

# Policy for the Accreditation of Ophthalmology Training Posts

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Approved by: QEC

Approval date: 16 April 2018

Next review: April 2020

## 1. Policy Adoption

- 1.1 This Policy governs the Accreditation of Training Posts by the College in Australia and New Zealand on and from the date of adoption of this Policy by the Board unless and until formally revoked, amended or repealed.

## 2. Policy Purpose

- 2.1 The Board has adopted this Policy to determine the method of and considerations relevant to the Accreditation of Training Posts.
- 2.2 This Policy recognises that:
  - 2.2.1 Training Posts may comprise one or more Training Sites;
  - 2.2.2 Training Posts must demonstrate that they meet the Standards before they are Accredited by the College;
  - 2.2.3 Accreditation is conferred by the College to enable Training Posts to participate in the training of approved Training Positions;
  - 2.2.4 Substantial Compliance with the Standards may be appropriately addressed by conditional Accreditation;
  - 2.2.5 ongoing Accreditation is conditional on a Training Post being able to demonstrate ongoing compliance with the Standards;
  - 2.2.6 under certain circumstances, suspension of Accreditation may be necessary to address a failure to satisfy the Standards and to ensure the health and safety of Trainees;
  - 2.2.7 Training Posts must be afforded natural justice and procedural fairness in connection with Applications for Accreditation, suspension and loss of accreditation;
  - 2.2.8 A need for Temporary Accreditation may arise out of schedule and in response to unusual circumstances.

## 3. Responsibilities

- 3.1 The Chief Inspector, assisted by The Training Post Inspection Committee (**Committee**) if required, shall be responsible for setting the Accreditation Schedule, determining the composition of Training Post Inspection Teams (including the selection of Senior Inspector) and developing proposed amendments to the Standards.
- 3.2 College Staff shall be responsible for providing administrative support to the Inspection Team in connection with Applications for Accreditation including, but not limited to:
  - 3.2.1 collating Applications and associated information;
  - 3.2.2 assisting with the scheduling of Inspections;
  - 3.2.3 liaising with Network Director, Training Posts and the Inspection Team to reach an agreed timetable for:

- 3.2.3.1 inspections of all Training Sites within the Training Post (including all physical facilities and equipment);
- 3.2.3.2 interviewing of Trainees presently occupying Training Positions at the Training Post; and
- 3.2.3.3 meeting with the Network Director and key Training Post administrative staff.

**(“Training Post Inspection Timetable”)**

- 3.2.4 storage of Applications and associated documentation including but not limited to:
  - 3.2.4.1 Fact and Document Notice;
  - 3.2.4.2 Draft Reports;
  - 3.2.4.3 Accreditation Reports;
  - 3.2.4.4 suspension notices; and
  - 3.2.4.5 documents provided by the Training Post in connection with any Application for Accreditation, suspension and loss of Accreditation.
- 3.3 The Inspection Team shall be responsible for finalising individual Training Post’s Inspection Timetable and conducting the Inspection of the Training Post.
- 3.4 The Senior Inspector shall be responsible for preparing the Draft Accreditation Report (in consultation with the Inspection Team).
- 3.5 The QEC shall be responsible for approving the final Accreditation Report and any amendments to the Standards.
- 3.6 The CEO in consultation with the CiC and the QEC shall be responsible for determining whether to suspend Accreditation pursuant to **paragraphs 14.2.5, 14.4 and 15.9.6**
- 3.7 The CEO, CiC, QEC and the Committee shall be responsible for any Temporary Accreditation decision made in accordance with **paragraph 13**.
- 3.8 The Board shall be responsible for adoption of this Policy and its amendment.
- 3.9 The following Members are responsible for the accuracy and correctness of the following information provided to the College:
  - 3.9.1 Fellows providing information on behalf of Training Posts in connection with Applications for Accreditation;
  - 3.9.2 Trainees providing information during interviews conducted in connection with Applications for Accreditation; and
  - 3.9.3 Fellows, Trainees and Inspectors providing information by way of a Training Post Alert (“TPA”).

## **4. The Standards**

- 4.1 The Standards constitute the sole criteria against which all Applications for Accreditation will be assessed.

- 4.2 The Standards shall reflect the prevailing expectations concerning the standards of Accredited Training Posts and where possible, best practice.
- 4.3 In the event of any ambiguity in the Standards, such ambiguity shall be resolved by the QEC and its decision in this regard shall be final and not subject to Reassessment of any kind.
- 4.4 The Committee shall actively solicit feedback from Inspection Teams regarding proposed amendments to the Standards.
- 4.5 The Standards shall be reviewed at least biennially by the Committee with a view to recommending any proposed amendments to the QEC for consideration.
- 4.6 The QEC shall consider and as appropriate, approve any Committee recommended amendments to the Standards where such amendments are expected to result in an improvement to the Standards and to the overall quality of training experience.
- 4.7 Except in cases of minor amendments to the Standards which may be approved by the CEO, the QEC shall, by way of recommendation, seek Board approval for amendments to the Standards.
- 4.8 Current Standards shall be published on the College website.

## 5. The Application

- 5.1 The Application must be in the form specified in **Schedule A**.
- 5.2 College Staff shall receive Applications and request any outstanding information from the Training Post.
- 5.3 The Application shall include:
  - 5.3.1 all information contained in the Application;
  - 5.3.2 all information obtained pursuant to **paragraph 5.2**; and
  - 5.3.3 all information collected by the Inspection Team during and in connection with the Inspection.
- 5.4 Subject to **paragraph 5.5**, the Application is confidential and shall not be disclosed by the College to any third party except with the written consent of the Training Post or by compulsion of law.
- 5.5 The Inspection Team may disclose information contained in the Application in order to verify the information and in connection with meetings and interviews conducted in connection with the Application for Accreditation.

## 6. Accreditation Scheduling and Inspection Team Composition

- 6.1 The Committee shall meet annually (ideally at Congress) to:
  - 6.1.1 set the Accreditation schedule for the following year;
  - 6.1.2 determine the composition of and appoint the Training Post Inspection Teams (including the Senior Inspector); and
  - 6.1.3 consider amendments to the Standards.

- 6.2 When setting the Accreditation Schedule, the Committee shall have regard to:
- 6.2.1 the re-Accreditation schedule for Accredited Training Posts;
  - 6.2.2 new Applications for Accreditation;
  - 6.2.3 the location of relevant Training Posts; and
  - 6.2.4 Inspection Team member availability;
- and shall endeavour to process all new Applications at the earliest possible opportunity.
- 6.3 The Accreditation Schedule (including the month of Inspection for each Training Post) shall be published on the College website within three (3) months of its annual meeting.
- 6.4 When determining the composition of Training Post Inspection Teams, the Committee must have regard to individual Inspection Team member:
- 6.3.1 availability;
  - 6.3.2 independence;
  - 6.3.3 skill and experience; and
  - 6.3.6 conflicts of interest.
- 6.5 All Committee members must ensure that they comply with the College's Conflict of Interest Policy and that they do not participate in an Inspection or any decision concerning the Accreditation of a Training Post when they are relevantly conflicted.
- 6.6 In all cases, the Committee shall ensure that Training Post Inspection Teams are appropriately skilled and qualified to undertake Inspection.
- 6.7 All Inspection teams must include a College Representative as nominated by the CEO or Deputy CEO of the College.

