

Detailed below is a schedule of key dates which underpin the achievement of the current preliminary programmes:

• Submission of Development Application (DA) for Early Works (demolition of buildings 5 and 24, services diversion and site preparation)	May 2019
• Delivery Model Approval – anticipated to be two contracts <ul style="list-style-type: none"> ◦ Enabling Works (demolition of buildings 5 and 24, services diversion and site preparation) 	April 2019
• Early Contractor Involvement (ECI) with Design and Construction (D&C)	
• Demolition of Building 8	Start by Dec 2019
• Commencement of Early Works (demolition of Buildings 5 and 24, services diversion and site preparation)	By November 2020
• Cabinet approval of Procurement strategy for ECI/D&C procurement	July 2020
• Commencement of construction	Q1 2021
• Construction completion	Mid-2024

3. STAGING, DECANTING AND DEMOLITION

The proposed SPIRE site includes the existing Buildings 5 and 24. Both buildings are fully occupied and require the relocation of occupants prior to the commencement of the Early Works package. Staging and Decanting options have been included as a deliverable in the scope of the Principal Consultant procurement for the PoC Design. The resolution of staging and decanting options is critical to allow construction to commence by the announced 2020 date.

4. MASTER PLANNING

The current proposed SPIRE site has been scoped through a series of cross government executive level meetings with representation from [Brad to provide details of this process].

Cabinet agreement of the proposed eastern campus SPIRE site, will define the Canberra Hospital campus focus for the delivery of critical clinical services. The SPIRE initiative if approved establishes a focal point to inform the development of a campus future development strategy. *[Brad to provide details of the timing to the campus development strategy].*

5. PLANNING APPROVALS AND RESTRICTIONS

Planning approvals and stakeholder engagement will be a key consideration on the project, particularly in relation to the following:

- Adjacent residences on Palmer Street;
- Garran Primary School on Gilmore Crescent; and
- The relocation of the helipad from the north-west corner of the campus to the roof of the new SPIRE;
- Height and set-back restrictions.

Early engagement with the Environment, Planning and Sustainable Development Directorate (EPSDD) has commenced and will be ongoing to mitigate potential planning risks on the project.

6. SITE CONSTRAINTS

The proposed site for SPIRE is within the Canberra Hospital Campus, in the location of the existing Buildings 5 and 24. Refer Attachment X: Canberra Hospital campus site plan. Given the location of the proposed site and the age of the existing infrastructure, consideration will be given through the planning phase of the project to:

- Site access/egress;
- Site contamination;
- Existing in-ground infrastructure;
- Site area/footprint requirements to address height and set-back requirements.

7. CAR PARKING

The proposed SPIRE site will encroach onto the existing on-grade carpark south of the National Capital Private Hospital facility and the Canberra Health Services executive car park east of buildings 5 and 24. Through the Proof of Concept design, a strategy will be developed to replace these car parks in a suitable location and proximity to the Canberra Hospital.

Resolution of a longer term carparking strategy may be required to achieve development approval of the SPIRE. In the interim and for the purposes of SPIRE the PoC will include a car parking plan for the initiative. As part of the campus development strategy a holistic carparking solution will be developed.

8. LOCAL COMMUNITY ENGAGEMENT

The proposed location of the SPIRE project will impact on the local community in a number of ways and will require early consultation to ensure issues can be canvassed and the community are informed. There are a number of local community groups that will be affected the SPIRE project who will require consultation as the planning of the project progresses.

9. KEY DECISIONS

In order to achieve the deliverables outlined in the preliminary programmes, there are a number of key decisions that Cabinet will be asked to make as listed below:

KEY DECISION POINT	DOCUMENT	DATE OF CONSIDERATION

KEY DECISION POINT	DOCUMENT	DATE OF CONSIDERATION

KEY DECISION POINT	DOCUMENT	DATE OF CONSIDERATION

Resourcing model for next 12 months
Accommodation for the SPIRE project team.

