



**ANZCA**  
FPM

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



**RACGP**  
Royal Australian College  
of General Practitioners

Rural Generalist Anaesthesia

# Accreditation Handbook

December 2023

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## 1. Introduction

Using a five-yearly cycle, ANZCA, on behalf of the Tripartite Committee of Rural Generalist Anaesthesia (TCRGA) accredits training sites throughout Australia to deliver rural generalist anaesthesia training. Training for Rural Generalist Anaesthesia (RGA) may be undertaken only in training sites that are accredited for training by ANZCA and the RGA Accreditation Sub-committee. The exception is that trainees are permitted to undertake experience in rural areas outside accredited hospitals for up to a maximum of 4 weeks during training. This must be approved by the base hospital supervisor as per regulation 44.7.5.

Before a training site is accredited for training, it is inspected to assess its ability to provide training and supervision to the required standard, and its degree of compliance with the RGA Accreditation Standards.

The Rural Generalist Anaesthesia Accreditation Sub-committee oversees the process and determines suitability for training, based on the inspectors' report. A department accredited for RGA training must meet training requirements as specified in the RGA handbook for training, regulation 44, college professional documents and ANZCA policies.

All accredited training sites are listed on the ANZCA website.

Enquiries about accreditation should be directed to the training accreditation department via email to [RGA-accreditation@anzca.edu.au](mailto:RGA-accreditation@anzca.edu.au).

## 2. Roles

### 2.1. Accreditation team

The accreditation team will conduct the inspection of hospital departments for RGA accreditation as outlined below. The accreditation team trained Accreditation Visiting Officers who are fellows ANZCA, the RACGP and/or ACRRM, and Trainees of RACGP or ACRRM who have completed the training requirements of RGA. Where possible, one member of the accreditation visiting team will be an RGA accreditation visitor.

### 2.2. The RGA Accreditation Sub-committee (RGA-ASC)

The RGA-ASC implements the policies and procedures endorsed by the TC-RGA and ANZCA Council in relation to the accreditation of approved sites for rural generalist anaesthesia.

## 3. Accreditation standards

Departments are accredited using the RGA accreditation standards, which are:

### 3.1. Quality patient care

The department must demonstrate that they deliver safe and high-quality patient care.

### 3.2. Clinical experience

The department must provide trainees with access to a range and volume of clinical practice that enables them to complete the requirements of the training program.

### 3.3. Supervision

The department must provide trainees with adequate and appropriate supervision (as described in the [RGA Handbook for training](#)) for their level of training at all times.

### 3.4. Supervisory roles and assessment

The department must support trainees by providing access to qualified supervisors and assessors with sufficient resources including clinical support time to undertake their roles. Assessment of trainees must be undertaken in accordance with RGA training policies.

### 3.5. Education and teaching

The department must ensure that trainees have access to formal and informal educational programs that meet their training needs.

### **3.6. Facilities**

The department must ensure that trainees have access to appropriate educational facilities and systems required for training.

### **3.7. Clinical governance**

The facilities must be fully accredited by the Australian Council on Healthcare Standards or equivalent and have the governance structures to deliver and monitor safe patient care in a safe workplace.

Further detail on the accreditation standards can be found in [Appendix 1: Summary of the criteria underpinning each ANZCA accreditation standard as they apply to RGA training](#)

## **4. Types of accreditation inspections**

An accreditation inspection may be undertaken in the following circumstances:

- 4.1. A site inspection of new departments.
- 4.2. Routine inspections which normally occur as part of a five-yearly cycle.
- 4.3. Out-of-sequence on-site accreditation inspections which are requested by a department, hospital, any committee of ANZCA, or by the RACGP or ACRRM via the Tripartite Committee for Rural Generalist Anaesthesia or the RGA-ASC. This type of inspection may be considered after review by the chair of the RGA-ASC which may lead to an urgent inspection.
- 4.4. A scheduled re-inspection arising out of concerns raised at a previous inspection or as part of the monitoring process.

