



ANZHPBA Post-Fellowship Education & Training
Program in HPB Surgery
Hospital Training Post Accreditation Policy
2023



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1. Introduction

1.1 Terms and definitions

Term	Definition
ANZHPBA	Australian and New Zealand Hepatic, Pancreatic & Biliary Association
ANZHPBA PFET program	Structured 2-year program providing post fellowship training in HPB Surgery within ANZHPBA accredited posts according to the curriculum as set by the ANZHPBA Training Committee
Board	ANZHPBA board of directors
Executive Officer	Executive Officer of ANZHPBA
HPB	Hepatopancreatobiliary
HPB post	Hospital unit accredited by the ANZHPBA for training in HPB Surgery within the ANZHPBA PFET program
HPB Surgeon	A specialist surgeon who has obtained postgraduate training and experience in the multidisciplinary approach to the diagnosis and treatment of patients with HPB disorders and provides leadership and devotes a major portion (over 50%) of their professional practice to these activities as well as HPB education and research.
HPB Unit	A surgical unit with a significant workload in HPB surgery, including preoperative work-up, operative care and post op follow-up, of a wide range of HPB surgical diseases within a multidisciplinary setting. At least two of the consultants on the unit will be formally accredited HPB surgeons.
PFET	Post Fellowship Education and Training
RACS	Royal Australasian College of Surgeons
Supervisor	Coordinates management, education and training of ANZHPBA PFET Trainees in accredited training posts. Monitors performance, completes assessments and identifies and documents performance management.
Trainee	ANZHPBA Post Fellowship Education & Training Program Trainee
Training Term	Each training term is 12 months duration from the start date of employment in an accredited training post

Trainee	ANZHPBA Post Fellowship Education & Training Program Trainee
Training Committee	Training Committee of the ANZHPBA Board

1.2 Purpose

1.2.1 This document provides HPB Units with a set of guidelines to reach sufficient standards for accreditation to qualify for Trainee placement through the ANZHPBA PFET Program.

1.2.2 The purpose of hospital accreditation is to ensure the highest quality of training for the HPB Fellowship and that the approved posts provide appropriate supervision and learning environment to the prescribed standard.

1.3 Administration and ownership

1.3.1 The ANZHPBA is the body that conducts and administers the ANZHPBA PFET program in Australia and New Zealand.

1.3.2 The ANZHPBA Training Committee is responsible for delivery of the ANZHPBA PFET program, the accreditation of HPB posts, the selection of trainees into the program and allocation to HPB posts, and oversight of the assessment of Trainees while in these posts.

2. Program Overview

2.1 Program Aims

2.1.1 The purpose of the ANZHPBA PFET program is to provide a structured educational and training experience in HPB Surgery to prepare its graduates to be expert HPB surgeons.

2.1.2 The ANZHPBA PFET program is designed to enable Trainees to achieve competency in the domains of medical and technical expertise, clinical judgement, communication, collaboration, management and leadership, health advocacy, scholarship and teaching, professionalism and ethics and cultural safety, leading to competent independent practice as a specialist HPB Surgeon.

2.1.3 At the conclusion of the fellowship in HPB surgery, the Trainee will be able to provide comprehensive, state-of-the-art medical and surgical care to patients with surgical disorders/disease of the liver, pancreas, biliary tract, duodenum and spleen.

2.2 Program Description

2.2.1 The ANZHPBA PFET Program provides core knowledge and skills that enable trainees to achieve expertise in the understanding, diagnosis, and management of diseases of the liver, pancreas, and biliary tract.

2.2.2 The program is designed to follow the current FRACS for General Surgery training. It is an expectation of the RACS that a qualified surgeon is knowledgeable in the management of HPB surgery, therefore, this fellowship will not restate those learning objectives required of all general surgeons, but rather build upon these concepts.

2.2.3 Trainees should gain exposure to a wide range of HPB surgical procedures. An adequate opportunity must be provided for Trainees to develop their technical skills in liver, pancreatic and biliary surgery including both elective and emergency procedures.

2.2.4 There is flexibility in the clinical exposure required depending on the complexity and profile of the unit. In general, there should be adequate procedure mix and load to reach the required proficiency. The emphasis will be on obtaining competence rather than achievement of procedural numbers alone.