Pond, Aleks (Health)

From: Culver, Jakob (Health)
Sent: Tuesday, 19 March 2019 11:16 AM
To: [REDACTED]
Cc: Burch, Brad (Health)
Subject: RE: [REDACTED] [DLM=For-Official-Use-Only]
Attachments: 190318 SPIRE Scope for Business Case DRAFT ONLY v0.1.xlsx
Importance: High

[REDACTED] – See attached.

Note – currently in draft and in-particular items highlighted in yellow are pending review and confirmation.

Please let me know if you have any questions or queries.

Thanks
Jake

From: [REDACTED]
Sent: Tuesday, 19 March 2019 8:55 AM
To: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>
Cc: Burch, Brad (Health) <Brad.Burch@act.gov.au> [REDACTED]
Subject: [REDACTED]

Hi Jake

[REDACTED]

Thanks,

[REDACTED]



[REDACTED] | Associate Director | Infrastructure Advisory

Ernst & Young
121 Marcus Clarke Street, Canberra, ACT 2601, Australia
[REDACTED]
Website: <http://www.ey.com/au>

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Lowes, Shannon (Health)

From: Gray, Sophie
Sent: Tuesday, 19 March 2019 11:53 AM
To: Lopa, Liz (Health)
Cc: Hayne, Casey (Health); Burch, Brad (Health); Catanzariti, John
Subject: Team Resourcing Workshop [DLM=For-Official-Use-Only]

Hi Liz

Thanks for meeting last Friday to canvas SPIRE and CHWC Expansion issues generally. As we discussed, I would like to set up a workshop for next week between IFCW and ACT HD to develop a team resourcing model. This will be informed by the likely selected delivery model option for SPIRE. Lloyd, John and I can come to Bowes for this workshop and are currently available Friday 29 March (say 10am to 2pm).

Can you advise if this will work for you. From this workshop a high level resourcing plan can be provided to EY for inclusion in the Business Case.

Regards
Sophie

Sophie Gray | Executive Branch Manager Social Infrastructure

Phone 02 5124 7022 | Mobile [REDACTED] | sophie.gray@act.gov.au

Infrastructure Finance & Capital Works | Chief Minister, Treasury and Economic Development Directorate | ACT Government

Level 1 Building 3, The Canberra Hospital, Yamba Drive, Garran, ACT 2605 | PO Box 158, Canberra City ACT 2601 | act.gov.au



I acknowledge the traditional custodians of the ACT the Ngunnawal people, and their continuing connection to land and community. I pay my respect to them, and to the Elders both past and present.

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Tuesday, 19 March 2019 1:15 PM
To: Burch, Brad (Health); Lopa, Liz (Health)
Cc: Culver, Jakob (Health); JasonSmith, Rhona (Health); Lindemann, Monica (Health)
Subject: Clinical Engagement feedback 20190319
Attachments: Clinical Engagement feedback 20190319.docx

UNCLASSIFIED Sensitive

Hi Liz and brad,

Please find attached the final clinical engagement feedback.

Happy to discuss further.

Kind regards

Kate

Clinical Feedback

Surgical IPU (Surgery and Oral Health)

- [REDACTED]
- [REDACTED]

Perioperative and Interventional Suite – Director of Surgery/ADON/Anaesthetics (Surgery and Oral Health)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

ACCU & ICL (Division of Medicine)

- Girish Talaulikar, Executive Director, supports current SoA and is prepared to endorse it

Intensive Care Unit (Critical Care)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Emergency Department (Critical Care)

- [REDACTED]
- [REDACTED]
- [REDACTED]

Helipad (Critical Care)

- [REDACTED]
- [REDACTED]

Loading dock

- [REDACTED]

- [REDACTED]

Sterilising Services

- [REDACTED]

Lowes, Shannon (Health)

From: Culver, Jakob (Health)
Sent: Tuesday, 19 March 2019 3:11 PM
To: Evans, Kate (Health); Burch, Brad (Health); Lopa, Liz (Health)
Cc: JasonSmith, Rhona (Health); Lindemann, Monica (Health)
Subject: RE: Clinical Engagement feedback 20190319 [SEC=UNCLASSIFIED, DLM=Sensitive]
Attachments: Clinical Engagement feedback 20190319 - JC Highlights.docx

All – See attached. Highlighted items I anticipate would be a driver for alt. option (b) as opposed to alt. option (a).