## **5. Arranging an accreditation inspection of a new site.**

Departments not currently accredited by ANZCA for RGA training must submit an application for accreditation, following the steps below:

- 5.1. The department submits the application form and associated documentation to the RGA-ASC.
- 5.2. The chair of the RGA-ASC will review the application and may seek further clarification from the head of department, the relevant state support officer or other relevant stakeholders as required.
- 5.3. Additional documentation to support the application may be requested and must be submitted. The inspection cannot proceed until all required document is received.
- 5.4. A mutually convenient inspection date is determined. The head of department and supervisor(s) of training must arrange to be available on the day of the inspection.
- 5.5. An on-site accreditation inspection occurs, with the accreditation team assessing the department against the [RGA accreditation standards](#). This assessment occurs in the form of documents review, interviews with senior staff, trainees, departmental leadership (head of department and supervisor of training) and senior hospital management and a facilities inspection.

## 6. Arranging an accreditation inspection

Departments currently accredited by ANZCA for Anaesthesia training *and* Rural Generalist Anaesthesia training, or Rural Generalist Anaesthesia training only that require an inspection as outlined in items [4.2](#), [4.3](#) and [4.4](#) above, will need to follow the steps below:

- 6.1. ANZCA, on behalf of the RGA Accreditation Sub-committee (RGA-ASG) will write to your department to initiate the inspection and will request completion of required documentation.
  - 6.1.1. For sites currently accredited by ANZCA for Anaesthesia training *and* Rural Generalist Anaesthesia training and are not due for an accreditation visit before May 2025 will be required to complete and submit documentation to the RGA-ASC to confirm ongoing accreditation to deliver RGA training until the next scheduled accreditation visit.
- 6.2. The department submits the required documentation to the ANZCA Training Assessment Committee (TAC) or the RGA-ASC, as requested.
  - 6.2.1. Visits to sites accredited for both ANZCA Anaesthesia training and Rural Generalist Anaesthesia training will be coordinated on behalf of TAC and will include an Accreditation Visitor from the RGA-ASC to assess the site against the RGA Accreditation Standards.
  - 6.2.2. Visits to sites accredited for Rural Generalist Anaesthesia training only will be coordinated on behalf of the RGA-ASC and will include at least 2 Accreditation Visitors from the RGA-ASC.
  - 6.2.3. Where possible, one member of the accreditation team will be an RGA.
- 6.3. The chair or deputy chair of the relevant assessment committee assesses the documentation. Further clarification may be sought from the head of department, the relevant state support officer, the relevant advanced skills coordinator or the Rural Generalist Co-ordinating unit.
- 6.4. Additional documentation to support the application may be requested. The inspection cannot proceed until all required documentation is received.
- 6.5. A mutually convenient inspection date is determined. The head of department and supervisor(s) of training must arrange to be available on the day of the inspection.
- 6.6. An on-site accreditation inspection occurs, and the accreditation team assesses the department against the [accreditation standards](#).

## 7. Requesting a change to existing accreditation

If a department wishes to request a change in their existing accreditation, they must submit an application in writing to the chair of RGA-ASC setting out the reasons for the change. Additional information and a reinspection may be required.

## 8. Preparing for the inspection visit

### 8.1. Completion of the hospital accreditation record:

- 8.1.1. The department will be provided with documentation to undertake a self-assessment of its performance against the accreditation standards and associated criteria. This assists the department in understanding its performance and flags areas for further review by the accreditation team during the on-site inspection.
- 8.2. Copies of the relevant documents that demonstrate compliance with the accreditation standards should be provided to support the accreditation inspection.

### 8.3. Trainee opinion survey

The trainee opinion survey assists the inspectors to assess how the department is meeting relevant accreditation standards.

The survey also seeks trainees' views of the training experience provided by the department, as required by the [relevant accreditation standards](#). These are confidential to the inspection team, ANZCA and RGA accreditation committees, and are not shared with the head of department, the supervisor of training and other members of the department. Themes from the survey, will be communicated to head of department and supervisor of training.

A trainee opinion survey may also be requested in other circumstances, for example if concerns have been raised about the training experience in a department as part of regular monitoring processes.

### 8.4. The accreditation inspection program

The hospital is required to draft a program for the accreditation inspection and submit it to ANZCA, as instructed and as per the identified dates. A template for this will be made available to the department when the inspection arrangements are confirmed. The program will be finalised by the lead inspector and forwarded to the department prior to the inspection.

