



PRE-ACCREDITATION SELF ASSESSMENT FORM FOR ORAL AND MAXILLOFACIAL SURGERY TRAINING SETTING/POSITION

FOMS 18

Instructions

This form relates to applications for the accreditation of all new and existing OMS Training Settings and Training Positions, in accordance with the Oral and Maxillofacial Surgery Training Setting Accreditation Standards. Please refer to the [OMS Training Setting Accreditation Procedures Guide](#) and the [OMS Accreditation Standards and Criteria for Training Settings](#) for further information.

Please choose one of the following:

New Settings:

- Application for accreditation for a new Primary Training Setting
- Application for accreditation for a new Linked Training Setting

Existing Settings:

- Application for re-accreditation of an existing Training Setting
- Application for accreditation of an additional Training Position
- Conversion of unaccredited position to an accredited position

PART 1 – SUPERVISOR OF TRAINING TO COMPLETE

Setting Name		Date of Application	
Setting Address (Hospital / Institutions where training occurs)		Accreditation Valid to Year	
Training Network (Centre)		Director of Training Name	
Current number of accredited posts at Setting		Current number of accredited posts in Training Network (Centre)	

Training Setting Information – Supervision & Hospital Structure

Is OMS a standalone department or headed by ENT/PRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Department Headed by		
Hospital Executive Name & Title				
Head of Department / Unit Name & Title				
Chief of Surgery Name & Title				
Number of Theatres		Number of Beds		
Number of Registered Nurses in unit		Number of Dental Assistants in unit		
Supervisor/s of Training	Full Name & Title	Post FTE	Number of operating lists p/week	Number of clinics p/week
Consultant Trainers	Full Name & Title	Post FTE	Number of Operating lists p/week	Number of Clinics p/week

	Full Name	OMS / PGY / Other	FTE
Current OMS Trainees			
Current OMS Fellows			
Unaccredited Registrars			

Confidential

PART 2 – ASSESSMENT AGAINST STANDARDS

Domain 1 – Trainee Health and Welfare

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)	
1.1	Training takes place in a learning environment that supports trainee health and welfare.			
1.1.1	<p>Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.</p>	<ul style="list-style-type: none"> Processes/policies on handling complaints and protecting complainant. Process for handling complaints made by RACDS on behalf of trainees. Appropriate HR processes/policies, eg performance reviews, misdemeanours, and serious complaints. 		
<p>Intent: RACDS will assess whether there are mechanisms available for trainees to raise concerns, grievances or complaints about any matter affecting their training with the training provider (including complaints about workplace behaviour and work conditions). Mechanisms need to be practical, easy to navigate and culturally safe. Barriers to doing this (such as fear of reprisals or adverse outcomes, racism and systemic bias) should be identified and managed by the training provider, that is, barriers should be eliminated where this is reasonably practicable and if not, minimised insofar as is reasonably practicable.</p> <p>The processes should be effective, in that they lead to consideration of the grievance or complaint by a person other than the person who is the subject of the complaint, and an appropriate response is made. RACDS will also assess whether there is evidence that any concerns, grievances, or complaints raised have been responded to and managed. Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.</p>				
1.1.2	<p>Risks to trainees regarding bullying, harassment, discrimination, racism and other unlawful or unacceptable workplace behaviours are identified, investigated, managed and recorded.</p>	<ul style="list-style-type: none"> Feedback from trainees (interview) – trainee and other staff surveys, MTS data. 		
<p>Intent: RACDS will assess whether training providers have processes and systems to identify and manage risks of unlawful or unacceptable behaviour at the training setting, both on a proactive and reactive basis, and whether these are being applied. This involves assessing whether there are mechanisms to identify and respond to individual incidents, as well as ongoing or long-term risks. The mechanisms should be easily accessible to trainees and understood.</p> <p>Management of risks involves eliminating the risk where this is reasonably practicable and if not, minimising the risk insofar as is reasonably practicable. Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.</p> <p>Note: It is not intended that RACDS assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although RACDS and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion. RACDS also has obligations to consult, cooperate and coordinate actions with training providers to reduce risks to trainees. How RACDS and training providers do this may be relevant to the assessment of this criterion.</p>				