Thanks
Jake

From: Evans, Kate (Health)
Sent: Tuesday, 19 March 2019 1:15 PM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>
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Kind regards

Kate

Clinical Feedback

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-

Perioperative and Interventional Suite – Director of Surgery/ADON/Anaesthetics (Surgery and Oral Health)

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Intensive Care Unit (Critical Care)

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Emergency Department (Critical Care)

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Helipad (Critical Care)

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Loading dock

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- [REDACTED]

Sterilising Services

- [REDACTED]

Lowes, Shannon (Health)

From: Burch, Brad (Health)
Sent: Tuesday, 19 March 2019 3:19 PM
To: Mooney, Colm (Health); Bone, Chris (Health)
Cc: Lopa, Liz (Health)
Subject: Surgical Training Centre - Functional Requirements etc

Importance: High

UNCLASSIFIED For-Official-Use-Only

Hi Chris and Colm

I note that a requirement has been added to include a Surgical Training Centre in the decant process for Building's 5 and 24 in preparation for SPIRE. In order to include the service within the decant strategy, could you please let me know what the latest iteration of the project is and what function requirements have been agreed with the RACS?

I have the schedule of accommodation from the original proposal (at around 235m²), however this may be a previous iteration (prior to the consideration of Building 5).

Your urgent advice would be appreciated, to ensure that the details can be captured in the SPIRE business case.

Thanks and regards

Brad

Brad Burch | Executive Branch Manager

Strategic Infrastructure

Corporate Services

☎ (02) 5124 9719 or [REDACTED] | ✉ brad.burch@act.gov.au



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Government

ACT Health

Lowes, Shannon (Health)

From: Evans, Kate (Health)
Sent: Tuesday, 19 March 2019 9:57 PM
To: Lopa, Liz (Health); Burch, Brad (Health)
Cc: Culver, Jakob (Health); JasonSmith, Rhona (Health); Lindemann, Monica (Health)
Subject: RE: Clinical Engagement feedback 20190319 [SEC=UNCLASSIFIED, DLM=Sensitive]
Attachments: Decision Point document.docx

UNCLASSIFIED Sensitive

Hi Liz,

Please find attached the decision point document.

On review, I realise we do not have a clinical engagement document for the Helipad. I am not sure who was at the meeting – I am happy to draft a document for your to review and amend. I will send it through shortly.

Kind regards

KATE EVANS NP

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government

2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

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To: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>
Subject: RE: Clinical Engagement feedback 20190319 [SEC=UNCLASSIFIED, DLM=Sensitive]

UNCLASSIFIED Sensitive

Good evening Liz,

Please find attached the individual Clinical Feedback documents.

I will send through the updated decision point documents ASAP.

Kind regards

KATE EVANS NP

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

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Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; JasonSmith, Rhona (Health)

<Rhona.JasonSmith@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>
Subject: RE: Clinical Engagement feedback 20190319 [SEC=UNCLASSIFIED, DLM=Sensitive]

Thanks Kate

Can you please re-send to me all the summaries?

Brad/Jake – do we table these as part of the exec steering committee meeting on Thursday?

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Sent: Tuesday, 19 March 2019 1:15 PM

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<Rhona.JasonSmith@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>

Subject: Clinical Engagement feedback 20190319

UNCLASSIFIED Sensitive

Hi Liz and brad,

Please find attached the final clinical engagement feedback.

Happy to discuss further.