## **7. The Inspection**

- 7.1 Prior to conducting the Inspection and by way of preparation for the Inspection, the Inspection Team must review:
- 7.1.1 the Application;
  - 7.1.2 the last Application lodged by the Training Post (successful or otherwise);
  - 7.1.3 all correspondence between the College and the Training Post dating back to the last Application lodged by the Training Post (successful or otherwise);
  - 7.1.4 all notices received by the College concerning the suitability or otherwise of Accreditation of the Training Post dating back to the last Application lodged by the Training Post (successful or otherwise);
  - 7.1.5 all Training Post Alerts (**TPA**); and
  - 7.1.6 any and all additional information considered relevant to the Inspection Team in connection with the Application for Accreditation by the Training Post.

- 7.2 Unless otherwise determined by the Inspection Team due to impracticality, the Inspection Team shall attend the Training Post, including all Training Sites comprising the Training Post, on the agreed date(s).
- 7.3 The Inspection Team will endeavour to conduct the Inspection during normal business hours and with a minimum disruption to the Training Post.
- 7.4 Inspections should be scheduled with sufficient time to enable the Inspection Team to deal “on site” with all issues relevant to Accreditation, rather than having unresolved matters dealt with by correspondence at a later time.
- 7.5 The Inspection Team will gather evidence of compliance or otherwise with the Standards using the following methods during the Training Post Inspection:
  - 7.5.1 meeting;
  - 7.5.2 interviewing;
  - 7.5.3 document collection; and
  - 7.5.4 observations.
- 7.6 College members who are invited to participate in a meeting or interview by the Inspection Team in connection with an Application for Accreditation are encouraged but are not obliged to participate.
- 7.7 Other than in cases where evidence is obtained by document collection, the Inspection Team shall prepare a contemporaneous written record of all conversations and observations relevant to their assessment of compliance or otherwise with the Standards. All such written records must be signed and dated by the Inspection team and provided to the College Staff once the final Accreditation Report is notified to the Training Post. Except where such written records raise health and safety concerns, the College shall destroy those records three (3) years after the date of receipt by the College Staff.
- 7.8 The Inspection Team must ask for permission from all participants if it considers it necessary to record any meetings or interviews. In any cases where meetings or interviews are to be recorded, recordings will be properly identified and provided to the College once the final Accreditation Report is notified to the Training Post.
- 7.9 The Interviewing of Trainees in connection with the Application for Accreditation will be conducted by the Inspection Team on a confidential basis. The Inspection Team shall inform the Trainee at the commencement of any meeting or interview conducted in connection with the Inspection:
  - 7.9.1 that the Inspection Team shall prepare a contemporaneous record of the meeting/interview and that the College shall destroy that record in accordance with **paragraph 7.7**;
  - 7.9.2 that the meeting/interview is conducted on a strictly confidential basis and that the Inspection Team will not disclose the name of the Trainee without the Trainee’s express written permission;
  - 7.9.3 if the Trainee raises issues relevant to the Accreditation of the Training Post, the Inspection Team will provide the Training Post with a right of reply;

- 7.9.4 whilst the name of the Trainee shall not be disclosed without written permission, the requirement to provide the Training Post with a right to reply may result in the identity of the Trainee being inferred by the Training Post;
- 7.9.5 if the Trainee raises serious issues of Trainee health and safety (i.e. issues that reasonably indicate that Trainees may be exposed to a health or safety risk including bullying, harassment or discrimination), the Inspection Team must immediately email a Training Post Alert (“**TPA**”) to the CiC and the College CEO.
- 7.10 Where during a Trainee meeting/interview, a Trainee raises issues that may be capable of being dealt with under the College’s Complaints Resolution Policy and/or Code of Conduct, the Inspection team will inform the Trainee of their options in this regard.
- 7.11 Where the time allocated for an Inspection is inadequate, the Inspection Team may:
  - 7.11.1 reschedule further time to complete the Inspection; and/or
  - 7.11.2 engage in correspondence, via College Staff, with the Training Post after the Inspection in order to obtain relevant outstanding evidence of compliance or otherwise with the Standards.
- 7.12 Subject to **paragraph 7.13 and 7.14**, the applicant Training Post shall be given every opportunity to provide relevant evidence.
- 7.13 Where the Inspection Team engages in correspondence, via College Staff, with the Training Post after the Inspection in order to obtain relevant outstanding evidence of compliance or otherwise with the Standards, the correspondence must specify the precise evidence sought and a date by which the evidence must be provided.
- 7.14 Where the Inspection Team obtains evidence in the Inspection or in connection with the Application which is, in the reasonable opinion of the Inspection Team, adverse to the Training Post’s Application, the Training Post shall be provided with the relevant information and shall be given a reasonable period, as determined by the Inspection Team, to respond to the information.

## **8. Fact and Document Notice**

- 8.1 The Inspection Team shall, within **fourteen (14) days** of the Inspection, prepare a draft Fact and Document Notice (**FDN**) containing:
  - 8.1.1 all facts that the Inspection Team considers relevant to the consideration of the Application for Accreditation; and
  - 8.1.2 all documents relevant to consideration of the Application; andprovide the same to College Staff.
- 8.2 The draft FDN shall be forwarded by College Staff to the Training Posts for fact checking under cover of a letter including the following statement:

*“The Training Post has **seven (7) days** to propose in writing any correction to any facts and documents specified in the attached draft Fact and Document Notice.”*
- 8.4 College Staff shall liaise with Senior Inspector and the Training Posts with a view to reaching agreement as to all facts and documents specified in the FDN as soon as practicable.

- 8.5 Where it is not possible to reach an agreement as to a fact or document included in the FDN, the FDN shall include a clear statement confirming that specified facts or documents are disputed by the Training Post.

## 9. Assessment Against the Standards

- 9.1 All Applications for Accreditation shall be assessed solely against the Standards.
- 9.2 The Inspection Team must only have regard to the Application, evidence collected in accordance with **paragraph 7** and as specified within the FDN when assessing compliance or otherwise with the Standards.

## 10. Preparation of Draft Accreditation Report

- 10.1 The Inspection Team shall prepare a Draft Accreditation Report within **fourteen (14) days** of the finalisation of the FDN.