Domain 1 – Trainee Health and Welfare

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>1.1.3</p> <p>There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds.</p>	<ul style="list-style-type: none"> • Policies and procedures on diversity, inclusion, equity and cultural safety, including any training. • Feedback from trainees (interview) and from other staff, surveys, MTS data etc. 		
<p>Intent: RACDS will assess whether there is a positive, supportive, inclusive and equitable learning environment for all trainees that acknowledges and values their diversity. This involves assessing the general environment where trainees carry out their day-to-day duties and identifying factors that may either contribute to, or detract from, a positive and respectful environment.</p>			
<p>1.1.4</p> <p>Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed and recorded.</p>	<ul style="list-style-type: none"> • Policies/processes on identifying, managing, and reporting cultural safety risks affecting Aboriginal and/or Torres Strait Islander (Australia) and Māori (Aotearoa NZ) trainees. 		
<p>Intent: RACDS will assess whether training providers identify and manage risks of culturally unsafe, unacceptable, discriminatory or unlawful behaviour at the training setting, relating to Aboriginal and/or Torres Strait Islander and Māori trainees.</p>			
<p>Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable. It is expected that training providers will engage with Aboriginal and/or Torres Strait Islander and Māori trainees, local networks and/or colleges' Indigenous networks to support the risk assessment and identify potential mitigating actions, determine organisational processes, and ensure that trainees are supported through this process. The risk assessment should be documented and made available to RACDS, whether stand alone or integrated into a broader risk assessment.</p> <p>Training settings should have mechanisms to identify and respond to individual incidents, as well as ongoing or long term structural or organisational risks. Mechanisms should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Large settings may have a range of formal policies and procedures in place, whereas small settings may have mechanisms more suited to their size and risk profile.</p> <p>Note: It is not intended that RACDS assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although RACDS and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion and would be an indicator of concern.</p>			
<p>1.1.5</p> <p>Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.</p>	<ul style="list-style-type: none"> • Policies/procedures on safe working hours, including arrangements/policies regarding breaks, rest and travel after shift work. • Rosters and any records on unrostered, overtime and call-back claims (or equivalent) • Feedback from trainees (interviews, surveys). 		

Domain 1 – Trainee Health and Welfare

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>Intent: RACDS will assess whether there are ongoing unacceptable working hours and/or volume of work that may be impacting the learning of trainees and/or their health and welfare. This involves assessing the training setting's proactive strategies (for example, rostering safe working hours, the use of rostering best practice guidance) as well as mechanisms to identify, monitor and manage risks when they do arise (for example, monitoring of unrostered overtime). Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable. RACDS will assess the actual outcome for trainees rather than impose blanket rules on training settings (such as the number of shifts to be worked in a given period).</p>			
<p>Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions.</p>	<ul style="list-style-type: none"> Relevant policies and processes in relation to available leave 		
<p>1.1.6</p> <p>Intent: RACDS will assess whether trainees can reasonably access the leave entitlements, including cultural leave, that are set out in their employment and/or appointment conditions. It involves assessing whether reasonable leave is being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes and/or their health and welfare. RACDS will assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.</p> <p>Note: It is not intended that RACDS regulate whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether trainees are actually taking leave to which they are entitled, whether leave is being consistently denied to trainees or a particular group of trainees. It is not intended that training providers be required to grant all leave requests, as many contingencies must be managed in relation to trainee leave.</p>			
<p>Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions.</p>	<ul style="list-style-type: none"> Relevant policies and processes on flexible working arrangements 		
<p>1.1.7</p> <p>Intent: RACDS will assess whether trainees can reasonably access the flexible working arrangements set out in their employment and/or appointment conditions. This involves assessing whether reasonable flexible working arrangements are being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes. RACDS will assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.</p> <p>Note: It is not intended that RACDS regulate whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether requests for flexible working are being adequately considered, or subject to rules that prevent flexible working. It is not intended that training providers be required to grant all requests for flexible working, as many contingencies must be managed in relation to working arrangements.</p>			
<p>Trainees who have had a break in training are supported in their return to training.</p>	<ul style="list-style-type: none"> Relevant policies and processes on breaks in service, return to training 		
<p>1.1.8</p> <p>Intent: RACDS will assess whether trainees who have taken a break in training (for example parental leave, sick leave or extended leave) are provided with support by the training provider to reintegrate into the training program upon their return. RACDS will assess whether a lack of support by the training provider may disadvantage certain trainees including parents of young children, or those with health issues.</p> <p>Adequate support will differ depending on the size and nature of the training setting. Large settings may have structured mechanisms or policies, such as return-to-work programs, whereas small settings may meet this criterion through more personalised or individual support.</p>			