Kind regards

Kate

Decision Points

Surgical IPU (Surgery and Oral Health)

- No active decision points post engagement

Perioperative and Interventional Suite – Director of Surgery/ADON/Anaesthetics (Surgery and Oral Health)

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-
-

ACCU & ICL (Division of Medicine)

- No active decision points post engagement

Intensive Care Unit (Critical Care)

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Emergency Department (Critical Care)

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Helipad (Critical Care)

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Loading dock

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Sterilising Services

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Clinical Feedback – Intensive Care Unit (Critical Care)

Attendees

Narelle Boyd - Executive Director of Critical Care

Bronwyn Avarð – Clinical Director, Intensive Care

Simon Robertson – Deputy Director, Intensive Care

Carly Silberberg – DON, Critical Care

Liz Lopa – Executive Group Manager, Strategic Infrastructure

Kate Evans – Clinical Liaison SPIRE, Strategic Infrastructure

Discussion

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Action Items

Health Planning Team

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Emergency Department

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Decision points

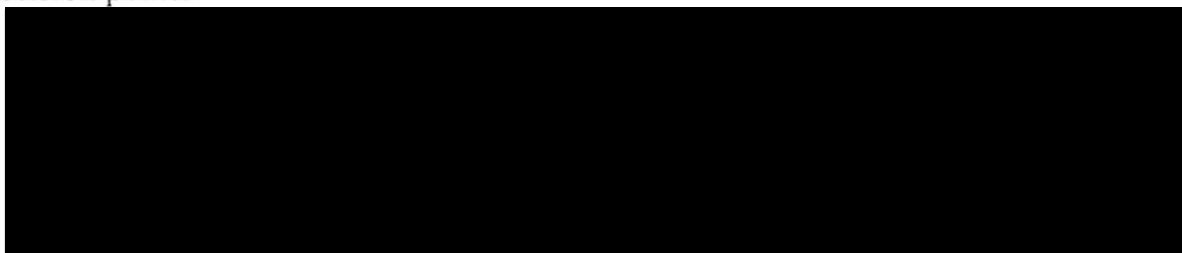
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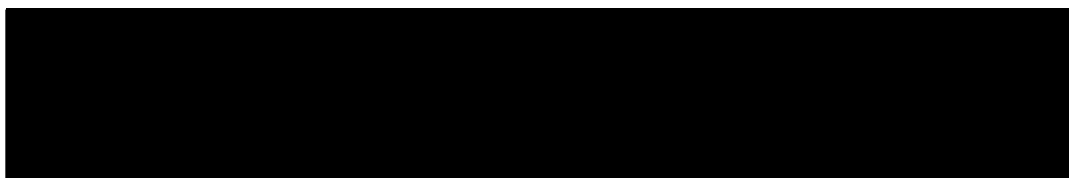
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Clinical Feedback – Surgical IPU (Surgery and Oral Health)

Perioperative Meeting Attendees

Kerri Reeves - Perioperative ADON

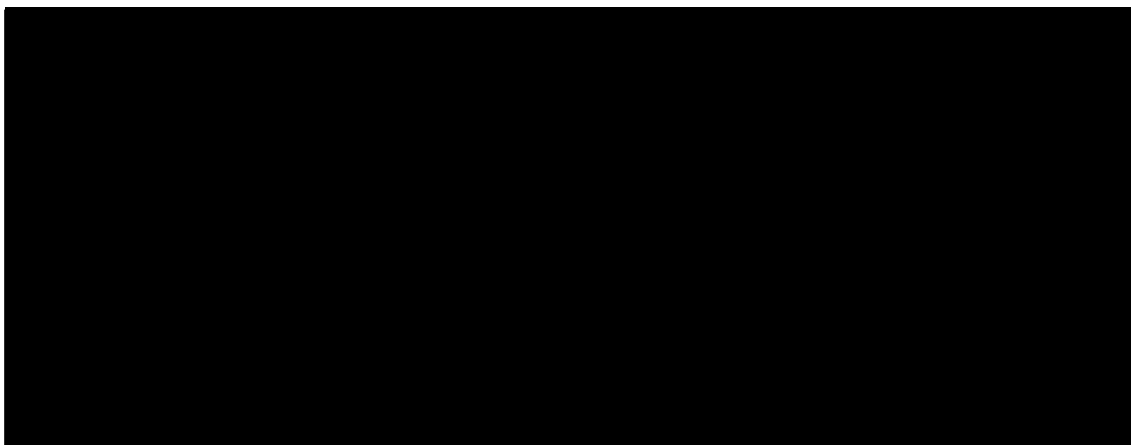
Perioperative - Clinical Nurse Consultants

