committee, the accreditation recommendation will be forwarded to the Board for final approval.
- 5.1.19. The Board will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Supervisor.

5.2 Paper-based (not Logbook Review)

- 5.2.1. By the application closing date, the Hospital Supervisor or appointed contact person shall complete the Submission as per **Section 2.3.6** or as a result of circumstances where a paper-based inspection is considered necessary as per **Sections 9 or 10**.
- 5.2.2. Failure to complete the Submission by the due date may deem the post unaccredited.
- 5.2.3. The Inspection Panel will be provided with the following information:
 - a. Hospital Submission as per **Sections 2.3.6**. If the inspection has been prompted due to circumstances outlined in **Sections 9 or 10**, the panel will be provided with an overview of the issues raised.
 - b. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of Term 1, the logbook for this term will also be provided. If the inspection is for a new post, the

hospital may be required to submit logbook data for any unaccredited trainees/registrar who have worked in the post.

- c. Previous Inspection Report (if not a new post)
 - d. De-identified trainee feedback reports (if not a new post) for the two years preceding the inspection
- 5.2.4. The Inspection Panel will be required to teleconference with the following personnel:
- a. Hospital Supervisor
 - b. Current Trainees allocated at the time of inspection
 - c. The Panel may request to contact other General Surgery trainers or hospital administrators if appropriate.
- 5.2.5. Following the inspection, the panel will submit a Draft Inspection Report, including accreditation determination, to the New Zealand Training Committee.
- 5.2.6. The New Zealand Training Committee will review the Draft Inspection Report and approve the accreditation recommendation.
- 5.2.7. The report will be provided to the Hospital Supervisor or contact person for review and distribution within the hospital as appropriate.
- 5.2.8. The Hospital must acknowledge receipt of the Draft Inspection Report and will have 30 working days to provide any corrections to the report.
- 5.2.9. If after 30 working days no response is received by the hospital, the Draft Inspection Report will be taken as final.
- 5.2.10. If the hospital provides comments or suggested changes, these will be reviewed by the Inspection Panel. Following which a response will be provided to the hospital either accepting the changes or providing a reason why the changes are not to be included.
- 5.2.11. If significant changes are required or suggested, the report will be reviewed by the New Zealand Training Committee.
- 5.2.12. Following acceptance of the Draft Inspection Report, and following **5.2.10 and 5.2.11**, if applicable, a Final Inspection Report will be provided to the hospital via the Hospital Supervisor and/or contact person.
- 5.2.13. The New Zealand Training Committee will forward all accreditation recommendations to the Board for final approval.
- 5.2.14. The Board will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Supervisor.

5.3 Paper-based - Logbook Review

- 5.3.1. The Inspection Panel will be provided with the following:
- a. Logbooks for the two years preceding the inspection (if current post). If the inspection occurs after the end of Term 1, the logbook for this term will also be provided. If the inspection is for a new post, the hospital may be required to submit logbook data for any unaccredited trainees/registrar who have worked in the post.
 - b. Previous Final Inspection Report (if not a new post)
 - c. De-identified trainee feedback reports (if not a new post) for the two years preceding the inspection.
 - d. If the review has been prompted due circumstances outlined in **Sections 9 or 10**, the panel will be provided with an overview of the issues raised.
- 5.3.2. Following the review, the panel will submit a Draft Logbook Report, including accreditation determination, to the New Zealand Training Committee.

- 5.3.3. The New Zealand Training Committee will review the report and the accreditation recommendation.
- 5.3.4. The Draft Logbook Report will be provided to the Hospital Supervisor or contact person for review and distribution within the hospital as appropriate.
- 5.3.5. The Hospital must acknowledge receipt of the Draft Logbook Report and will have 30 working days to provide any corrections to the report.
- 5.3.6. If after 30 working days no response is received by the hospital, the Draft Logbook Report will be taken as final.
- 5.3.7. If the hospital provides comments or suggested changes, these will be reviewed by the Inspection Panel. Following which a response will be provided to the hospital either accepting the changes or providing a reason why the changes are not to be included.
- 5.3.8. If significant changes are required or suggested, the report will be reviewed by the Board.
- 5.3.9. Following acceptance of the Draft Logbook Report, and following **5.3.7 and 5.3.8**, if applicable, a Final Logbook Report will be provided to the hospital via the Hospital Supervisor and/or contact person.
- 5.3.10. Any changes to accreditation status as a result of a logbook review will be forwarded to Board for final approval.
- 5.3.11. The Board will report the recommendations to the next Board of Surgical Education and Training meeting. Following this, a Certificate will be issued to the hospital via the Hospital Supervisor.