Domain 1 – Trainee Health and Welfare

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>1.1.9</p> <p>Reasonable adjustments for trainees with disabilities are provided, in accordance with legislative requirements and employment and/or appointment conditions.</p>	<ul style="list-style-type: none"> • Relevant policies and processes on reasonable adjustments for trainees with disabilities 		
<p>Intent: RACDS will assess whether trainees with disabilities are provided with reasonable adjustments as required by law and any employment/appointment conditions to support them to meet their training program requirements. Large training settings should be able to provide policies and procedures for meeting this criterion. Small settings may meet this criterion through demonstrating their understanding of their obligations and their ability to make necessary arrangements when needed.</p>			
<p>1.1.10</p> <p>Trainees have access to resources that support their health and welfare.</p>	<ul style="list-style-type: none"> • Relevant policies and processes on health and welfare resources, such as Employee Assistance Programmes (EAP) or equivalent, wellbeing initiatives, and referral pathways/access for physical and mental health needs • Feedback from trainees (interview) – trainee and other staff surveys, MTS data. • Evidence on training on workplace hazards relevant to the specialty. 		
<p>Intent: RACDS will assess whether there are a range of resources that are appropriate to the size and nature of the training setting to support trainee health and welfare, and that trainees are aware of, and are able to access, those resources. Examples of resources include peer support networks, opportunities for professional debriefing, support after experiencing traumatic events, mentorship or confidential counselling services such as Employee Assistance Programs.</p>			
<p>Large settings may offer a range of formal resources and programs. Small settings may have more informal ways of providing resources or utilise external resources.</p>			

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
2.1 Clear governance structures support the delivery of effective education and training.			
2.1.1	<p>There is an effective, transparent and clearly understood educational governance system that demonstrates a commitment to the training program and manages the quality of training.</p>	<ul style="list-style-type: none"> • Position descriptions for the Head of Surgical department. • Governance diagram showing risk management and patient safety processes, relevant Quality Assurance committees (or equivalent) • Documented OMS unit organisational chart which includes specialist surgical staff and the reporting lines. • Surgical committee meeting minutes showing membership/attendance. • Evidence of a credentialing or privileging committee 	
<p>Intent: RACDS will assess whether there are appropriate governance structures that ensure accountability for training within the organisation. These structures should set out clear roles and responsibilities for the oversight and management of training.</p> <p>Appropriate governance structures will differ depending on the size and nature of the training setting. Large settings may need a documented structure with an identified leader and other accountable roles. In small settings, the criterion may be satisfied by evidence that trainees understand which person in the setting is responsible for managing their training.</p>			
2.1.2	<p>Trainees and the training provider engage constructively about how training is delivered at the training Setting and trainees can provide input and feedback into how their local training is delivered.</p>	<ul style="list-style-type: none"> • Evidence demonstrating trainee representation at relevant meetings/committees, e.g. RSC meetings 	
<p>Intent: RACDS will assess whether trainees have opportunities to give input and feedback to those who provide their training without repercussions. This may include supervisors and managers, directors of training (or equivalent) and other relevant stakeholders. There should be genuine engagement with the trainee, rather than token feedback mechanisms whereby feedback is not considered and responded to. Discussions with trainees about their expectations in relation to training is an example of constructive engagement.</p> <p>Appropriate feedback mechanisms will differ depending on the size and nature of the training setting. Large settings may have formal processes such as trainee attendance at governance forums or committees. Small settings may have more informal processes such as individual communication with trainees.</p>			
2.1.3	<p>Management and administrative resources, such as rostering and recruitment, effectively support the delivery of training.</p>	<ul style="list-style-type: none"> • Rostering Allocation policies/relevant rosters • HR onboarding processes for trainees at the commencement of each term 	
<p>Intent: RACDS will assess whether there are appropriate ancillary resources in place to support the effective delivery of the training program including, as relevant: resources to support term allocations; rostering; leave management; and the training provider's recruitment process.</p> <p>The level and type of support will differ depending on the size and nature of the training setting.</p>			