- 10.2 The Draft Accreditation Report must include:

- 10.2.1 the name and location of the Applicant Training Post;
- 10.2.2 the Date of the Application;
- 10.2.3 the name and location of each Training Site within the Training Post;
- 10.2.4 the details of all current approved Training Positions at the Training Post;
- 10.2.5 the identity of the Inspection Team including the designated Senior Inspector;
- 10.2.6 the date(s) of the Inspection;
- 10.2.7 the FDN (and where any facts or documents in the FDN are disputed, a clear statement to that effect);
- 10.2.8 a statement detailing with precision the evidence contained in the Application and all collected during the Inspection;
- 10.2.9 a section dealing with each element of the Standard including:
  - 10.2.9.1 a statement confirming compliance or non-compliance with that element of the Standard;
  - 10.2.9.2 a statement of reasons supporting any finding of compliance, substantial compliance or non-compliance, including reference to all relevant evidence and facts and documents specified in the FDN. Where the reasons are based on disputed facts or documents in the FDN, the reasons must specify why a particular version of the disputed facts or documents are preferred by the College;

- 10.2.10 the following statements:

*“Accreditation is based on a Training Post’s demonstrated compliance with the Standards.*

*The possible outcome of an Application for Accreditation is as follows:*

- (i) *Accreditation for three (3) years (where the Standards have been met);*

- (ii) *conditional Accreditation pending compliance with specified conditions verified at a subsequent Interim Inspection (where the Standard has been substantially complied with and specified conditions must be met to achieve full compliance);*
- (iii) *loss of Accreditation (where a previously Accredited Training Post has failed to demonstrate substantial compliance with the Standards);*
- (iv) *non-Accreditation (where a proposed new Training Post has failed to demonstrate substantial compliance with the Standards); or*
- (v) *suspended Accreditation (where a previously Accredited Training Post has failed to meet a Standard and a specified condition must be met to achieve full compliance and to gain re-Accreditation). Suspension is for a specified period not exceeding 12 months by which time a new determination must be made.*

*The Inspection Team has assessed the applicant Training Post's compliance with the Standards having regard to all evidence contained in the Application and collected during the Inspection as specified above. For the reasons specified in this Accreditation Report, the Inspection Team recommends:*

*[Insert Accreditation Application outcome per (i), (ii), (iii), (iv) or (v) including any conditions where applicable under (ii) or (v)]*

*[Where Accredited or conditionally Accredited, include a statement confirming approved Training Positions e.g. "This Accreditation includes approval for the following Training Positions....". If the approved Training Positions are different to the Training Positions sought in the Application, state the reasons for such difference with reference to relevant evidence and facts and documents specified in the FDN]*

*The recommendation of the Inspection Team concerning Accreditation has been approved by the QEC and is on and from the date of that Approval, the Accreditation Decision of the College.*

*If you are dissatisfied with the Accreditation Decision, you may seek a reconsideration of that decision under the College's Reconsideration, Review and Appeals Policy, which is published on the College's website."*

## **11. Conditional Accreditation**

11.1 Where the Inspection Team recommend conditional Accreditation, the Draft Accreditation Report must specify:

- 11.1.1 the duration of the conditional Accreditation;
- 11.1.2 the precise conditions to be met by the Training Post;
- 11.1.3 the precise method via which the Training Post is to evidence compliance with the conditions;
- 11.1.4 the date of any and all Interim Inspection(s); and

- 11.1.5 whether the Interim Inspection is to be confined to verification of the specified conditions or whether the Interim Inspection will cover some or all elements of the Standards.
- 11.2 Any Interim Inspection must be:
  - 11.2.1 unless otherwise agreed in writing with the Training Post, conducted on the date specified in the Accreditation Report.
  - 11.2.2 conducted for the purpose specified in **paragraph 11.1.5**;
  - 11.2.3 conducted in accordance with **paragraphs 7.2 to 7.14**;
  - 11.2.4 followed with the preparation of a draft FDN and in accordance with **paragraph 8**.
  - 11.2.5 followed with the preparation of a draft Interim Accreditation Report in accordance with **paragraph 10.2** (as if it were a Draft Accreditation Report).

## 12. Suspended Accreditation

- 12.1 Where the Inspection Team recommend suspended Accreditation in accordance with **paragraph 10.2.10 option (v)**, the Draft Accreditation Report must specify:
  - 12.1.1 the precise conditions to be met by the Training Post in order to qualify to have the suspension lifted;
  - 12.1.2 the precise method via which the Training Post is to evidence compliance with the conditions;
  - 12.1.3 a period (being not more than twelve (12) months) within which the Training Post may satisfy the condition. Failing this, the Training Post must lodge a new Application for Accreditation;
  - 12.1.4 the date of any and all Interim Inspection(s); and
  - 12.1.5 whether the Interim Inspection is to be confined to verification of the specified conditions or whether the Interim Inspection will cover some or all elements of the Standards.
- 12.2 Any Interim Inspection must be:
  - 12.2.1 unless otherwise agreed in writing with the Training Post, conducted on the date specified in the Accreditation Report;
  - 12.2.2 conducted for the purpose specified in **paragraph 12.1.5**;
  - 12.2.3 conducted in accordance with **paragraphs 7.2 to 7.14**;
  - 12.2.4 followed with the preparation of a draft FDN and in accordance with **paragraph 8**; **and**
  - 12.2.5 followed with the preparation of a draft Interim Accreditation Report in accordance with **paragraph 10.2** (as if it were a Draft Accreditation Report).

## 13. Approval of Accreditation Report by QEC

- 13.1 College Staff shall provide the Draft Accreditation Report or draft Interim Accreditation Report (“**Draft Report**”) as a recommendation by the Inspection Team to the QEC for approval as soon as practicable after preparation.
- 13.2 The QEC must consider the recommendation for approval of the Draft Report at the next scheduled meeting of the QEC or via out of session circular motion.
- 13.3 A Member of the QEC who has a Conflict of Interest, as defined in the College’s *Conflict of Interest Policy*, must excuse him or herself from consideration of the recommendation.
- 13.4 Subject to **paragraphs 13.5**, the recommendation for approval of the Draft Report shall be approved by the QEC.
- 13.5 The QEC shall reject the recommendation to approve a Draft Report if:
  - 13.5.1 adverse facts, matters or issues come to the attention of the QEC after receipt of the recommendation which are not identified and adequately considered in the Draft Report; and/or
  - 13.5.2 it determines that the decision specified in the Draft Report has not been made in accordance with this Policy or where natural justice or procedural fairness has not been afforded to the Training Post.
- 13.6 When determining whether to accept a recommendation to approve the Draft Report, the QEC may, with the approval of the CEO, obtain external advice. The QEC shall not be bound by any external advice and that advice shall be confidential and not disclosed by any member of the QEC except as approved by the CEO or by compulsion of law.
- 13.7 Where the QEC rejects a recommendation to approve a Draft Report, it shall, by written notice, remit the Draft Report back to the Inspection Team for reconsideration (to ensure compliance with this Policy and the requirements of procedural fairness and natural justice) and to prepare a new Draft Report.
- 13.8 Any new Draft Report shall apply in place of the original Draft Report and shall be communicated back to the QEC pursuant to **paragraph 13.1**.
- 13.9 Upon acceptance of a recommendation of the Inspection Team to adopt a Draft Report, that report shall become the final Accreditation Report and a binding decision of the College.
- 13.10 The CiC shall notify the Training Post and the regional QEC Chair of the outcome of the Application for Accreditation by written notice. The written notice shall include the final Accreditation Report and the following statement:

*“The Training Post’s Application for Accreditation has been assessed in accordance with the College’s Accreditation of Ophthalmology Training Posts Policy.*

*For the reasons specified in the enclosed Accreditation Report, the College has determined:*

*[insert Accreditation Application outcome as specified in the Accreditation Report]*

*[Where conditional Accreditation is granted, include all details specified in **paragraph 11.**]*

*[Where Accreditation has been suspended, include all details specified in **paragraph 12.**]*

*Where the outcome of the Application for Accreditation is Accreditation or conditional Accreditation, include a statement confirming approved Training Positions e.g. "This Accreditation includes approval for the following Training Positions....".]*

*(the "Accreditation Decision")*

*If you are dissatisfied with the Accreditation Decision, you may seek a reconsideration of that decision under the College's Reconsideration, Review and Appeals Policy, which is published on the College's website."*

- 13.11 The QEC's decision to reject or accept a recommendation by the Inspection Team that a Draft Report be adopted shall be binding and final and not subject to Reassessment of any form.
- 13.12 Any Accreditation Decision is subject to Reconsideration under the College's *Reconsideration, Review and Appeals Policy* published on the College's website.

## **14. Temporary Accreditation**

- 14.1 Notwithstanding any other paragraph of this Policy, where the College becomes aware of unanticipated demand and/or circumstances that give rise to a need for immediate Temporary Accreditation, the CEO, CiC, QEC and Committee Chair (The **Temporary Accreditation Committee**) may meet and determine, by majority, to grant Accreditation to a Training Post for a specified duration and on specific terms.
- 14.2 The Temporary Accreditation Committee may conduct meetings electronically and must:
  - 14.2.1 ensure compliance with the *Conflict of Interest Policy*;
  - 14.2.2 minute all meetings;
  - 14.2.3 retain all Committee received and generated documents for a period three (3) years.
- 14.3 Notwithstanding any other paragraph of this Policy, when determining whether to grant Temporary Accreditation, the Temporary Accreditation Committee shall:
  - 14.3.1 determine, on a case-by-case basis, the information required to be provided by the Training Post to the Temporary Accreditation Committee to demonstrate compliance with the Standards; and
  - 14.3.2 satisfy themselves that the Training Post has demonstrated compliance with the Standards before granting Temporary Accreditation.
- 14.4 Any decision on the Temporary Accreditation Committee's part to grant Temporary Accreditation shall be communicated to the QEC as a recommendation. The recommendation shall include:
  - 14.4.1 details of the facts, matters and circumstances that gave rise for the need for Temporary Accreditation;
  - 14.4.2 confirmation that the Temporary Accreditation Committee is satisfied that the Training Post has demonstrated compliance with the Standards; and

- 14.4.3 the duration and terms of the recommended Temporary Accreditation, including the details of any and all approved Training Positions.
- 14.5 Upon the QEC's acceptance of a recommendation of the Temporary Accreditation Committee to grant Temporary Accreditation, the CiC shall notify the Training Post and the regional QEC Chair of the granting of Temporary Accreditation, including the duration and terms of the Temporary Accreditation and the details of any and all approved Training Positions.
- 14.6 The QEC's decision to reject or accept a recommendation by the Temporary Accreditation Committee shall be binding and final and not subject to Reassessment of any kind.

## 15. Adverse Reporting & Annual Compliance Certification

- 15.1 Training Posts must immediately provide the College with written notice of any material change to the Training Post that may be reasonably contemplated to adversely impact the Training Post's capacity to continue to comply with the Standards.
- 15.2 Immediately upon receipt of written notice pursuant to **paragraph 15.1**, the CEO and the CiC shall meet to determine further steps. Subject to the facts, matters and issues identified in the notice and perceived risks, available options include, but are not limited to:
  - 15.2.1 take no action;
  - 15.2.2 conduct investigations;
  - 15.2.3 put the Accredited Training Post on notice of any required response or action;
  - 15.2.4 by written notice, request that the Accredited Training Post show cause why its Accreditation should not be suspended or revoked;
  - 15.2.5 by written notice to the Training Post, suspend Accreditation pending further investigation.
- 15.3 Training Posts must provide the College with the Annual Compliance Certification.
- 15.4 If a Training Post fails to certify in accordance with **paragraph 15.3**, the College shall forward to the Training Post written notice:
  - 15.4.1 requiring provision of the Annual Compliance Certification by a specified date which shall be seven (7) days from the date specified of the notice (time being of the essence); and
  - 15.4.2 confirming that if the Training Post fails to provide the Annual Compliance Certification prior to the specified date, Accreditation shall be immediately suspended without further notice pending further investigation by the College.
- 15.5 Where a Training Post:
  - 15.5.1 provides Annual Compliance Certification in accordance with the notice issued in accordance with **paragraph 15.4**, the suspension shall be lifted upon receipt of the certification by the College and the College shall confirm the lifting of the suspension by written notice to the Training Post;

15.5.2 fails to comply with a notice issued in accordance with **paragraph 15.4**, the Training Post's Accreditation shall be revoked by written notice effective immediately.

## 16. Training Post Alert

16.1 A Member who becomes aware of a fact, matter or issue that reasonably indicates to the Member that:

16.1.1 an Accredited Training Post does not meet the Standards; and/or

16.1.2 Trainees may be exposed to a health or safety risk at an Accredited Training Post, must immediately lodge a written Training Post Alert ("**TPA**") with the CEO.

16.2 Any person who is not a Member is also strongly encouraged to lodge a TPA where the preconditions specified in **paragraph 16.1** are satisfied.

16.3 The TPA should specify:

16.3.1 subject to **paragraph 16.4**, the reporting Member's name;

16.3.2 details of all relevant facts, matters and issues;

16.3.3 details of how all relevant facts, matters and issues came to the Member's attention;

16.3.4 details of any alleged unmet Standards;

16.3.5 details of how the relevant facts, matters and issues give rise to a Trainee health or safety risk; and

16.3.6 the name of any Trainee subject to the identified risk (if known).

16.4 This Policy recognises that lodging a TPA is a serious step and that such action may not be taken if a lodging party is required to disclose their identity. Therefore, notwithstanding **paragraph 16.3.1**, a lodging party is strongly encouraged *but is not required* to disclose their identity in the TPA.

16.5 If a lodging party declines to disclose their identity in the TPA, the College may be limited in how they are able to proceed. Such limits may include, but may not be limited to:

16.5.1 an inability to obtain further relevant information;

16.5.2 an inability to properly assess the relevant facts, matters and issues;

16.5.3 an inability to properly raise the TPA with the Accredited Training Post;

16.5.4 an inability to provide natural justice to the Accredited Training Post;

16.5.5 an inability to resolve the concern as expressed in the TPA to the reasonable satisfaction of the Member.

16.6 The CEO may at any time and at his/her discretion decide to cease any action undertaken in relation to a TPA due to the failure of a lodging party to disclose their identity.