6. ACCREDITATION

- 6.1.1. Posts will be accredited at the level of SET 2-5. This signifies that the post is suitable for trainees across those levels. If a post is only suitable for a specific level, this will be stipulated on the inspection report.
- 6.1.2. Each Post will also be accredited by subspecialty according to the following list. For some units the subspecialties are combined and will be recorded as such, e.g. Breast/Endocrine:
 - a. Acute Surgical Unit
 - b. Breast
 - c. Colorectal
 - d. Endocrine
 - e. General Surgery
 - f. Head and Neck
 - g. Hepatobiliary (HPB)
 - h. Transplant
 - i. Trauma
 - j. Upper GI
 - k. Urology
 - l. Vascular
- 6.1.3. Posts will be accredited for a set time period between one to five years.
- 6.1.4. Posts will not be accredited for longer than five years
- 6.1.5. Posts will not be accredited for less than one year unless accreditation is removed after six months.
- 6.1.6. Posts will be accredited as either full time or part-time. A flexible training post is one where the trainee will be working less than full time. These posts

are set aside for candidates who place a request for flexible training. If appropriate, a full-time post can also be allocated a part-time/flexible trainee.

- 6.1.7. All new or re-accreditations will be approved by the Board by July each year to ensure that recommendations can be approved at the October Board of Surgical Education and Training meeting, and to allow Selection offers to be made in a timely manner.

7. ALLOCATION OF TRAINEES TO ACCREDITED TRAINING POSTS

- 7.1.1. The Chair of the New Zealand Training Committee conducts the allocation of trainees to accredited training posts for the subsequent training year.
- 7.1.2. Trainees are recommended to training units (employers) for appointment to accredited posts. Training units (employers) retain the right to not employ recommended trainees.
- 7.1.3. A post may remain vacant if:
- there are no suitable applicants for appointment to the SET Program; or
 - the post is suitable only for a particular level of trainee and there is no active trainee at that level able to be allocated to the post; or
 - the appointment of a trainee to the post would otherwise result in more trainees than posts in a subsequent year; or
 - the accreditation of a post is being reviewed and the allocation of a trainee may compromise the quality of the training afforded to that trainee; or
 - a post becomes vacant too late in the year to logistically accommodate an appointment

8. ACCREDITATION CRITERIA

- 8.1.1. The Board adheres to the RACS Hospital Accreditation criteria as stipulated by the Royal Australasian College of Surgeons. The criteria can be located on the College [website](#).
- 8.1.2. In addition to the RACS Hospital Accreditation criteria, the following criteria will also apply:
- General Surgery Trainers**
Each unit must at a minimum have two General Surgery trainers. Failure to meet this criterion may deem the post discredited.
 - Impact of fellows on the unit**
Units that employ fellows should not be at the detriment of the training of SET Trainees. Units with fellows must specify the division of work between the fellow/s and trainee/s at the time of application
 - Unit Caseload and Case mix**
Major general surgery procedures are those specified in the New Zealand General Surgery logbook (as per the New Zealand General Surgery Training Regulations). Each training post must be able to provide a minimum of 100 major cases per trainee per term. The trainee must be the primary operator rate as specified in the New Zealand General Surgery Training Regulations.
- 8.1.3. The following information will also be reviewed as part of the accreditation:
- Details of Trainees On-Call Requirement Including Night Rosters

- 8.1.4. The Board recognised that Trauma posts offer trainees exposure to areas of General Surgery that may not otherwise be experienced. A Trauma post should provide adequate exposure to non-orthopaedic operative management of injured patients, as well as non-operative and ongoing post-operative management. Where case-volume or case-mix are insufficient to meet the minimum number of major procedures, exposure to alternative lists such as acute surgical lists or elective lists may be built in to the post structure. However, exposure to trauma management should be maximised and the following criteria at a minimum must be met:
- a. Access to private study area and IT resources
 - b. Regular attendance at MDT meetings including radiology
 - c. Access to trauma databases for research
 - d. Regular educational sessions related to trauma
 - e. A consultant-led service with at least 2 surgeons
 - f. A dedicated operating theatre, or access to an emergency theatre
 - g. Be a Level 1 Trauma unit and/or have a home unit with inpatients for continuity of care
 - h. Supportive environment
 - i. Exposure to 100 total major cases per term with 80% major operative cases. These can comprise a mix of major trauma operative cases, having a lead role in the non-operative assessment and resuscitation of major trauma patients on initial presentation, and non-trauma operative cases through regular protected exposure to additional general surgical lists (either elective or ASU). The post can be structured as a 6-month term, or a 3-month term alternating with a separate 3-month term on another unit such as an ASU. A split term or a single trauma term must both fulfil all the criteria for the entire 6-month term. The trainee should participate in trauma laparotomies/thoracotomies as primary operator or first assistant, and not be limited to sub-specialized trauma such as burns.
 - j. Exposure to at least one outpatient session per week (follow-up of trauma patients, or new patients in a General Surgical clinic)
 - k. Regular ward rounds for non-operative and peri-operative management
 - l. Participation in an on-call roster, with priority given for attendance at major trauma resuscitations as well as operative trauma cases.
 - m. Adequate primary operator rates with defined division of responsibilities between the trainees and fellows, and participation of the trainee in trauma patient non-operative resuscitation
 - n. Appropriate clinical support and infrastructure
 - o. Regular audit meetings and data collection
 - p. Not have more than 2 weeks of on-call nights in a 6-month term
- 8.1.5. The Board will determine the accreditation determination based on the review of the criteria and **Sections 8.1.2 and 8.1.3**, where applicable.
- 8.1.6. Whilst an existing post may not be discredited or a new post not accredited, for not complying with one or more criteria, a recommendation may be made that the deficiency is rectified in a specific time-frame. The post may be discredited not accredited, if the deficiency is not rectified in the specified time-frame.