## 9. Outcome of the inspection visit

At the conclusion of the inspection visit, the RGA accreditation sub-committee team meets with director/head of department and supervisor(s) of training, and then with senior hospital management, to outline their assessment and discuss the likely recommendations that the team will make to the relevant accreditation committee, along with the next steps and timeline. This information should be used as a guide only by the training site.

The RGA accreditation sub-committee team will prepare a draft inspection report and include recommendations that relate to published [accreditation standards](#) and [ANZCA professional documents](#).

The RGA accreditation sub-committee teams' report will be considered at the next accreditation meeting, unless an issue is identified that requires more urgent consideration for which a teleconference will be arranged. Further amendments to the recommendations may be made by the accreditation committee, following additional consultation with the accreditation team and the department, as necessary.

The RGA accreditation sub-committee report and any recommendations will be sent to the director/head of department with an invitation to correct any factual inaccuracies within a specified timeframe.

A letter incorporating the final recommendations will then be sent to the Director of Medical Services/Chief Medical Officer and senior hospital management and copied to the director/head of department and the supervisor(s) of training with the outcome, which may be one of the following:

#### 9.1. Unconditional accreditation.

Once all accreditation standards and criteria have been met, the hospital department or other training site is accredited for five years from the date of the inspection and may employ RGA trainees from the beginning of the next hospital employment year. A certificate of accreditation is provided to the hospital.

#### 9.2. Conditional accreditation.

The hospital department or other training site is granted full accreditation subject to the corrective actions being made in relation to [accreditation standards](#) and criteria within a specified timeframe and sometimes subject to reinspection.

**9.3. Accreditation not approved.**

For new applications, or applications for a change in status, where accreditation is not approved, feedback will be given to the hospital department or training site about what conditions would need to be met for approval to occur. A new application and reinspection would be required to determine whether the department could be granted accreditation once all conditions have been met.

**9.4. Withdrawal of accreditation.**

If a hospital is unable to comply with RGA accreditation standards and criteria, and where this has a significant impact on the quality of training or professional standards, accreditation may be withdrawn from that hospital or other training site. Accreditation can only be withdrawn by ANZCA Council.

**10. Reconsideration, review and appeal**

All ANZCA decisions, including those made by the RGA-ASC, the TC-RGA and ANZCA Council, are subject to processes of reconsideration and review under [regulation 30](#), followed by appeal under [regulation 31](#).



## Appendix 1 – Summary of the criteria underpinning each ANZCA accreditation standard as they apply to the DRGA

Note: all ANZCA professional documents are publicly available via [ANZCA's website](#) and can be downloaded as one zip file for ease.

Please note references to specialist anaesthetist in the college documents will be taken to apply to DipRGAs when DRGA training facilities are being assessed for accreditation.

| Accreditation criteria   | Minimum requirements   | How this is assessed  |
|--|--|---|
| <b>Standard 1 – Quality patient care</b>   |  |   |
| <p>Pre-anaesthetic consultation and consent.</p> <p>It is important that trainees are involved in pre- anaesthetic assessment clinic sessions.</p>   | <p>Compliance with <a href="#">PG07(A) Guideline on pre-anaesthesia consultation and patient preparation</a> and <a href="#">PS26(A) Position statement on informed consent for anaesthesia or sedation</a></p>  | <p>Self-assessment.</p> <p>Audit data (preadmission rates, cancellation rates, etc).</p>  |
| <p>Adequate facilities and systems for the administration of anaesthesia, major regional anaesthesia, sedation and monitored anaesthesia care, including the management of complications (including MH and anaphylaxis).</p> | <p>Compliance with</p> <p><a href="#">PG03(A) Guideline for the management of major regional analgesia.</a></p> <p><a href="#">PG18(A) Guideline on monitoring during anaesthesia.</a></p> <p><a href="#">PS19(A) Position statement on monitored care by an anaesthetist.</a></p> <p><a href="#">PG31(A) Guideline on checking anaesthesia delivery systems.</a></p> <p><a href="#">PS54(A) Statement on the minimum safety requirements for anaesthetic machines and workstations for clinical practice</a></p> <p><a href="#">PS55(A) Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations.</a></p> | <p>Self-assessment.</p> <p>Facilities inspection.</p> <p>Interviews with head of department, senior staff, theatre manager.</p> |
| <p>Adequate equipment to manage the difficult airway.</p>  | <p>Compliance with <a href="#">PG56(A) Guideline on equipment to manage difficult airways.</a></p>   | <p>Self-assessment.</p> <p>Facilities inspection.</p>   |
| Accreditation criteria   | Minimum requirements   | How this is assessed  |