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>Note: It is not intended that RACDS impose requirements about staffing structures or recruitment processes, as these are often governed by the training provider's own policies and legal obligations. However, severe and ongoing delays with recruitment, rotations, processing of leave requests etc, that impact the ability of trainees to meet their training program requirements in a timely manner and/or that impact their health and welfare are relevant to the assessment of this criterion.</p>			
2.1.4	<p>Trainees are provided with effective orientation for each training Setting/rotation.</p>	<ul style="list-style-type: none"> • Training provider/ unit orientation/induction policies and processes for new trainees 	
	<p>Intent: RACDS will assess whether orientation covers matters that are unique to each training setting/rotation, or significantly different to previous settings/rotations. The information trainees need for an effective orientation will differ depending on the size and nature of the setting, but may include:</p> <ul style="list-style-type: none"> • who is responsible for their training • who is responsible for managing their work (line manager) • the nature of the work and patient cohort • the availability of trainee health and welfare support mechanisms • relevant local policies and processes • orientation to clinical and related IT systems (e.g. electronic medical records, ordering of diagnostic tests, rostering systems) • life support or emergency equipment. 		
2.1.5	<p>The training provider engages with the college to resolve issues raised about the training program and training Setting.</p>	<ul style="list-style-type: none"> • RSC (or equivalent) Terms of Reference • Previous Accreditation Report 	
	<p>Intent: RACDS will assess whether the training provider demonstrates a willingness to partner and collaborate with RACDS to maximise the quality and effectiveness of training.</p> <p>The appropriate level of engagement will depend on the size and nature of the training setting, and the type of matter that is the subject of the engagement. Engagement can be both during, and outside of, the accreditation process.</p> <p>Note: This criterion focusses on overall engagement, not the management of a particular concern, grievance, complaint, or issue. Engagement is also the responsibility of both training providers and RACDS and requires participation from each of the parties.</p>		
2.1.6	<p>The training provider/Setting has been accredited by relevant accreditation bodies.</p>	<ul style="list-style-type: none"> • Evidence of Accreditation by ACHS (Australia) or HealthCERT (New Zealand). 	
	<p>Intent: RACDS will ascertain whether the training provider/setting has achieved accreditations relevant to the training carried out in that setting, for example, accreditation under relevant national safety and quality standards, laboratory standards or equipment safety standards.</p>		
2.1.7	<p>The training provider engages with structures, such as training network and programs, to ensure overall training program outcomes can be achieved.</p>	<ul style="list-style-type: none"> • The DoT and SoT attend the RSC Meetings, and the DoT attends the Board of Studies meeting. 	
	<p>Intent: Where there are training structures with more than one setting RACDS will assess whether the training provider adequately engages with the relevant structures and is meeting its responsibilities under those structures.</p>		

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
2.2	Trainees receive appropriate and effective supervision.		
2.2.1	<p>There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety.</p>	<ul style="list-style-type: none"> Evidence of the number of supervised consultant outpatient clinics – generally trainees would be expected to attend a minimum of one (1) consultative clinic per week or the equivalent of four (4) per month., or the training Setting should be able to show alternative ways in which the equivalent supervised outpatient experience is being obtained. Evidence of attendance at consultant led ward rounds with specified educational and clinical goals – generally, trainees would be expected to participate in at least one (1) consultant-led ward round per week, or the training Setting should be able to show alternative ways in which equivalent experience is gained by trainees. Evidence of theatre schedules demonstrating operative experience of the trainee – generally, trainees would be expected to engage in a minimum of two (2) consultant supervised, dedicated theatre sessions allocated per week per trainee or the equivalent of eight (8) half day theatre sessions per month, or the training Setting should be able to show alternative ways in which equivalent experiences is gained by trainees over the term. 	
<p>Intent: RACDS will assess whether trainees are supervised in a timely and effective manner in their day-to-day activities both to support their ongoing learning and the safe delivery of patient care. This involves assessing the outcomes of the supervision process, for example whether trainees have been required to work beyond their competence. RACDS should allow for flexibility in how supervision is provided.</p>			
2.2.2	<p>Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.</p>	<ul style="list-style-type: none"> Evidence through the Digital Assessment Platform that trainees are completing the Training Program requirements related to their training year. Evidence of appropriate Human Resource processes for documenting performance reviews, misdemeanours, and serious complaints, along with mechanisms for managing and responding to feedback. 	
<p>Intent: Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.</p>			

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>2.2.3</p> <p>Trainees having difficulty in meeting the requirements of the training program are identified and appropriate support measures are available and promoted.</p>	<ul style="list-style-type: none"> Evidence of any Remedial Plans for trainees 		
<p>Intent: RACDS will assess whether there are appropriate supports for trainees who are struggling to meet training milestones. This involves assessing the training setting's commitment to identifying trainees in difficulty and to providing them with effective and timely support.</p> <p>Methods of identifying trainees in difficulty will differ according to the nature of the training setting. Large settings may have structured programs and policies on identifying and supporting trainees in difficulty while small settings may rely on more informal measures.</p> <p>Note: RACDS also have a role to play in assisting trainees in difficulty. How RACDS and training providers share information that will identify and support trainees in difficulty may be relevant to the assessment of this criterion.</p>			
<p>2.2.4</p> <p>A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role.</p>	<ul style="list-style-type: none"> Role description for the appointed Director of Training (DoT) for the Network and the Supervisor of Training (SoT) at the Training Setting. Evidence of allocated or negotiated time, educational leave, and/or other support enabling the DoT to meet their responsibilities for overseeing the OMS Training Program for the Network, and for the SoT to fulfil their responsibilities at the Training Setting. 		
<p>Intent: RACDS will assess whether there is effective oversight of the training program and that there is a person at the setting accountable for the delivery of the program. This may be for example, a Supervisor of Training, designated supervisor or other relevant individual. This involves assessing if trainees are informed of who this person is and have access to them. The appointed person must have sufficient capacity and capability to undertake this role.</p> <p>The role, time and resources needed by the person, will differ depending on the size and nature of the training setting. In a large setting, it may be appropriate to have an individual appointed to a designated position, with a formal position description and time attributed to complete the duties of that role. In small settings, it may be appropriate for the person to take on this role as part of their supervision duties and/or other responsibilities.</p>			
<p>2.2.5</p> <p>Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment.</p>	<ul style="list-style-type: none"> Evidence that supervisors have completed the RACDS Supervisor Induction Course, read the Supervisor Guide. Policies or a position description outlining the Supervisor's role and responsibilities Evidence of Supervisor duty rosters. Evidence of any policies, leave, or support for supervisors in their supervision, education and teaching activities 		