2.2.5 Initial outpatient assessment, preoperative decision making, perioperative management, and patient follow-up are essential to the training experience. To the greatest extent possible, HPB Trainees should participate in the preoperative evaluation, assessment, treatment planning, and postoperative ambulatory care of patients in whose surgery they participate. As a guide, HPB Trainees should see preoperative and postoperative ambulatory patients at least one day per week.

2.2.6 Trainees will be actively involved in the assessment and management of emergency surgical patients with a focus on HPB surgical emergencies. Some posts will offer training in Trauma Surgery and management of HPB injuries within Tertiary Trauma Centres.

2.2.7 An adequate opportunity should be provided to interact with interventional radiologists, pancreatobiliary endoscopists, gastroenterologists, hepatologists, transplant surgeons, medical oncologists, radiation oncologists, and pathologists. These experiences may be obtained by formal rotations on specialty services,

participation in structured multidisciplinary conferences and attendance at specialty tumor clinics.

2.2.8 The HPB surgery fellowship program must not conflict with the regular general surgical training programs at the participating institution. The HPB Trainee's clinical responsibilities must be in accordance with the guidelines of governing surgical trainee review bodies. The Trainee's experience should not diminish the experience of general surgery SET trainees in their final year of training. Rather, the HPB surgery fellowship program should complement an institution's general surgery training program by developing a focus of excellence in HPB management that can be observed and experienced by all surgical trainees and attending staff.

2.2.9 Clinical experience alone is insufficient education in HPB surgery. The training program must develop a regularly scheduled didactic program consisting of conferences, lectures, debate series, and/or journal club, covering not only clinical surgical problems but also nonsurgical, basic science, clinical research, and ethical problems. Trainees must participate, and Supervisors must be able to provide proof of Trainee attendance at didactic conferences.

2.2.10 Clinical research must be included in the training program. Trainees must have opportunities to develop skills in clinical research and design and implement clinical research protocols in the field of HPB Surgery. Trainees should have access to faculty (not necessarily the HPB surgeon) who can mentor them in basic science research and have the option for such an experience to comply with the ANZHPBA PFET Research requirement policy.

2.2.11 During training, Trainees will participate in educational activities that form part of the ANZHPBA PFET Program. Attendance at the ANZHPBA fellowship Training weekend and participation in the ANZHPBA Journal Club is mandatory for Trainees. Trainees must be freed from all work-related duties (including emergency work) to attend these education activities.

3. HPB Post administration

3.1 Program Coordination and Supervision of Trainees

3.1.1 Accredited Units must appoint a Trainee Supervisor. The Supervisor must be a HPB Surgeon, a member of the ANZHPBA and a registered HPB specialty reviewer for at least one peer reviewed journal.

3.1.2 The Supervisor coordinates management, education and training of accredited trainees in accredited training posts.

3.1.3 It is the Supervisor's responsibility to ensure all accreditation requirements are met and maintained as outlined in the ANZHPBA PFET Hospital Post Accreditation Policy.

3.1.4 The Supervisor should regularly assess the clinical and research activities of past ANZHPBA PFET Trainees to determine whether the goals of the training program are being achieved, namely, the production of competent HPB surgery specialists.

3.1.5 The Supervisor monitors performance, completes assessments and identifies and documents performance management of accredited trainees in accredited training posts as outlined in the ANZHPBA PFET Training Regulations Handbook.

3.1.6 It is the Supervisors responsibility to ensure Trainees have the opportunity to complete all Term Requirements as outlined in the ANZHPBA PFET Training Regulations Handbook, including all assessments and attendance at educational activities and compliance with leave allowances.

3.1.7 It is the Supervisors responsibility to notify the ANZHPBA of any concerns with a Trainee's performance as outlined in the ANZHPBA PFET Training Regulations Handbook.

3.1.8 Supervisors are required to attend the ANZHPBA PFET Trainee Supervisor's Meeting which is usually held bi-annually. This meeting provides Supervisors with an update on any program changes. It also provides Supervisors an opportunity to voice any concerns with the PFET Program and to offer suggestions for program improvements.