|   |  |  |
|---|--|--|
| Adequate assistance for the anaesthetist.                               | Substantial compliance with <a href="#">PS08(A) Position statement on the assistant for the anaesthetist</a> .   | Self-assessment.<br>Facilities inspection.<br>Interviews with head of department, senior staff, theatre manager.   |
| Compliance with guidelines on sedation.                                 | Compliance with <a href="#">PG09(A) Guideline on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures</a> .<br><br>In terms of accreditation, this is only assessed in terms of those sedation cases undertaken by the anaesthesia department, although ANZCA recognises that this is the recognised standard for safety in sedation (for example, by the Medical Board of Australia). | Self-assessment.<br>Facilities inspection.<br>Interviews with head of department, senior staff.  |
| Systems in place to ensure the safe administration of injectable drugs. | Compliance with <a href="#">PG51(A) Guideline for the safe management and use of medications in anaesthesia</a> .  | Self-assessment.<br>Facilities inspection.   |
| Adequate infection control procedures.                                  | Compliance with <a href="#">PG28(A) Guideline on infection control in anaesthesia</a> .  | Self-assessment.   |
| Adequate recording of episodes of care.                                 | Compliance with <a href="#">PG06(A) Guideline on the anaesthesia record</a> .  | Self-assessment.<br>Facilities inspection.   |
| Adequate facilities for recovery from anaesthesia.                      | Compliance with <a href="#">PS04(A) Position statement on the post-anaesthesia care unit</a> .   | Self-assessment.<br>Facilities inspection.<br>Interviews with head of department, theatre manager, post-anaesthesia care unit staff.                                 |
| Adequate systems for handover of care.                                  | Compliance with <a href="#">PS53(A) Position statement on the handover responsibilities of the anaesthetist</a> .  | Self-assessment.   |
| Provision of adequate perioperative pain management.                    | Compliance with <a href="#">PG41(PM) Guideline on acute pain management</a> , <a href="#">PS45(PM) Position statement on the patients' rights to pain management and associated responsibilities</a> .<br><br>There should be a mechanism for provision of acute pain management as part of the post operative care for the patient.   | Self-assessment.<br>Facilities inspection.<br>Interviews with head of department, senior staff, post-anaesthesia care unit staff, trainees.<br><br>Trainee feedback. |
| Accreditation criteria  | Minimum requirements   | How this is assessed   |

|   |   |   |
|---|---|---|
| Provision of adequate care in the transport of critically ill patients.   | Compliance with <a href="#">PS52(G) Guideline for transport of critically ill patients</a> .  | Self-assessment.<br>Facilities inspection.  |
| Systems and facilities to deal with patients selected for day care surgery.   | Compliance with <a href="#">PG15(POM) Guideline for the perioperative care of patients selected for day stay procedures</a> .   | Self-assessment.<br>Facilities inspection.  |
| <b><i>In relation to Paediatrics:</i></b>   |   |   |
| The hospital must have adequate systems and facilities to deal with paediatric patients.                                      | Compliance, where relevant, with <a href="#">PG29(A) Guideline for the provision of anaesthesia care to children</a> .  | Self-assessment.<br>Facilities inspection.  |
| <b>Standard 2 – Clinical experience</b>   |   |   |
| Clinical caseload and range adequate for RGA training.  | Caseload and complexity suitable for defined stages of training offered (see <a href="#">Rural Generalist Anaesthesia Training Program Curriculum</a> ).<br><br>Hospitals collaborate with rural sites to provide trainees with immersion experience. | Self-assessment.<br>Trainee e-portfolios.<br>Trainee opinions.<br>Interviews with supervisor of training, trainees. |
| Specialised study unit experience.<br><br>A sufficient caseload required to meet the paediatrics and obstetrics requirements. | Caseload and complexity suitable for specialised study units offered.<br><br>Hospitals to collaborate with sites with paediatric and obstetrics experience, if necessary.   | Self-assessment.<br>Trainee e-portfolios. Trainee opinions.<br>Interview with the supervisors and trainees          |