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
	<ul style="list-style-type: none"> Evidence of cultural safety training, including content specific to Aboriginal, Torres Strait Islander (in Australia), and Māori (in Aotearoa NZ) peoples Policies or procedures on socially, culturally, and linguistically diverse communities. 		
<p>Intent: RACDS will assess whether supervisors are supported by the training provider to perform their dual roles of delivering healthcare services and supervising/supporting trainees and that they have adequate time to carry out education and assessment functions, such as conducting workplace-based assessments. Monitoring the performance of supervisors is also relevant to this criterion, including opportunities for trainees, the Director of Training (or equivalent), and other relevant people to provide feedback to supervisors.</p> <p>RACDS will assess whether the training provider supports supervisors in professional development opportunities related to appropriate workplace behaviour, cultural safety, cultural competence and, in Aotearoa New Zealand, Hauora Māori.</p> <p>The support provided should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Support may be formal or informal, including professional development activities, provision of time to undertake supervision and supervisor forums.</p> <p>Note: RACDS also have a role to play in supporting supervisors through formal supervisor training, feedback and evaluation.</p>			

Domain 2 – Supervision, management and support structures

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
2.3	Trainees are supported in delivering quality patient care, including culturally safe care.		
2.3.1	Trainees are supported in delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.	<ul style="list-style-type: none"> • Policies and procedures for shared decision making and informed consent. • Procedures for accessing interpreters and cultural support services. 	
Intent: RACDS will assess whether trainees are exposed to the full diversity of patients and clients treated at the training setting where this is clinically appropriate. Diversity of patients means patients of diverse cultures, religious beliefs, gender, age, disability, language, rurality and geography or other such factors. This includes assessing whether trainees are supported to understand the needs of diverse patients and informed of how diverse patients are supported at the setting, including the provision of culturally safe care.			
2.3.2	Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care, to Aboriginal and/or Torres Strait Islander and Māori people.	<ul style="list-style-type: none"> • Policies supporting engagement with Aboriginal, Torres Strait Islander (Australia), and Māori (Aotearoa NZ) communities in care delivery. 	
Intent: RACDS will assess whether the training provider supports trainees in developing knowledge and skills to provide quality patient care using a patient-centred approach. This approach should recognise that Communities are diverse and patients will have different preferences, needs and values about their health care.			
RACDS will assess whether the training provider has engaged with Aboriginal and/or Torres Strait Islander and Māori clinicians, communities and medical education experts to identify clinical experiences that support trainees to develop the skills and reflective practice that support culturally safe care for Aboriginal and/or Torres Strait Islander and Māori patients. In Aotearoa New Zealand, this includes developing Hauora Māori professional standards for doctors.			
In ensuring opportunities for all trainees to have clinical experience in providing health care to Aboriginal and/or Torres Strait Islander and Māori people, it is recognised that Aboriginal and/or Torres Strait Islander and Māori people seek and are provided care in all healthcare settings, not only in community-controlled health settings.			
In smaller training settings, support could include trainees being able to attend other centrally delivered sessions.			
2.3.3	Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care.	<ul style="list-style-type: none"> • Evidence of a surgical audit and peer review program for the unit, including regular Morbidity and Mortality (M&M) meetings 	
Intent: RACDS will assess whether trainees are given appropriate opportunities to learn about the policies, procedures, roles and responsibilities for managing critical incidents and near misses, and to be involved in quality improvement processes, such as clinical audits and peer review. Trainees should also have the opportunity to learn how to raise a concern about standards of patient care within governance processes.			
The types of clinical incident review, clinical governance and quality improvements processes will differ depending on the size and nature of the training setting. In large settings, trainees should be given an opportunity to engage in any established processes, such as committees or formal review mechanisms. In small settings, the process may be less formal or more personalised.			
<i>For non-patient facing roles (for example pathology, other diagnostics), trainees should be supported in their role of indirectly delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.</i>			