4. HPB Post accreditation requirements

4.1 General institutional requirements

4.1.1 The institution must provide an appropriate educational environment and ensure appropriate trainee supervision. Patient support services, work hours, and on-call schedules should be in accordance with RACS standards and allow HPB Trainees to participate in scholarly activities such as in-house didactic conferences as well as local, regional and national meetings.

4.1.2 The General Surgery training program of the sponsoring institution must be fully accredited by the RACS.

4.1.3 There should be access to a library and on-site electronic literature retrieval capabilities are required.

4.1.4 There should be access to adequate office facilities for educational and research activities.

4.1.5 There should be facilities, resources and institutional support for clinical and basic science research activities.

4.2 HPB Unit requirements

4.2.1 HPB workload

The Unit must undertake a significant workload in HPB surgery, including preoperative work-up, operative care and post op follow-up, of a wide range of HPB surgical diseases within a multidisciplinary setting. It is expected that a training unit would have a minimum throughput of 20 liver resections and 10 pancreas resections per year. For units that are pancreas predominant 25-30 pancreas resections per year would be expected.

4.2.2 Surgeons

At least two of the consultants on the Unit must be FRACS accredited, HPB surgeons and members of the ANZHPBA. For the purposes of the ANZHPBA PFET program, a HPB surgeon is defined as specialist surgeon who has obtained postgraduate training and experience in the multidisciplinary approach to the diagnosis and treatment of patients with HPB disorders and provides leadership and devotes a major portion (over 50%) of their professional practice to these activities as well as HPB education and research.

4.2.3 HPB Surgical Ward and staff

The HPB Unit should have access to one ward, or part thereof, with a dedicated Nurse Unit Manager and Staff, to serve the majority of the patients admitted to that Unit. Ideally, the ward should be shared with the Gastroenterology Unit and/or Gastrointestinal Surgery Units of the hospital.

4.2.4 Theatre lists

The Unit should have regular scheduled elective theatre lists, as well as emergency theatre access. The Trainee should have access to on average at least a full day of HPB operating per week.

4.2.5 Outpatient clinic

The Unit should have a dedicated outpatient clinic or alternative arrangement that provides Trainee's access to participate in initial outpatient assessment and patient follow-up at least once weekly.

4.2.6 After Hours Cover

The Unit should provide an exclusive or consultative on-call service 24 hours a day, 7 days a week for Accident & Emergency and inpatient emergencies.

4.2.7 Unit Ward Rounds and Meetings

The Unit should meet on a weekly basis to conduct meetings to discuss the patients, protocols or any other business. Unit Consultants should undertake ward rounds with Trainees on the unit at least on a weekly basis.

4.2.8 Multidisciplinary care

The Unit should participate in regular multidisciplinary team meetings attended by interventional radiologists, pancreatobiliary endoscopists, gastroenterologists, hepatologists, transplant surgeons, medical oncologists, radiation oncologists, and pathologists.

4.2.9 Quality Assurance and Audit

The Unit should be involved in a regular mortality and morbidity meeting, at least on a monthly basis with a six monthly or annual review, and establish a HPB Surgery Database. Quality assurance programs (for example Clinical Indicators or quality projects) should become standard and reviewed at the weekly Unit meetings or audit meetings.

4.2.10 Research and education

The Unit must demonstrate evidence of scholarly activity in HPB disease, as evidenced by participation in basic science research and/or clinical research protocols; presentations at local, regional, or national meetings; and/or publications in peer-reviewed journals. It is expected that a training unit have a track record with peer reviewed publications over the last 5 years.

4.2.11 Academic Affiliation

The Unit should have an affiliation with one of the University Medical Schools and be involved in Undergraduate Teaching Programs.

4.2.12 Basic and Advanced Training in General/HPB Surgery

Members of the Unit should be involved with RACS activities to encourage surgical trainees in basic and advanced training in General and HPB Surgery. The training unit must have RACS accreditation for advanced training in general surgery.

4.2.13 CME and Recertification

The Unit head is responsible for ensuring that the Guidelines provided by the Royal Australasian College of Surgeons are fulfilled and the Unit participates in CME activities.