Liz Lopa – Executive Group Manager, Strategic Infrastructure

Kate Evans – Clinical Liaison SPIRE, Strategic Infrastructure

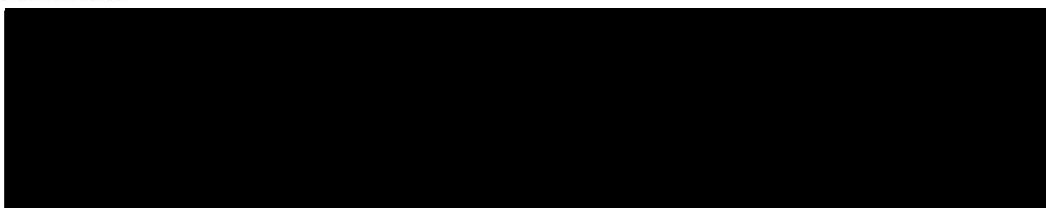
Discussion

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Action Items

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Anaesthetics meeting attendees

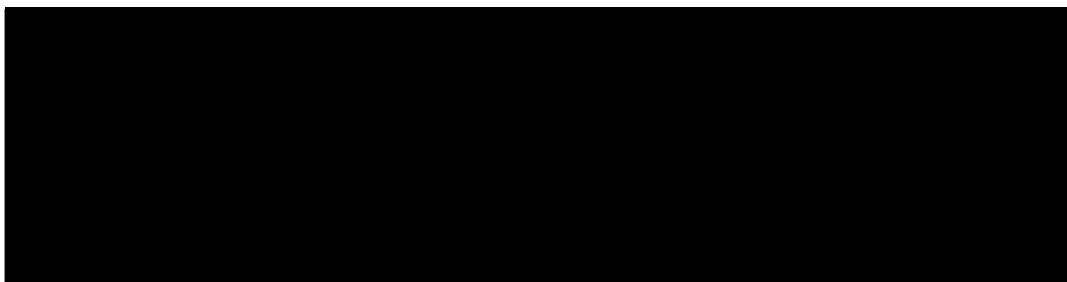
Thomas Bruessell – Clinical Director of Anaesthetics

Liz Lopa – Executive Group Manager, Strategic Infrastructure

Kate Evans – Clinical Liaison SPIRE, Strategic Infrastructure

Discussion

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Action Items

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Decision Points

- [REDACTED]

Perioperative meeting - Director of Surgery

Frank Piscioneri – Director of Surgery

Kate Evans – Clinical Liaison, Strategic Infrastructure

Discussion

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Action Items

- [REDACTED]
- [REDACTED]

Decision Points

- [REDACTED]
- [REDACTED]

Surgical IPU Meeting Attendees

Gillian Davis – Surgical DON

Tania Lawrence – Surgical ADON

Donna De Silva – Surgical CNC

Amanda McCarthy – Surgical CNC

Kate Evans – Clinical Liaison SPIRE, Strategic Infrastructure

Discussion

- [REDACTED]

Action Items – Health Planning

- [REDACTED]
- [REDACTED]

Clinical Feedback – Acute Cardiac Care Unit and Interventional Cardiology Laboratories (Division of Medicine)

Attendees

Girish Talaulikar – Executive Director, Division of Medicine

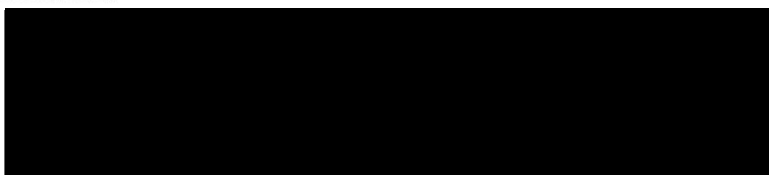
Liz Lopa – Executive Group Manager, Strategic Infrastructure

Kate Evans – Clinical Liaison SPIRE, Strategic Infrastructure

Monica Lindemann – Special Advisor/Communications, Strategic Infrastructure

Discussion

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Action Items

Nil action items

Decision points

Nil decision points

Lowes, Shannon (Health)