16.7 If a TPA is made under this Policy, the identity of the person lodging the TPA shall accompany the TPA at all times unless:

- 16.7.1 a lodging party requests in writing de-identification; and
  - 16.7.2 such de-identification is, in the opinion of the CEO, reasonably necessary and not prejudicial to any relevant interest.
- 16.8 Lodging parties making anonymous complaints should assume that their identity may become known during the course of any investigation due to the disclosure of relevant facts, matters and issues. The College shall not be responsible for any identification of anonymous lodging parties.
- 16.9 The CEO and the CiC shall immediately, upon receipt of a TPA, meet to determine further steps. Subject to the facts, matters and issues identified in the TPA and perceived risks, available options include, but are not limited to:
- 16.9.1 take no action;
  - 16.9.2 conduct investigations;
  - 16.9.3 inform the Accredited Training Post of some or all of the facts, matters and issues identified in the TPA;
  - 16.9.4 put the Accredited Training Post on notice of any required response or action;
  - 16.9.5 by written notice, request that the Accredited Training Post show cause why its Accreditation should not be suspended or revoked;
  - 16.9.6 by written notice to the Training Post, suspend Accreditation pending further investigation.
- 16.10 Save for cases involving suspension of Accreditation pursuant to **paragraphs 15.2.5, 15.2 and 16.9.6**, the College must provide the Accredited Training Post with a reasonable opportunity to respond and/or act prior to the College taking further or additional action adverse to the Accredited Training Post's interests.
- 16.11 The College shall not suspend Accreditation without prior notice unless the TPA includes an allegation that Trainees may be exposed to a health or safety risk at an Accredited Training Post.

## **17. Suspension of Accreditation**

- 17.1 Suspension of Accreditation pursuant to **paragraphs 15.2.5 or 16.9.6** is an interim measure used to limit possible risk to a Trainee whilst providing an opportunity for the Accredited Training Post to address relevant concerns.
- 17.2 If Accreditation is suspended pursuant to **paragraph 15.2.5**, the College:
- 17.2.1 may conduct additional enquiries in relation the facts, matters and issues disclosed in the written notice;
  - 17.2.2 may take additional relevant action to address the facts, matters and issues disclosed in the written notice.
- 17.3 If Accreditation is suspended pursuant to **paragraph 16.9.6**, the College:
- 17.3.1 shall, as soon as practicable, provide a copy of the TPA to the Training Post and seek a detailed response within a specified timeframe;

- 17.3.2 may conduct additional enquiries in relation the facts, matters and issues disclosed in the TPA;
- 17.3.3 may take additional relevant action to address the facts, matters and issues disclosed in the TPA.
- 17.4 Where any additional enquiries conducted in accordance with **paragraphs 16.2.1 or 16.5.2** disclose facts, matters and issues adverse to ongoing Accreditation, the College shall provide the Training Post with written notice of those facts, matters and issues and seek a detailed response within a specified timeframe.
- 17.5 Upon conclusion of additional enquiries conducted in accordance with **paragraphs 16.2.1 or 16.5.2** and receipt of any written response requested in accordance with **paragraph 16.4**, the CEO and CiC shall meet to determine further steps. Such steps may include but are not limited to:
  - 17.5.1 take no further action and by written notice to the Training Post, lift the suspension;
  - 17.5.2 by written notice, put the Training Post on notice of any required response or action that must be taken by the Training Post within a specified timeframe in order for suspension to be lifted;
  - 17.5.3 by written notice, request that the Training Post show cause why Accreditation should not be revoked;
  - 17.5.4 by written notice to the Training Post, lift the suspension and advise that the status of Accreditation is amended to conditional Accreditation pending compliance with specified conditions to be verified at a subsequent Interim Inspection;
  - 17.5.5 revoke Accreditation by written notice.
- 17.8 Suspension of Accreditation pursuant to **paragraph 15.2.5 or 16.9.6** will only be lifted unconditionally where the CEO and CiC conclude there are no facts, matters and issues disclosed in the notice issued in accordance with **paragraph 15.1** or TPA that reasonably indicate:
  - 17.8.1 the Training Post does not meet the Standards; and
  - 17.8.2 the Trainees are exposed to a health or safety risk at the Training Post.

## **18. Loss of Accreditation**

- 18.1 An Accredited Training Post will lose accreditation if:
  - 18.1.1 the Accredited Training Post is unwilling or unable on demand to demonstrate compliance with the Standards; or
  - 18.1.2 the College forms a reasonable belief that the Accredited Training Post poses an unacceptable risk to Trainee health and safety; and
  - 18.1.3 in the reasonable belief of the CEO and CiC, conditional Accreditation is not appropriate in the circumstances.

## **19. Effect of loss of Accreditation and Suspension**

- 19.1 A Training Post which has lost Accreditation shall not:
- 19.1.1 participate in the training of RANZCO Trainees;
  - 19.1.2 be eligible for further Trainee rotations; and
  - 19.1.3 represent that it is an Accredited Training Post or current participant in the training of RANZCO Trainees.
- 19.2 A Training Post which has lost Accreditation must reapply for Accreditation.
- 19.3 Subject to **paragraph 19.4**, suspension shall have the same effect as loss of Accreditation for the duration of the suspension.
- 19.4 A Training Post that has had Accreditation suspended is not required to lodge an Application to have the suspension lifted. The decision to lift suspension shall be made by the CEO and CiC in accordance with **paragraph 17.8** or in cases of a failure to lodge required certification, **paragraph 15.5.1**.
- 19.4 The College shall consult with all stakeholders with a view to limiting the negative impact on Trainees caused by suspension or a loss of Accreditation.
- 19.5 Training Posts must ensure that Trainees continue to receive all relevant employment benefits during the period of any suspension or loss of Accreditation.

## 20. Defined Terms

- 20.1 In this Policy unless otherwise specified the following capitalised words shall have the following meaning:

**“Accreditation”** means accredited by the College as a suitable Training Post for specified approved Training Positions in accordance with the Policy.

**“Accreditation Decision”** means the decision to accredit, not accredit, loose accreditation or accredit with conditions as specified in the Accreditation Report.

**“Accreditation Report”** means any Draft Accreditation Report or Interim Accreditation Report approved by the QEC.

**“Accreditation Schedule”** means the schedule for accrediting Training Posts in any given year.

**“Annual Compliance Certification”** means certification provided by the Training Post to the College by **31 January** each year in the form specified in **Schedule B**.

**“Application”** means an application for Accreditation in the form specified in **Schedule A** to this Policy including all information referred to in **paragraph 5.3** of this Policy.

**“Board”** means the Board of Directors of the College.

**“CEO”** means the College’s Chief Executive Officer as appointed from time-to-time.

**“CiC”** means the College’s Censor in Chief as appointed from time-to-time.

**“College Staff”** means college staff responsible for providing administrative assistance in connection with this Policy.

**“College”** means the Royal Australian and New Zealand College of Ophthalmologists being an Australian public company limited by guarantee established under the Corporations Act (ACN 000 644 404).