4.3 Supportive services

4.3.1 The Unit should have access to the following supportive services located within the institution.

- a. **Allied health** professionals to provide a spectrum of care (for example physiotherapy, occupational therapy and medical social worker, pastoral care and liaison psychiatry).
- b. **Laboratory and Anatomical Pathology.**
- c. **Pre-admission clinic** or similar arrangement to assess elective surgical patients.
- d. **Intensive Care Unit** and/or High Dependency Unit with the capacity to manage epidural/intrathecal anaesthesia.
- e. **Day surgery facility** with operating theatres and a fully staffed recovery room.
- f. **Anaesthetic Department** with at least one member of the anaesthetic staff with a particular interest in HPB surgery.
- g. **Operating theatre nursing and technical staff** with at least one team with a specific interest in HPB surgery and facilities for advanced laparoscopic surgery, intra operative ultrasound and tumour ablation.
- h. A dedicated independent **Endoscopy Suite** or an Endoscopy Suite incorporated in the Operating Theatre with a dedicated Nurse Unit Manager and back-up staff for ERCP, IOUS and interventional radiology.
- i. **Radiological sciences** and an accredited imaging department with facilities for X-ray screening, CT scan, MRI, Interventional radiology, Visceral Angiography and Nuclear Medicine.
- j. **Oncology and Radiotherapy** access either within the hospital, or region for ambulatory care or inpatient radiotherapy and chemotherapy. Specifically, the availability of an inpatient consultative service in medical oncology and radiotherapy.

4.4 Accreditation standards

4.4.1 The seven (7) standards that must be met for ANZHPBA PFET HPB Post accreditation are outlined below:

Standard 1 – Education facilities and systems required

All trainees must have access to the appropriate educational facilities and systems required to undertake training

Accreditation Criteria	Factors Assessed	Minimum Requirements
1. Computer facilities with IT	Computer facilities and	• Computers and facilities available for

support	Internet/ broadband access	information management, online references and computer searches <ul style="list-style-type: none"> • Terminals available at flexible sites which may include remote access • 24-hour computer access acknowledging security issues
2. Tutorial room available	Feedback from supervisor and trainees	<ul style="list-style-type: none"> • Tutorial rooms available when required
3. Access to private study area	Designated study area Feedback from trainees	<ul style="list-style-type: none"> • Designated study area/room available isolated from busy clinical areas • 24-hour access acknowledging security issues
4. Educational activities within the unit	Weekly hospital educational program Feedback from trainees	<ul style="list-style-type: none"> • Weekly meetings • Opportunities for trainees to present cases/topics

Standard 2 - Quality of education, training and learning

Trainees will have opportunities to participate in a range of desirable activities, the focus of which is inclusive of their educational requirements

Accreditation Criteria	Factors Assessed	Minimum Requirements
5. Coordinated schedule of learning experiences for each trainee	Publicised monthly timetable of activities which incorporate the learning needs of the trainee	<ul style="list-style-type: none"> • Weekly Imaging meeting • One formal structured tutorial per fortnight
6. Access to external educational activities for trainees	Documented hospital HR Policy on educational leave for trainees Documentation on equipment provided Feedback from trainees	<ul style="list-style-type: none"> • Trainees given negotiated educational leave to attend obligatory face-to-face RACS/Specialty courses • For other significant courses, modern educational approaches to distance learning, e.g. video conferencing, available or being explored • Evidence to confirm leave is provided
Accreditation Criteria	Factors Assessed	Minimum Requirements
7. Opportunities for research, inquiry and scholarly activity	Recent or current research funding, publications, current research projects, recognized innovation in medicine, clinical care or medical administration Feedback from trainees	<ul style="list-style-type: none"> • Regular research meetings • Trainees enabled to access medical records, once ethical approval (if necessary) for the project is obtained

Standard 3 – Surgical supervisors and staff

Program managed by appropriate and accessible supervisor supported by the institution and

committed surgeons, delivering regular education, training, assessment and feedback