From: Evans, Kate (Health)
Sent: Tuesday, 19 March 2019 10:16 PM
To: JasonSmith, Rhona (Health)
Subject: RE: Updated Clinical Engagement feedback 20190319

UNCLASSIFIED

Thanks Rhona

Kate Evans NP

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government

2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

From: JasonSmith, Rhona (Health)
Sent: Tuesday, 19 March 2019 3:25 PM
To: Evans, Kate (Health) <Kate.Evans@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
Subject: Updated Clinical Engagement feedback 20190319

UNCLASSIFIED

Hi Kate,

Attached is the updated clinical feedback for Periop as a result of a follow-up meeting with the ADON Periop on 13/3/19 addressing their comments.

Rhona

Rhona JasonSmith

P: 02 5124 9667

E: rhona.jasonsmith@act.gov.au

Senior Project Officer

Facility and Health Planning Unit | ACT Health Directorate | ACT Government

Level 5, 2-6 Bowes Street

WODEN ACT 2606



ACT
Government

ACT Health

Lowes, Shannon (Health)

From: Lopa, Liz (Health)
Sent: Wednesday, 20 March 2019 8:33 AM
To: Evans, Kate (Health); Burch, Brad (Health)
Cc: Culver, Jakob (Health); JasonSmith, Rhona (Health); Lindemann, Monica (Health)
Subject: RE: Clinical Engagement feedback 20190319 [SEC=UNCLASSIFIED, DLM=Sensitive]
Attachments: Helipad clinical feedback 20190319.docx

From: Evans, Kate (Health)
Sent: Tuesday, 19 March 2019 10:12 PM
To: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Lindemann, Monica (Health) <Monica.Lindemann@act.gov.au>
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UNCLASSIFIED Sensitive

Hi Liz,

Please find attached the Clinical Engagement template for the Helipad.

Kind regards

Kate

*Kate Evans NT***Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer**Phone: (02) 5124 9668 Email: kate.evans@act.gov.au**Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government**2-6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

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Happy to discuss further.

Kind regards

Kate

Clinical Feedback – Helipad (Critical Care)

Attendees

Kelvin Grove – Director, Capital Region Retrieval Services

David Lamond – Deputy Director, Capital Region Retrieval Services

Liz Lopa – Executive Group Manager, Strategic Infrastructure

Brad Burch – Executive Branch Manager, Strategic Infrastructure

Narelle Boyd -

Discussion

- [REDACTED]
- [REDACTED]

Action Items

Nil action items

Decision points

- [REDACTED]

Pond, Aleks (Health)

From: Evans, Kate (Health)
Sent: Wednesday, 20 March 2019 1:19 PM
To: JasonSmith, Rhona (Health)
Subject: Copy of 109218 5.4 ICU SOA 03May SAK (002).xlsx
Attachments: Copy of 109218 5.4 ICU SOA 03May SAK (002).xlsx

UNCLASSIFIED

Hi Rhona,

Can you please include the balcony area, as indicated on the above document, line 45.

STH in there analysis document, dated 8/3 have included ICU outdoor area as a note/line item at the bottom of the document as it is not included in the Grossed up total.

Thank you

Kate

Lowes, Shannon (Health)

From: Culver, Jakob (Health)
Sent: Wednesday, 20 March 2019 1:19 PM
To: Evans, Kate (Health); JasonSmith, Rhona (Health)
Cc: Lopa, Liz (Health); Burch, Brad (Health)
Subject: Updating of SoAs [REDACTED] [DLM=For-Official-Use-Only]
Attachments: Decision Point document [REDACTED]
Importance: High

Hi all

Thanks for the work on this thus far.

In the latest SoA attached, the 'Final Agreed Position' column is reflecting the clinical perspective, but not yet reflecting the items in the decision points document. [REDACTED]
[REDACTED]

As discussed, attached is the decisions points summary document [REDACTED]
[REDACTED]
[REDACTED]

I will work with Brad to pull together the covering submission and the high-level scope summaries [REDACTED]
[REDACTED] Let check in at 3pm for 5-10mins as a check-point.