| Accreditation criteria  | Minimum requirements  | How this is assessed  |
|---|---|---|
| <b>Standard 3 – Supervision</b>   |   |   |
| Have sufficient full-time equivalent FANZCA or RGA (specialists/DipRGA holder) supervision at all times for all trainees. | Adequate supervision levels as described in the DRGA training handbook. | Trainee experience surveys.<br>Feedback from trainees.<br>Trainee e-portfolios.<br>Interviews with trainees, supervisor of training, senior staff and head of department. |

|                                 |   |  |
|---------------------------------|---|--|
| Supervision levels appropriate. | <p>Consistency in supervision between elective and acute/emergency clinical work around the clock, seven days a week.</p> <p>Patterns of supervision that allow trainee progression towards independent practice.</p> | <p>Trainee experience surveys.</p> <p>Feedback from trainees.</p> <p>Trainee e-portfolios.</p> <p>Interviews with trainees, supervisor of training, senior staff and head of department.</p> |
|---------------------------------|---|--|

**Standard 4 – Supervisory roles and assessment**

[ANZCA Supervision levels](#)

|                                      |  |   |
|--------------------------------------|--|---|
| Sufficient stable medical workforce. | <p>A suitably qualified director/head of department.</p> <p>A minimum of one F T E specialist who holds FANZCA.</p> <p>A minimum of two full-time equivalent anaesthesia staff with qualifications acceptable to ANZCA Council (May include an SIMG being assessed under regulation 23 who is appointed to a senior staff or a provisional fellowship post and been assessed as substantially comparable to FANZCA).</p> <p>Rostering that minimises the impact of fatigue for both senior staff and trainees (<a href="#">PG43(A) Guideline on fatigue risk management in anaesthesia practice</a>).</p> <p>Staffing adequate for workload (<a href="#">PS42(A) Position statement on staffing of accredited departments of anaesthesia</a>).</p> | <p>Self-assessment (datasheet),</p> <p>Staffing list provided by department.</p> <p>Senior and trainee rosters provided by department.</p> <p>Trainee experience survey.</p> <p>Senior staff interview.</p> <p>Head of department/director interview.</p> |
|--------------------------------------|--|---|

| Accreditation criteria | Minimum requirements | How this is assessed |
|------------------------|----------------------|----------------------|
|------------------------|----------------------|----------------------|

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|---|--|---|
| Appointment of at least two supervisors of training, with adequate time to perform supervisor duties, noting that a supervisor of training cannot be the head of department/director. | Sufficient clinical support session per week for number of trainees, a maximum of four trainees per FTE supervisor.<br><br>Access to private space for trainee interviews.<br><br>Internet access.<br><br>A process of secure retention of trainee records. <a href="#">See regulation 37.6.2.</a> | iMIS records.<br><br>Facility inspection.<br><br>Feedback from supervisor(s) of training.<br><br>Feedback from trainees.<br><br>Completion of in-training assessment process and relevant reviews (training e-portfolio). |
| Performance of workplace-based assessments including feedback.  | Minimum mandatory workplace-based assessments (see <a href="#">anaesthesia training program curriculum</a> ) performed including feedback.   | Feedback from trainees.<br><br>Supervisor of training interview.<br><br>Training e-portfolio  |
| Anaesthetists have contemporary standards of practice.  | As per <a href="#">PG50(A) Guideline on Return to anaesthesia practice for anaesthetists</a> , and <a href="#">PS40(G) Position statement on the relationship between fellows, trainees and the healthcare industry</a> .  | Self-assessment.<br><br>Interviews with head of department, senior staff, trainees.<br><br>Continuing professional development compliance.  |
| <b>Standard 5 – Education</b>   |  |   |
| An RGA relevant teaching program.   | Trainees to have access to appropriate resources for the duration of their training.   | Copy of education program.<br><br>Feedback from trainees.   |
| Learning experiences planned.   | Planning progress review and plan meetings .   | Feedback from trainees.<br><br>Supervisor of training interviews.   |
| Informal teaching to occur during clinical time.  | Trainees receive informal teaching during clinical work, including pre-anaesthetic assessment clinics and management of post-operative pain.   | Interviews with senior staff, trainees.<br><br>Feedback from trainees.  |
| Accreditation criteria  | Minimum requirements   | How this is assessed  |
| <b>Standard 6 – Facilities</b>  |  |   |
| Access to private study space for trainees.   | Internet access.<br><br>Desks at which to study.<br><br>Easily accessible from theatre complex.  | Facilities inspection.<br><br>Feedback from trainees.   |