Accreditation Criteria	Factors Assessed	Minimum Requirements
8. Designated supervisor of HPB training	Documentation of supervisor Feedback from trainees	<ul style="list-style-type: none"> Clearly identifiable and named supervisor FRACS in relevant specialty and Member of ANZHPBA Regularly available and accessible to trainees
9. Specialist surgical staff appropriately qualified to carry out surgical training	Documentation on qualifications of specialist surgical staff	<ul style="list-style-type: none"> Surgeons have FRACS or RACS recognised equivalent in that specialty and current experience in subspecialty areas where required for training
10. Surgeons committed to the training program	Weekly scheduled educational activities of surgeons Feedback from trainees	<ul style="list-style-type: none"> Surgeons attend scheduled educational and audit meetings All surgeons foster the learning of core competencies (responsibility shared by surgeons and hospital)
11. Regular supervision, workplace-based assessment and feedback to trainees	Documentation on hospital/department practices relating to supervision, workplace based assessment and feedback to trainees Feedback from trainees	<ul style="list-style-type: none"> Goals discussed and agreed between surgeon and trainee at the commencement of each surgical rotation One-to-one regular supervision One-to-one constructive feedback on performance every three months Opportunities provided for trainee to rectify any weaknesses
12. Hospital support for surgeons involved in education and training	Documentation on weekly service and educational activities of surgical staff HR Policy on educational leave Secretarial services available for supervisor's role Feedback from surgeons	<ul style="list-style-type: none"> Negotiated time for supervision/teaching Negotiated leave for surgeons who attend meetings and educational courses Accessible secretarial services for supervisor's role related to training

Standard 4 – Support services for trainees

Hospitals and their networks committed to the education, training, learning and wellbeing of trainees who in turn acknowledge their professional responsibilities

Accreditation Criteria	Factors Assessed	Minimum Requirements
13. Hospital support for trainees	Safe hours practiced	<ul style="list-style-type: none"> Rosters and work schedules in Australia take into account the principles outlined in the AMA

	<p>Safety procedures for trainees leaving the hospital outside normal working hours Hospital environment is free of intimidation, harassment and abuse of trainees. Level and accessibility of HR services</p> <p>Feedback from Trainees</p>	<p>National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors⁷, and in New Zealand the principles outlined in the Multi Employer Collective Agreement (MECA)</p> <ul style="list-style-type: none"> • Hospital promotes trainee safety and provide security when necessary • Hospital does not allow trainee to be intimidated, harassed or abused • Readily accessible Human Resources service available to trainees including counselling if required • Allocation of clinical rotations take trainee’s career/surgical specialty aspirations and requirements into account (joint hospital/supervisor responsibility)
14. Trainees’ professional responsibilities – Duty of Care	Feedback from employers	<ul style="list-style-type: none"> • Trainees’ recognition of the concept of Duty of Care • Joint trainee/supervisor and College responsibility

Standard 5 - Clinical load and theatre sessions

Trainees must have access to a range and volume of clinical and operative experience which will enable them to acquire the competencies required to be a surgeon

Accreditation Criteria	Factors Assessed	Minimum Requirements
15. Supervised consultative ambulatory clinics in consultative practice	<p>Documentation on frequency of consultative clinics</p> <p>Documentation which shows trainees see new and follow-up patients</p> <p>Documentation on alternatives provided if no consultative clinics available in the hospital</p>	<ul style="list-style-type: none"> • Trainees attend a minimum of one consultative clinic per week • Trainees see new and follow-up patients under supervision • Trainees attend alternative supervised consultative clinics
16. Beds available for relevant specialty	Documentation on accessible beds for specialty	Sufficient beds to accommodate caseload required for training
17. Consultant led ward rounds with educational as well as clinical goals	<p>Documentation on the frequency of consultant led scheduled ward rounds</p> <p>Feedback from trainees</p>	<ul style="list-style-type: none"> • Two per week • Teaching of trainees on each ward round