Domain 3 – Educational and clinical training opportunities

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
3.1	Trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences.		
3.1.1	<p>Trainees are provided with a clinical caseload and case mix to achieve the training program outcomes.</p>	<ul style="list-style-type: none"> • Overall summary of surgical cases managed by OMS in the previous year. • Annual logbook summary for each trainee occupying post for the previous and current year. • Weekly theatre schedules (in units with more than one trainee/registrar – please attach all relevant schedules). • Evidence of trainee experience in perioperative care. • Evidence of trainee experience with day surgery and minor surgical procedure lists. • Evidence of trainees' exposure to emergency operative surgery, including documentation of their frequency of involvement in the acute and emergency care of surgical patients. • Evidence of trainee participation in emergency surgery. • Evidence of trainees' engagement in Consultative clinics, including exposure to new patients and review under supervision. • Evidence of access to histopathology services. 	
<p>Intent: RACDS will assess whether clinical services provided at the setting adequately cover the caseload and casemix (including varying acuity and complexity) required to give trainees a broad enough range of experiences to meet the curriculum's learning outcomes that the setting is intended to support. This should be assessed in the context of the training setting and the training program overall, noting that in networked training, learning opportunities will be distributed throughout the network.</p>			

Domain 3 – Educational and clinical training opportunities

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>3.1.2</p> <p>Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.</p>	<ul style="list-style-type: none"> • Co-ordinated schedule of learning experiences for each trainee - trainee's weekly timetable (In units with more than one trainee – please attach individual trainee timetables) • trainees' weekly timetables showing <ul style="list-style-type: none"> ○ Formal, scheduled teaching sessions (e.g., tutorials, lectures, grand rounds) ○ Practical demonstrations ○ Coordinated learning (e.g., M&M meetings, journal clubs, MDT meetings) ○ Examination preparation activities (e.g., VIVA practice) ○ National tutorial education program • Evidence of research opportunities within the training unit and trainee research projects (including progression) 		
<p>Intent: RACDS will assess whether there are a range of formal and informal learning experiences available to trainees at the training setting and that provision is made within the trainee's workplace to allow them to engage in these.</p> <p>The range of opportunities available should be appropriate to the size and nature of the training provider and training setting. Large settings may have formal learning opportunities, for example tutorials, patient rounds, technology-enhanced/simulation training, quality and safety activities, research, journal club, multidisciplinary meetings, and morbidity and mortality meetings. Small settings may provide opportunities through more informal mechanisms, including the diversity of health care provided at the setting, engagement with the community and other on-the-ground experiences, or through engagement with larger settings.</p>			
<p>3.1.3</p> <p>Trainees are involved in clinical handovers during transitions of care.</p>	<ul style="list-style-type: none"> • Evidence that trainees participate in clinical handovers during transitions of care, supported by structured handover protocols (e.g. ISBAR) 		
<p>Intent: RACDS will assess whether trainees engage in the full range of clinical handovers that occur in the training setting. While trainees may not be required to attend every handover, the trainee should have an opportunity to gain appropriate experience in handovers.</p> <p>Handover will differ according to the size and nature of the training setting. Handover may involve shift handovers, transferring care to other clinical team members, transferring care between other facilities or other settings in the facility, discharge arrangements, handover to other primary care providers, as well as family or community support.</p>			

Domain 3 – Educational and clinical training opportunities

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
3.1.4	<p>Trainees are given experience working and learning in multi-disciplinary teams and/or Settings.</p> <ul style="list-style-type: none"> Trainee rosters or timetables showing scheduled participation in MDT meetings 		
<p>Intent: RACDS will assess whether trainees are provided with opportunities to engage in multi-disciplinary care relevant to the training setting and learn within multi-disciplinary settings where reasonably available.</p> <p>Examples of working in a multi-disciplinary team include rotations to terms in other specialties, exposure to supervisors from other specialties or non-medical supervisors, attendance at multi-disciplinary meetings, working in multi-disciplinary primary care settings and engaging with care providers from other disciplines in the community.</p> <p>Examples of learning in a multi-disciplinary setting include learning and educational activities attended with other clinical and non-clinical staff from outside the trainee's own specialty.</p>			