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|---|--|--|
| Adequate administrative staff.  | HoDs, trainees, supervisors and director of medical services have administrative assistance as required. | Self-assessment.<br>Size of department.  |
| Adequate space for specialist staff.  | Anaesthetists are able to access space for performance of clinical support duties.                       | Interviews with head of department, senior staff.<br>Facilities inspection.                                |
| Access to a suitable conference room for quality assurance, clinical review and educational activities.   |  | Interview with head of department.<br>Facilities inspection.   |
| Ready access to appropriate computer facilities for specialists and trainees, including infrastructure for on-line completion of training portfolio system (including workplace-based assessments). | Access to the training e-portfolio   | Interviews with head of department, supervisor of training, tutors and trainees.<br>Facilities inspection. |

**Standard 7 – Clinical governance**

| Accreditation criteria   | Minimum requirements   | How this is assessed   |
|--|--|--|
| Senior staff appointed in a transparent way.   | Appointment of staff according to PS02 <i>Statement on Credentialing and Defining the Scope of Clinical Practice in Anaesthesia</i> with a properly convened committee, with job descriptions in accordance with <a href="#">PS57(A) Position statement on duties of specialist anaesthetists</a> and positions advertised with information that the department is ANZCA-accredited. | Self-assessment.<br>Interview with head of department.   |
| Trainees appointed using a transparent process as outlined for RGA posts in collaboration with their respective colleges.          | Trainee Selection (see the section 1.2 of the <a href="#">RGA handbook for training</a> )  | Interviews with head of department, supervisor of training.<br>Confirmation with regional/national committee representative. |
| Ensure that trainees are adequately indemnified by the employer for their supervised practice on both public and private patients. |  | Interviews with head of department, senior hospital management.  |

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|--|--|---|
| <p>The hospital has a policy on bullying and harassment that pertains to trainees and their supervisors.</p> | <p><a href="#">ANZCA – CP01(G) Policy on bullying, discrimination and harassment for fellows, trainees and specialist international medical graduates acting on behalf of the college</a></p> <p><a href="#">RACGP - GP in Training Safety and Wellbeing Policy</a></p> <p><a href="#">ACRRM – Wellbeing</a></p> | <p>Interviews with head of department, senior hospital management.</p> <p>Interviews with Trainees</p>                    |
| <p>Staff administering anaesthesia are suitably qualified.</p>   | <p>Credentialing and scope of practice defined for staff as per <a href="#">PS02(A) Position statement on credentialing and defining the scope of clinical practice in anaesthesia.</a></p>  | <p>Self-assessment.</p> <p>Interviews with head of department, senior hospital management.</p>                            |
| <p>The organisation supports the health and wellbeing of its staff.</p>                                      | <p>As per <a href="#">PS49(G) Guideline on the health of specialists, specialist international medical graduates and trainees.</a></p> <p>The organisation has a policy to prevent bullying and harassment.</p>  | <p>Self-assessment.</p> <p>Interviews with head of department, senior hospital management.</p>                            |
| <p>The hospital is aware and follows the DRGA Trainee support process.</p>                                   | <p>As per the <a href="#">RGA Trainee Support: a practical guide for supervisors.</a></p>  | <p>Interviews with head of department, supervisors of training and trainees.</p>  |
| <p>The organisation is accredited.</p>   | <p>ACHS .</p>  | <p>Interviews with head of department, senior hospital management.</p>  |
| <p>The department has a quality assurance program.</p>   | <p>As per <a href="#">PS58(A) Guideline on quality assurance and quality improvement in anaesthesia.</a></p> <p>Quality assurance coordinator appointed.</p> <p>Trainees involved in quality assurance activities.</p>   | <p>Self-assessment.</p> <p>Interviews with head of department, senior staff, trainees.</p> <p>Feedback from trainees.</p> |

## Version control register

| Version | Author  | Approved by                           | Approval Date | Sections Modified |
|---------|---------|---------------------------------------|---------------|-------------------|
| 1.0     | S. Cook | RGA<br>Accreditation<br>Sub-committee | 5/12/2023     |                   |