**“Committee”** means the College’s Training Post Inspection Committee.

**“Draft Accreditation Report”** means a report prepared in accordance with **paragraph 10** of this Policy.

**“Draft Report”** means draft Accreditation Report or draft Interim Accreditation Report.

**“Fact and Document Notice”** means any notice prepared in accordance with **paragraph 8** of this Policy.

**“Fellow”** means any fellow of the College as admitted from time-to-time.

**“Inspection”** means an inspection or interim inspection conducted by the Inspection Team in accordance with **paragraph 7** of this Policy.

**“Inspection Team”** means any Training Post inspection team determined and appointed in accordance with **paragraphs 6.1.2 and 6.4** of this Policy.

**“Interim Accreditation Report”** means any report prepared in accordance with **paragraph 11.2.5 or 12.2.5** of this Policy.

**“Interim Inspection”** means any interim inspection conducted in accordance with **paragraphs 11.2 or 12.2** of this Policy.

**“Member”** means any full member or associate member of the College.

**“Network Director”** means the network director specified on the Application.

**“Policy”** means this Accreditation of Ophthalmology Training Posts Policy as amended from time-to-time.

**“QEC”** means the College’s QEC Committee.

**“Reassessment”** means a Reconsideration, Review or Appeal arising under the College’s *Reconsideration, Review and Appeals Policy*.

**“Senior Inspector”** means the senior inspector appointed in accordance with **paragraph 6.1.2** of this Policy.

**“Standards”** means the College’s Standards for Ophthalmology Training Networks and Posts as amended from time-to-time.

**“Fact and Document Notice/FDN”** means any notice prepared in accordance with **paragraph 8** of this Policy.

**“Temporary Accreditation”** means temporary accreditation approved pursuant to **paragraph 14**.

**“Trainee”** means any trainee of the College.

**“Training Post”** means the hospital/clinic/facility applying for Accreditation including all Training Sites as specified in the Application

**“Training Post Inspection Timetable”** means the timetable agreed pursuant to **paragraph 3.2.3** of this Policy including all details specified in paragraph **3.2.3**.

**“Training Post Alert/TPA”** means a Training Post Alert lodged pursuant to **this Policy**.

**“Training Position”** means an approved training position at a Training Post. Each Training Position is identified by reference to a specific year or years within the VTP e.g. “1st year Training Position”.

**“Training Site”** means each of the individual sites, if more than one, comprising the Training Post as specified in the Application.

## **21. Reassessment of Accreditation Decisions**

21.1 For the purpose of this Policy and paragraphs 10.2.2 of RANZCO’s *Reconsideration, Review and Appeals Policy* (“**RRAP**”), conditional Accreditation, suspension of Accreditation and loss of Accreditation are not subject to any form of Reassessment under the RRAP.

## **22. User Feedback**

22.1 This Policy recognises that user feedback assists Policy evaluation and development.

22.2 The Inspection Team shall actively solicit Training Post user feedback at the conclusion of each Inspection.

22.3 The Inspection Team will keep a record of all user feedback and will provide that feedback to the Committee to enable the Committee to consider and formulate recommendations for amendment of this Policy.

## **23. Limits to Policy**

23.1 To the fullest extent permitted by Law, this Policy does not oblige the College to take any steps which are not in its interest.

## **24. Priority**

24.1 To the extent of any inconsistency between this Policy and the Constitution, the Constitution shall have priority.

24.2 This Policy is a Bylaw for the purpose of the Constitution.

## **25. Related Documents**

25.1 Standards for Ophthalmology Training Networks and Posts

Version:	1.0
Date of Adoption by the QEC:	16 April 2018



**Schedule A**

# **RANZCO Application for the Accreditation of Ophthalmology Training Posts**

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[Insert Name of Training Site Seeking Accreditation]

Completed forms to be sent to:

[accreditation@ranzco.edu](mailto:accreditation@ranzco.edu)

## Index to Application

- A. General Information for all Applicants
- B. The Training Post
- C. Training Sites (including private practices) comprising the Training Post
- D. Training Position
- E. Patient Data
- F. Training Post Eye Department
- G. Ophthalmology Trainees' Education & Supervision
- H. Policy Framework
- I. Definitions

### A. General Information for all Applicants

This Application must be submitted by all Training Posts seeking new, or an extension of existing, Accreditation.

The Training Post Inspection Team shall have regard to the information contained in this Application when assessing the Training Post's compliance with the Standards.

The Training Post is responsible for the accuracy and completeness of this Application.

In addition to the information contained in this Application, the Inspection Team shall seek additional information during the Training Post Inspection.

The Training Post shall be provided reasonable opportunity to provide additional information where reasonably required by the Inspection Team.

Except where additional information is requested during the Training Post Inspection, all additional requests for information shall be made in writing.

It is the Training Post's responsibility to provide information requested by the Inspection Team.

Any failure to provide requested information may result in a failure to be accredited or receive conditional Accreditation.

The Training Post Inspection Team shall rely on the accuracy and completeness of all information provided by the Applicant when determining compliance or otherwise with the Standards.

All information provided by the Applicant shall be treated as confidential information and shall not be disclosed by the College except in support or defense of its legal rights or as compelled by law.

RANZCO assesses all applications for Accreditation of Training Posts in accordance with the *Policy for the Accreditation of Ophthalmology Training Posts* (the **Policy**). A copy of the Policy is published on the RANZCO website [\[insert link\]](#).

All applications for Accreditation are assessed against the *Standards for Ophthalmology Training Networks and Posts* (the **Standards**). A copy of the Standards is published on the RANZCO website [\[insert link\]](#).

Training Posts are to arrange access by the Training Post Inspection Team to all Training Sites within the Training Post and to facilitate meetings between the Training Post Inspection Team and all current College trainees at the Training Post, all key administrative staff and key ophthalmology specialists involved in training and supervision at the Training Post.

## B. The Training Post

1. Please complete the Training Post Information Column of the following table.

		Training Post Information
i	Name of the Training Post applying for Accreditation	
ii	Name of the legal owner of the Training Post (if different to Training Post)	
iii	Address of the Training Post	
iv	Population catchment for the Training Post (in numbers)	
v	Population catchment for the Training Post (area description)	
vi	Training Post Total Bed Numbers	
vii	Training Post Bed Occupancy Rate (as % of Total Bed Numbers)	
viii	Network in which the Training Post operates	
ix	Network Director	Name: Email: Phone:
x	Coordinating Hospital within the Network (if not the Training Post)	
xi	Name of the Employer of Trainees at the Training Post	
xii	Training Post Medical Superintendent or Director of Medical Services	Name: Email: Phone:
xiii	Training Post CEO/COO	Name: Email: Phone:

### C. Training Sites (including private practices) comprising the Training Post

1. Please complete the following table including relevant details of any and all Training Sites (including private practices) comprising the Training Post.

	Name of Training Site	Address of Training Site	Name of the legal owner of the Training Site (if different to Training Post)	Brief description of facility and service offering at the Training Site
i.				
ii.				
iii.				
iv.				