Domain 3 – Educational and clinical training opportunities

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
3.2	Learning opportunities are transparent, equitable and appropriate for the level of training.		
3.2.1	<p>Trainees are given an increasing degree of responsibility as their skills, knowledge and experience grow.</p> <ul style="list-style-type: none"> Evidence of trainee allocation, case load and mix, WBA sign-off 		
<p>Intent: RACDS will assess whether trainees are provided with increasing responsibility and complexity of learning experiences as their competence grows, to allow progression through the training program.</p>			
3.2.2	<p>Training, learning and professional development opportunities are transparent and equitable for all trainees.</p> <ul style="list-style-type: none"> Evidence of trainee allocation, case load and mix, WBA sign-off 		
<p>Intent: RACDS will assess whether all trainees in the training setting are made aware of the relevant training and learning opportunities available and have equitable access to them, for example, access to performing procedures and attending meetings. Preference should not be given to certain trainees based on criteria that are not relevant to the training program.</p>			

Domain 3 – Educational and clinical training opportunities

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
<p>3.2.3</p> <p>Trainees are supported to complete their training program assessments in a timely manner.</p>	<ul style="list-style-type: none"> Evidence of Supervisor monitoring of assessment progress (i.e. logbook, WBA sign-off, research progress and trainee assessment reports) Evidence that Trainees are supported through appropriate leave provision to attend OMS Training requirements including Induction Day, Skills Courses, summative examinations (foundation and fellowship) and to attend/present Research at OMS conferences. 		
<p>Intent: RACDS will assess whether there are sufficient opportunities for trainees to meet milestones and progress through the training program at the expected rate. This includes the opportunity to complete workplace-based assessments in a timely manner and time to study for college examinations. Reasonable steps should be taken to remove any systemic barriers to the progression of trainees, for example, lack of time with colleagues who can assess workplace-based assessments.</p>			

Domain 4 – Educational resources, facilities and equipment

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
4.1	Clear governance structures support the delivery of effective education and training.		
4.1.1	<p>Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning.</p>	<ul style="list-style-type: none"> Evidence of suitable study facilities 	
<p>Intent: RACDS will assess whether trainees have reasonable access to spaces at, or near, the training setting that support them to meet learning requirements. The spaces and access will depend on the size and nature of the training setting, the number of trainees needing to access those spaces and what can reasonably be expected from the type of setting being assessed.</p> <p>Note: RACDS will avoid specifying the type or size of facilities that must be made available. Training providers should have the flexibility to demonstrate how the training setting supports trainee study and learning.</p>			
4.1.2	<p>Trainees have access to educational resources that support their learning.</p>	<ul style="list-style-type: none"> Evidence of suitable resources available 	
<p>Intent: RACDS will assess whether educational resources are available to support trainees to meet the training program outcomes. This involves assessing the resources and their accessibility in the context of the individual training setting.</p> <p>The suitability of educational resources will depend on the size and nature of the training setting, the requirements of the training program and other relevant factors. Educational resources may include periodicals/journals, clinical guidelines and policies, and medical databases. RACDS will allow flexibility in how trainees can access the resources, for example, resources may not be physically available at the setting but at another setting or location nearby, or available virtually/online.</p>			

Domain 4 – Educational resources, facilities and equipment

Standard / Criterion / Requirement	Evidence	Setting Comments / Response	Supporting Evidence (If applicable)
4.2	Trainees have access to appropriate clinical equipment.		
4.2.1	Clinical or other equipment needed for trainees to achieve the training program outcomes are available, accessible and fit for purpose.	<ul style="list-style-type: none"> Fully equipped operating theatres to carry out surgery The Outpatient Clinic must be satisfactorily equipped to allow the delivery of a high standard of outpatient care Evidence that adequate facilities are available, demonstrating sufficient space, privacy, and access to essential equipment to support the appropriate clinical examination of all pre- and post-operative patients Number of accessible beds for OMS are sufficient for caseload Summary of available diagnostic and interventional imaging services, with documentation of accreditation. 	
Intent: RACDS will assess whether the setting has the appropriate clinical equipment to allow trainees to develop specific competencies required by the training program. This includes assessing whether the equipment is fit for purpose, whether trainees have reasonable access to the equipment, and whether appropriate orientation to the equipment is provided.			