9. CHANGE IN CIRCUMSTANCE REVIEW

- 9.1.1. Where unforeseen changes to hospital resources or structure may impact on the delivery of training, the New Zealand Training Committee may instigate a mid-accreditation review for posts that have been granted an accreditation period of five (5) years.
- 9.1.2. The Hospital Supervisor will be informed of the need for a mid-accreditation review and the requirement of a Submission.
- 9.1.3. The Submission will request the following information:
- a. Number and EFT of General Surgery consultants on unit
 - b. Unit structure
 - c. Operative exposure
 - d. Endoscopy exposure
 - e. Outpatient exposure
 - f. Acute surgery exposure
 - g. Fellows on unit and division of responsibilities
 - h. Research opportunities
 - i. Hospital services
 - j. Trainee support & welfare
- 9.1.4. The Hospital Supervisor will be provided with a copy of the Final Inspection Report from the previous inspection to assist in identifying where changes have occurred.
- 9.1.5. The Submission must be returned to the New Zealand Training Committee by the requested due date.
- 9.1.6. The New Zealand Training Committee will review the data provided and determine if an early re-inspection based on any changes stipulated is required.
- 9.1.7. If a reinspection is required, New Zealand Training Committee will inform the Hospital Supervisor with the reasons. The reinspection will proceed as per **Section 5**.
- 9.1.8. The panel will make a recommendation which may include, but not limited to:
- a. Disaccreditation of post
 - b. Reduction in accreditation period
 - c. Confirmation of original accreditation period
 - d. Conditions that are to be met to continue with accreditation
- 9.1.9. The Hospital Supervisor at any time may raise issues that have arisen with an accredited post outside of the Review of Circumstances.
- 9.1.10. The New Zealand Training Committee will review the information provided and determine if an early re-inspection is required. **Sections 9.1.7 and 9.1.8** will apply if an early re-inspection is required.

10. TRAINEE FEEDBACK

10.1 Purpose

- 10.1.1. The Board is committed to ensuring that training posts meet the required Accreditation Standards. An important component of this process is obtaining feedback from trainees.
- 10.1.2. The purpose of the feedback is to enable trainees to provide constructive feedback on various aspects of the training post.

10.2 Areas Assessed by Trainee

- 10.2.1. Trainees are requested to complete a survey and provide honest feedback on the following areas of the post:
 - a. Registrar Workload
 - b. Education and Training
 - c. Professional Development
 - d. Hospital Supervisors and Trainers
- 10.2.2. Trainees are requested to provide honest feedback regarding the post. The feedback is not to be used to raise personal issues with consultants or other trainees.

10.3 Process

- 10.3.1. The New Zealand Training Committee, through the NZAGS office, will send a questionnaire to all trainees in clinical training at the end of the year for both terms. At the time of the questionnaire, Trainees will be informed of the process as per **Section 10.2**.
- 10.3.2. The data is de-identified and collated before being reviewed by the New Zealand Training Committee annually, and at each quinquennial or re-inspection of training posts.
- 10.3.3. The NZAGS office will review the feedback in the first instance. If any malicious, defamatory or similar comments regarding consultants or other trainees are included, the staff will remove these comments from the report.
- 10.3.4. If significant or serious concerns about a post are identified, the New Zealand Training Committee Chair will be notified.
- 10.3.5. The New Zealand Training Committee Chair will review the concerns and determine the most appropriate course of action, including advising the Board and may also include, but is not limited to:
 - a. Discussion with the trainee if consent is provided by the trainee
 - b. Discussion with the Hospital Supervisor
 - c. Recommendation for a reinspection
- 10.3.6. If significant or serious concerns regarding the conduct of a consultant, trainee or IMG in the unit are identified, the RACS Complaints Resolution Manager will be notified and the Board will take advice.