### D. Training Position

1. Training Posts may be accredited to provide training to approved Training Positions.
2. The Training Post's approved Training Positions under the current Accreditation are specified in **Schedule 1**.
3. Please specify in the following table:
  - i. the number and nature of the proposed Training Positions at the Training Post covered by this Application for each of the specified VTP years; and
  - ii. the Training Site(s) at which each specified Training Position is based.

	Basic training		Advanced training		Year 5 or "Fellowship Posts"
	Year 1	Year 2	Year 3	Year 4	
Proposed Training Positions at the Training Post covered by this Application					

Training Site(s) at which the Training Position is based					
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4. If the Training Post’s proposed Training Positions (above) are different to the current approved Training Positions specified in **Schedule 1**, please provide a brief explanation below for each relevantly affected Training Position.

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**E. Patient Data**

1. Please complete the following patient data for the Training Post:

**Outpatients**

2. Average annual outpatient appointments over last three (3) years

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Of these:

- i. number seen by ophthalmologists and/or trainees 

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- ii. how many retinal laser procedures 

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- iii. trends in outpatient separations 

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**Inpatient and Day Stay Admissions**

3. Average annual discharges over last three (3) years 

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4. Trends in inpatient and day only separations 

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5. Number of designated ophthalmic beds 

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**Elective Ophthalmic Operating Sessions**

6. Number of elective ophthalmic operating sessions available per week

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**Surgical Separations (Ophthalmology) Per Annum**

7. Please specify in the following table the number of major and minor procedures undertaken:

	Number of surgical separations (ophth.) per annum (averaged over the last three (3) years)
Major procedures: e.g. cataract, RD, major plastic glaucoma, corneal graft, pterygium	
Minor procedures (if information available)	

**Management by Ophthalmic Category**

8. Please specify in the following table the number of patients managed in each of the following ophthalmic categories:

Ophthalmic Category	Number of Patients Per Annum (averaged over the last three (3) years)
Ophthalmology trauma	
Medical ophthalmology (inflammation, medical retina)	
Neuro-ophthalmology	
Cataract	
Corneal & external	
Ocular plastics	
Glaucoma	
Ocular motility	
Vitreoretinal	
Paediatric	

**Ophthalmic Surgery Patient Numbers by Ophthalmic Category**

8. Please specify in the following table the number of Number of patients undergoing ophthalmic surgery in each of the following ophthalmic categories:

Ophthalmic Surgery Category	Number of Patients Per Annum
Ophthalmology trauma	
Cataract	
Vitreoretinal	
Glaucoma	

Ocular motility	
Ocular plastic	
Laser (non-refractive)	
Corneal	
Orbital	
Laser (refractive)	
Paediatric	

## F. Training Post Eye Department

1. Please complete the eye department information for the Training Post:

### General Information

2. Head of eye department \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

3. Name of associated university \_\_\_\_\_

### Specialist Ophthalmology Staff

4. Please complete the following table for all current Training Post specialist ophthalmology staff:

Name	Major Ophthalmic Qualification	Sub-Specialty Interest	Staff Specialist or VMO?	Sessions Per Week With Trainees Rooms	Sessions Per Week With Trainees Outpatients	Sessions Per Week With Trainees Theatre	Extra Hours Per Week Didactic Teaching

### Trainee Off Campus Activities

5. Please specify below current Trainees' time spent in private rooms, field trips and other off campus activities:

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6. If additional approved Training Positions are being sought by this Application (see D2 and D3 above), please specify below the time spent in private rooms, field trips and other off campus activities for additional Trainees if different to above.

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**Ophthalmic clinic facilities**

7. Please complete the following table for all ophthalmic clinic facilities within the Training Post:

	Facility Available? Yes/No	Located at (specify relevant Training Site within the Training Post)	Condition of Equipment
Orthoptics			
Fluorescein and other angiographies			
Photocoagulation			
Contact lens fitting			
NdYAG laser			
Electrophysiology			
Ultrasound: A scan, B scan			
Ocular pathology			
Optic disc assessment			
Automated field test			
Corneal topography			
Refractive laser			
IOL Master			
Ocular Coherence Tomography (OCT)			
Ultrasound Pachymeter			

Internet/Intranet access in consulting rooms			
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**Ophthalmic theatre facilities**

8. Please complete the following table for all ophthalmic theatre facilities within the Training Post:

	Facility Available? Yes/No	Located at (specify relevant Training Site within the Training Post)	Condition of Equipment
Dedicated theatre			
Dedicated theatre assistant			
Number of instrument trays			
Operating microscope with assistant's scope			
Video facilities			
Phacoemulsification equipment			
Cryosurgical equipment			
Endo laser			
Excimer laser			

**Ophthalmic Simulator Training Experience**

9. Is there a wet lab or micro- surgical skills training facility available to trainees at the Training Post? (yes/no)\_\_\_\_\_

If so:

i. what is the location (specify relevant Training Site within the Training Post)\_\_\_\_\_

ii. is attendance by trainees mandatory or voluntary?\_\_\_\_\_

iii. is there a method for recording use of the facility by trainees? (yes/no)\_\_\_\_\_

If so:

iv. what recording method is used?\_\_\_\_\_

10. Please complete the following table for all Training Post specialist ophthalmology staff supervising the wet lab/micro-surgical skills training facility:

Name	Major Ophthalmic Qualification	Sub-Specialty Interest

11. What method is currently used by the supervisor at the wet lab/micro-surgical skills training facility to be satisfied that the trainee is sufficiently skilled to perform procedures on patients?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ophthalmic Related Units and Services**

12. Please complete the following table for all ophthalmic related units and services at the Training Post:

	Available at the Training Post Yes/No	Located at (specify relevant Training Site within the Training Post)	Accessible by Ophthalmic Trainees? Yes/No
Radiology, CT, MRI, B-scan			
Neurology, neurosurgery			
Plastic surgery			




## G. Ophthalmology Trainees' Education & Supervision

1. Please confirm the details of the current Supervisor of Training at the Training Post:

Name of Supervisor of Training \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

### Training Objectives

2. Please specify the Training Post's eye department's objectives in the training of ophthalmology specialists?

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3. In what ways could the Applicant Training Post improve its support for the eye department's objectives?

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4. In what ways could the College improve its support for the eye department's objectives?