Appendix 1: Evidence supporting assessments and decisions

RACDS Assessments will follow these guiding principles on the identification and use of evidence:

- Standards and criteria will be assessed based on relevant evidence.
- The RACDS Accreditation Team, alongside the Accreditation Panel will look at multiple sources of evidence where available and triangulate these wherever practical.
- RACDS will clearly articulate what evidence training providers need to provide 'up front' as part of the accreditation application.
- Training providers are encouraged to demonstrate how documentary evidence, such as policies and procedures, have been put into practice at the training setting. This may involve giving examples of how policies and procedures have been implemented to achieve the outcomes described in the standards.
 - For example, how concerns and grievances have been managed or how the setting has identified particular health and welfare needs of its trainees.
- Additional evidence may come from a variety of sources and diversity of evidence is encouraged.
 - For example, minutes from executive committees and management/board forums may demonstrate how specialist medical training issues are raised and considered by a training provider's governing body, thereby indicating how the training provider's governance structures support the delivery of effective education and training.
- RACDS will also gather evidence from their own sources.
 - For example, supervisor reports, trainee surveys, previous accreditation reports, monitoring etc.
- Training providers will be advised at the time of application that RACDS may request additional evidence. Training providers will be given adequate time to collate the evidence requested.
- Requests for evidence will be as targeted as possible and reasonable in breadth to reduce the burden on both the training provider and the RACDS accreditation team.
- RACDS and training providers will discuss the volume and types of evidence that could be used to assess the standards/criteria if this is unclear. Types of evidence will vary depending on the training provider and the training setting. Large settings are more likely to have written policies and formalised procedures covering a wider range of matters than small settings.
- Assessing standards and criteria involves a degree of professional judgment. RACDS and training providers may seek guidance from expert opinion, third party guidelines or published literature. Sometimes evidence of best practice is not available, is unclear or contested, particularly in areas such as acceptable volumes of work, working hours, or effective supervision. In these cases, RACDS and training providers will have open discussions about the evidence and how it should be applied in the context of the particular training setting to achieve the best outcome.

Examples of types of evidence

Below are some examples of the types of evidence that colleges may gather to make assessments. Not all types of evidence will be relevant to all training providers or all training settings.


A: Evidence that might be provided by a training provider/training setting		
1	Training provider self-assessment	For example, completion of a self-assessment form including demonstrated examples of appropriate application/implementation of policies within the training setting.
2	Clinical/casemix data	Relevant data such as department casemix and trainee logbooks.
3	Training schedule/timetable	Documents that show how and when formal and informal training sessions are delivered.
4	Orientation guide, manual or procedure	This could include orientation schedules, programs etc.
5	Governance diagram and/or roles and responsibilities	Documents that outline the positions and/or committees that oversee and deliver the training program and supervise or support trainees. This can include a governance diagram, position descriptions, attendance records and minutes etc.
6	Governing/executive body/clinical council minutes/records	Records of meetings demonstrating that governing/executive bodies have "line of sight" over training and that relevant issues are escalated through an accountable governance structure.
7	Example trainee/training rosters/hours worked	Examples of recent rosters that show the hours worked by trainees and the supervision available. Any records on overtime, or actual hours worked.
8	Handover process/documentation	Documentation that demonstrates how clinical handovers are managed, including attendance etc.
9	Other relevant accreditation reports	Where applicable, the most recent accreditation against National Safety and Quality Health Service (NSQHS) Standards, the <i>Ngā paerewa Health and disability services standard</i> in Aotearoa New Zealand or accreditation from other authorities relevant to the training setting or specialty.
10	Policies and procedures	Policies, procedures and processes relevant to the standards/criteria, or pro forma documents that show how feedback is given or received, concerns and grievances managed and recorded etc.
11	Information regarding future plans	Information on programs in development, future capital works or infrastructure plans, recruitment/workforce plans etc.


B: Evidence that might be sourced by RACDS/accreditation team


12	Previous accreditation and/or monitoring reports	The previous accreditation report (for training providers seeking reaccreditation) and any subsequent monitoring reports.
13	Survey data	Data from relevant surveys of trainees, supervisors and managers, for example, the Australian Medical Training Survey (MTS), Supervisor Assessment Appraisal, Supervisor Induction Course Completion, and/or any setting or rotation surveys undertaken by RACDS.
14	e-Portfolio or logbook data	Relevant data from college systems containing information on trainee activities, including the completion of work-based assessments, Trainer engagement, National Tutorial attendance, Research progress and Trainee Logbooks.
15	Documented complaints or other information received about a training provider/setting	Any documented complaints or other information relevant to the delivery of the training program that RACDS has received from trainees, supervisors or other stakeholders.
16	Information from interviews	Interviews with trainees, supervisors, managers, nursing or other clinical staff, the Director of Training or equivalent, heads of department, administrative staff and other relevant stakeholders during (in person or virtual) site visits.
17	Information from yarning circles or wananga feedback	Culturally appropriate opportunities to gather feedback from Aboriginal and/or Torres Strait Islander or Māori community experts, supervisors, managers or trainees.
18	Information from visits to the training setting	An in-person or virtual visit to a training setting to examine the facilities, equipment and resources that are available to trainees.

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