18. Caseload and case mix	Summary statistics of number and case mix of surgical cases managed by the relevant specialty in the previous year	<ul style="list-style-type: none"> • Regular elective and acute admissions. This will vary depending on the type of service and the case mix. (General guidelines will be provided as HPB program develops) • Number and case mix varies between specialties and the focus is on competence acquisition (same as preceding point)
19. Operative experience for trainees	<p>Documentation on weekly theatre schedule</p> <p>Evidence of trainees' exposure to emergency operative surgery</p> <p>Evidence of specialist trainees' access to "index" cases from trainees' log book and feedback</p>	<ul style="list-style-type: none"> • Minimum of three elective theatre sessions per week per specialist trainee (focus is on opportunities to gain required competencies and is based on a combination of theatre time, case numbers and case mix) • No conflicting service demands which interfere with required operative experience by trainee • Number and level of surgical procedures varies with stage of training. The focus is on competence acquisition • Rosters and work schedules enable trainee to participate in emergency surgery • Specialist trainees have priority access to those indexed cases required for their training
20. Experience in perioperative care	Timetable of postoperative ward rounds	<ul style="list-style-type: none"> • Scheduled daily postoperative ward rounds & discussion with consultants
21. Access to ambulatory care surgery	Documentation on access to ambulatory care surgery	<ul style="list-style-type: none"> • Regular weekly experience with ambulatory care surgical procedures
22. Involvement in acute/emergency care of surgical patients	Documentation showing frequency of involvement in acute/emergency care of surgical patients	<ul style="list-style-type: none"> • Weekly (minimum of 1 in 7) involvement in acute/ emergency care of surgical patients

Standard 6 - Equipment and clinical support services

A hospital must have the facilities, equipment and clinical support services required to manage surgical cases in a particular specialty

23. Theatre equipment	<p>Documentation on equipment available</p> <p>Feedback from surgeons and trainees</p>	
24. Support/ancillary services	Documentation on services	

	Feedback from surgeons and trainees	
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Standard 7 - Clinical governance, quality and safety

A hospital involved in surgical training must be fully accredited and have the governance structure to deliver and monitor safe surgical practices

Accreditation Criteria	Factors Assessed	Minimum Requirements
25. Head of Surgical Department and governance role	Documentation on structure of surgical department Position description and reporting lines	<ul style="list-style-type: none"> • Designated Head with negotiated role in governance and leadership
26. Hospital Credentialing or Privileging Committee	Documentation on Credentialing or Privileging Committee and its activities	<ul style="list-style-type: none"> • Clinicians credentialed at least every 5 years
27. Surgical audit and peer review program	Documentation on audit and peer review program for unit	<ul style="list-style-type: none"> • Monthly audit review of morbidity/mortality • All surgical staff participate • Opportunity for trainees to participate
28. Experience available to trainees in root cause analysis	Documentation on root cause analysis education Feedback from trainees	<ul style="list-style-type: none"> • Training and participation occurs in root cause analysis

4.5 HPB Post availability

4.5.1 Hospital units must have their post available to the ANZHPBA for placement of a Trainee at least 2 out of every 5 years. If this does not occur, they may be ineligible for re-accreditation.

4.5.2 Where a Post is offered to the ANZHPBA for placement of a PFET Trainee, the Post must be exclusively offered to the ANZHPBA and not offered to another Training Organisation in the same year.

4.5.3 Once a post has been offered to the ANZHPBA it may not be withdrawn for that calendar year.

4.5.4 When offering a post to the ANZHPBA for Trainee placement, Units must comply with Section 3.8 of the ANZHPBA PFET Training Regulations, "Allocation to Hospital Units".

4.5.5 Should a Unit wish to enter into their own agreement with a Trainee, this must take place outside of the ANZHPBA PFET Program. A Trainee entering first year must

withdraw from the program and may reapply the following year. A Trainee entering second year must defer from the Training Program for that year.

4.5.6 Units have the right not to accept a specific Trainee offered by the ANZHPBA. In this instance the Unit must keep the post available for another Trainee, should this be required by the ANZHPBA. The Unit may or may not be offered another ANZHPBA Trainee for that year.

4.6 HPB Post website profile

4.6.1 It is mandatory for Training Units to provide a description of the ANZHPBA PFET Training Position for publication on the ANZHPBA website.

4.6.2 A structured template has been provided to guide this process and ensure consistency in the information provided across units. This enables Trainees to readily compare training posts.

5. HPB Post accreditation process

5.1 New accreditation process outline

5.1.1 The process for accreditation for appropriate centres for ANZHPBA PFET training will be initiated by the HPB unit in conjunction with the hospital administration.

5.1.2 The required documentation including cover letter and ANZHPBA PFET Application for Hospital Post Accreditation Form, will be completed and submitted to The ANZHPBA Executive Officer.