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### Private Room Training

5. Please specify in the following table any training currently undertaken in private rooms within the Training Post:

Type of Training	Frequency of Training	Location of Private Room within Training Post/Training Site	Name of Supervisor

### Management of the Ophthalmology Training Program

6. Please specify in the following table who is responsible for each element of the management of training at the Training Post:

Management of Training (Individual Elements)	Does Supervisor of Training Carry Out This Element? If Not, Who Does?
Develop training program for each trainee	
Discuss with each trainee the learning objectives for each term	
Provide mid-term feedback to each trainee	
Prepare end of term assessment report, and discuss with trainee	
Identify gaps in trainee's experience, and facilitate remediation plan	
Convene meetings of supervisors and clinical tutors to review trainees' progress	
Identify and arrange support for supervisors and clinical tutors in their training roles	
Provide reports to the regional QEC chairman on the progress of each trainee	
Arrange and oversee didactic teaching or lecture program for trainees	
Other	

**Trainee involvement in professional activities**

7. Please specify in the following table the Training Post requirements for Trainee involvement in the specified professional activities:

Professional Activities	All Trainees Y/N	If not all Trainees, Training Positions' involvement by year (i.e. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> year only)	Describe Extent of Trainee Involvement in the Activity	Method used by Training Post to record Trainee Involvement in Professional Activities
Postgraduate teaching				
Teaching medical students				
Teaching allied health staff				
Clinical audit				
Ophthalmology presentations				
Ophthalmology research				
Practice management				

**Supervised clinical and surgical teaching and experience for trainees**

13. Please specify in the following table the clinical and surgical teaching and experience provided at the Training Post:

Ophthalmic Category	Are <u>Clinical</u> Teaching and Experience Provided? Yes/No	Are <u>Surgical</u> Teaching and Experience Provided? Yes/No	Method used by Training Post to record Trainee Teaching and Experience
Ophthalmology trauma			
Medical ophthalmology (inflammation, medical retina)			
Neuro-ophthalmology			
Cataract			
Corneal & external			
Ocular plastics			
Glaucoma			
Ocular motility			
Vitreoretinal			
Laser (non-refractive)			
Laser (refractive)			
Paediatric			

**Supervised Exposure to and Experience of Complex Areas**

10. Please specify in the following table the availability of Trainee exposure to and experience of the specified complex ophthalmic categories:

Complex Ophthalmic Category	Is Exposure and Experience Available to Trainee? Yes/No	Method used by Training Post to record Trainee Exposure and Experience

Complex vitreoretinal surgery		
Orbital surgery		
Ocular pathology		
Ophthalmological trauma		
Other		

**Trainee access to training facilities**

11. Please specify in the following table Trainee access to the specified Training Facilities within the Training Post:

Training Facilities	Access Available Y/N	What Is the Extent of Trainee Involvement	Method Used by Training Post to Record Trainee Involvement
Ophthalmic journals & texts via library, internet			
Didactic lectures			
Case presentations			
Journal clubs			
Study groups			
Other			

**Weekly Timetable**

12. Please complete the following table by inserting:

- i. the current timetable for each Trainee currently in an approved Training Position at the Training Post;
- ii. the current timetable for each doctor currently in an ophthalmology service post at the Training Post;
- ii. details of all training and service activities for each Trainee and doctor indicating the unallotted or elective time available to each; and
- iv. the Trainee Supervisor for each session (Please note: if no Supervisor is named it will be assumed that the session is unsupervised.)

13. If additional approved Training Positions are being sought by this Application (see D2 and D3 above), please also insert in the table the proposed timetable and details of all training and service activities for each additional proposed Training Positions.

Session Times (AM)	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun

Session Times (PM)	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun

**Trainee on-call time**

14. How much time are each of the current Trainees required to be on-call per month?

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15. How much time do each of the current Trainees spend on call-back per month?

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16. If additional approved Training Positions are being sought by this Application (see D2 and D3 above), please confirm the proposed on-call and call-back arrangements for each additional proposed Training Position.

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**H. Policy Framework**

1. Please complete the following table by confirming the Training Post’s policy framework covering Trainees at each Training Site within the Training Post:

Specify each Training Site within the Training Post	Training Site has a Bullying, Discrimination and Harassment Policy Y/N	Training Site has a Complaints Policy Y/N	Training Site has a Policy ensuring safe working environment including safe working hours Y/N	Training Site has a Policy supporting part-time training and transition into periods of extended leave Y/N


2. Where Training Sites rely on public authority and/or tertiary hospital policy coverage for Trainees, please confirm that the Training Site has formally adopted the relevant policy in the above table and specify the name of the policy and the relevant public authority and/or tertiary hospital.

**Please note:** If reliance on public authority and/or tertiary hospital policy coverage is not specified in the above table, the Training Post Inspection Team shall proceed on the basis that each Training Site within the Training Post has enacted a relevant policy of its own.

## I. Definitions

In this Application, the following words shall have the following meaning:

**“Accreditation”** means accredited by the College as a suitable Training Post for specified Training Positions in accordance with the Policy.

**“Training Position”** means an approved Training Position at a Training Post. Each Training Position shall be preferable to specific year or years within the VTP e.g. A Training Position may be expressed as a 1<sup>st</sup> year Training Position.

**“Training Post”** means hospital/clinic/facility applying for Accreditation including all Training Sites as specified in Part F1 of this Application.

**“Training Site”** means each of the individual sites, if more than one, comprising the Training Post.

**“Network”** means network in which the Training Post is located e.g.

- (a) in Australia:
  - (i) The Victoria Network
  - (ii) The Sydney Eye Hospital, NSW Network
  - (iii) The Prince of Wales Hospital, NSW Network
  - (iv) The Queensland Network
  - (v) The South Australia Network
  - (vi) The Western Australia Network; and
- (b) in New Zealand, the New Zealand Network;
- (c) any training network formally recognised by the College.

## Accreditation Agreement

In return for the consideration of this Application for Accreditation by RANZCO, the Training Post:

- (i) Agrees that Training Post Accreditation shall be conducted in accordance with the College's *Policy for the Accreditation of Ophthalmology Training Posts* ("**Policy**").
- (ii) Agrees to be bound by College decisions made in accordance with the Policy.
- (iii) Warrants that the information contained in this Application is correct and complete.
- (iv) Acknowledges that the Training Post Inspection Team shall rely on the accuracy and completeness of this Application when determining compliance or otherwise with the Standards.
- (v) Agrees that it shall immediately, by written notice to the Training Post inspection team, identify any and all facts, matters and issues arising after the date of this Application and during any period of Accreditation that are reasonably contemplated to adversely impact the Training Posts' capacity to continue to comply with the Standards.

### Training Post: Head of Eye Department

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

### Training Post: Medical Superintendent or CEO

Print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

## SCHEDULE 1

### Training Positions Approved under Current Training Post Accreditation

	Basic training		Advanced training		Year 5 "Fellowship Posts"
	Year 1	Year 2	Year 3	Year 4	
Specify number of positions in each VTP year					
Specify Training Position unique identifying number					

**Schedule B**

**Training Post Annual Compliance Certification**

**Attention:** All Training Posts must submit this certification to the College by **[insert date]**.

**Failure to submit this certification to the College by [insert date] shall result in immediate suspension of Accreditation.**

We the undersigned certify for and on behalf of **[Insert Name of Accredited Training Post]** (the "Training Post"):

1. there has been no change to the Training Post that may be reasonably contemplated to adversely impact the Training Posts' capacity to continue to comply with the Standards; and
2. the Training Post continues to comply with the Standards.

**Training Post: Head of Eye Department**

Print name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**Training Post: Medical Superintendent or CEO**

Print name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_