5.1.3 The application will be reviewed by the Training Committee and presented to the ANZHPBA Board for consideration.

5.1.4 A Hospital Post inspection by the Training Committee will be scheduled when both:

- a. The application is deemed satisfactory for consideration of post accreditation
- b. The Training Program has the capacity to include a further Training Post

5.1.5 The recommendation of the inspection team will be communicated to the ANZHPBA Training Committee and ANZHPBA Board and subsequently sent to the Head of the applying unit.

5.1.6 The final draft will be presented to the ANZHPBA Board for final approval.

5.1.7 Accreditation will be provided on a one, three or five year basis as determined by the ANZHPBA Training Committee.

5.1.8 The decision made by the ANZHPBA board with regard to accreditation is final.

5.2 Re-accreditation process outline

5.2.1 The Supervisor will be notified by the ANZHPBA Executive Officer when re-accreditation of the HPB Post is due.

5.2.2 A Hospital Post inspection by the Training Committee will be scheduled.

5.2.3 The HPB Post Re-accreditation Pre-Inspection Form must be completed by the Supervisor and submitted to the executive officer a minimum of fourteen (14) days prior to the inspection date.

5.2.4 If there is an ANZHPBA Trainee currently placed in the post, the Trainee must complete the ANZHPBA Trainee Hospital Post Evaluation Form and submit it to the Executive Officer a minimum of fourteen (14) days prior to the inspection date. The ANZHPBA will contact the Trainee and provide this form directly. This form must be completed in a confidential manner, to be viewed only by the Trainee and the ANZHPBA.

5.2.5 The recommendation of the inspection team will be communicated to the ANZHPBA training committee and ANZHPBA Board.

5.2.6 Accreditation will be provided on a one, three or five year basis as determined by the ANZHPBA Training Committee and Board.

5.2.7 The decision made by the ANZHPBA board with regard to re-accreditation is final.

5.3 Accreditation inspection

5.3.1 Inspections for new accreditations will generally take place in person. Review inspections may be either in person or via teleconference as determined by the Training Committee.

5.3.2 The inspection team will consist of at least 2 members of the ANZHPBA Training Committee.

5.3.3 The accreditation committee should allow for at least half day for the accreditation process.

5.3.4 Inspections would normally include:

- a. Meeting with the Unit head/director and consultant staff of the HPB Unit. This must include the nominated Supervisor (for ANZHPBA PFET).
- b. Review of the Unit workload and structure.
- c. Discussion of any concerns of areas in need of clarification from the application documents
- d. Inspection of the facilities.
- e. Individual confidential meetings with current trainee(s) including the Fellow and SET Registrar.

6. Unsatisfactory performance

6.1 Definition of unsatisfactory performance

6.1.1 Unsatisfactory performance is defined as failure of an accredited ANZHPBA PFET Program HPB post, Training Unit, or Supervisors to meet any of the following requirements:

- a) Comply with the ANZHPBA PFET Program Training regulations
- b) Provide adequate training opportunities as outlined in Section 2 of this policy
- c) Meet all standards as outlined in Section 4 of this policy

6.1.2 Where serious concerns regarding performance are reported to the Training Committee a review will be undertaken as outlined in section 6.2.

6.2 Review process

6.2.1 The ANZHPBA Board will convene a panel, led by the Chair of the Training Committee. The panel will conduct an investigation, which will include (but not be limited to) separate meetings with the Trainee and Supervisor.

6.2.2 The outcome of this investigation will be reported to the Training Committee and the Board.

6.2.3 Feedback will be provided to the Supervisor and Trainee of the outcome of this investigation.

6.2.4 Where performance is found to be unsatisfactory, Units will be provided an opportunity to rectify any issues identified and an early date for re-accreditation will be set as determined by the Training Committee.

6.2.5 Where concerns have not been adequately addressed, re-accreditation will not be granted.

6.2.6 The decision made by the ANZHPBA board with regard to re-accreditation is final.

7. Associated documents

- ANZHPBA PFET Program Training Regulations Handbook
- ANZHPBA PFET Program Curriculum
- ANZHPBA PFET Research Requirement Policy
- ANZHPBA PFET Application for Hospital Post Accreditation
- ANZHPBA PFET Hospital Post Re-accreditation Pre-inspection form
- ANZHPBA PFET Hospital Post Assessment Summary Form
- ANZHPBA Trainee Hospital Post Evaluation Form

8. Contacts

8.1 ANZHPBA – Training Committee

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