Any questions or concerns please come see Brad or I ASAP.

Thanks
Jakob

Jakob J Culver

Commercial Advisor | Strategic Infrastructure, Corporate Services | ACT Health Directorate
 P: +61 2 5124 9707 | M: [REDACTED] | E: Jakob.J.Culver@act.gov.au | A: 2-6 Bowes Street PHILLIP ACT 2606

Lowes, Shannon (Health)

From: Catanzariti, John
Sent: Wednesday, 20 March 2019 1:47 PM
To: Burch, Brad (Health)
Cc: Culver, Jakob (Health); Lopa, Liz (Health); JasonSmith, Rhona (Health); Evans, Kate (Health); Gray, Sophie; Esau, Lloyd
Subject: RE: SPIRE Staging and Decanting [SEC=UNCLASSIFIED]
Attachments: ACT Health SPIRE Decanting Alternatives 20190320.pdf; Yamba Drive Car Park Option 1.pdf; Yamba Drive Car Park Option 2.pdf; CARHU_Building 01-L10.pdf; CARHU_Building 03-L01.pdf; CARHU_Building 19-L03.pdf; EXEC_Building 08-L01.pdf; SH_Callum Offices Level 3.pdf

Brad,

Please find attached staging and decanting options with associated cost plans for each element.

Please let me know if you require any additional information or details.

Also, I assume ACTH will prepare a covering paper for presentation in tomorrow's ESC

Regards,
 John

From: Burch, Brad (Health)
Sent: Tuesday, 19 March 2019 11:15 AM
To: Catanzariti, John <John.Catanzariti@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Evans, Kate (Health) <Kate.Evans@act.gov.au>; Gray, Sophie <Sophie.Gray@act.gov.au>; Esau, Lloyd <Lloyd.Esau@act.gov.au>
Subject: RE: SPIRE Staging and Decanting [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi John – my comments against each element below.

Thanks for getting onto this so quickly.

Brad Burch | Executive Branch Manager

Strategic Infrastructure

Corporate Services

(02) 5124 9719 or [REDACTED] | brad.burch@act.gov.au



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From: Catanzariti, John
Sent: Tuesday, 19 March 2019 8:47 AM
To: Burch, Brad (Health) <Brad.Burch@act.gov.au>
Cc: Culver, Jakob (Health) <Jakob.J.Culver@act.gov.au>; Lopa, Liz (Health) <Liz.Lopa@act.gov.au>; JasonSmith, Rhona (Health) <Rhona.JasonSmith@act.gov.au>; Evans, Kate (Health) <Kate.Evans@act.gov.au>; Gray, Sophie

Pond, Aleks (Health)

From: JasonSmith, Rhona (Health)
Sent: Wednesday, 20 March 2019 2:35 PM
To: Evans, Kate (Health)
Subject: Decision Point document [REDACTED]
Attachments: Decision Point document [REDACTED]

UNCLASSIFIED

My comment attached
R

Lowes, Shannon (Health)

From: Evans, Kate (Health)
Sent: Wednesday, 20 March 2019 3:32 PM
To: JasonSmith, Rhona (Health)
Cc: Culver, Jakob (Health); Slater, Amanda (Health)
Subject: Update to the SoA and the decision point document
Attachments: Decision Point document [REDACTED]

UNCLASSIFIED

Hi Rhona,

I have updated the SoA as per the decision point document. I have saved it as follows:-

Copy of 20190320 Master SPIRE SOA (KE edit working document)

Under file path

Q:\CS\Central\Health Services Program\01. Building Health Services Program - Capital\16. Facility Planning\SPIRE\11 SoA

Happy to discuss further.

Please see attached the decision point document with updates.

Kind regards

Kate

Kate Evans NP

Kathleen Evans | Clinical Liaison SPIRE | Senior Project Officer

Phone: (02) 5124 9668 Email: kate.evans@act.gov.au

Strategic Infrastructure | Strategic Infrastructure & Procurement | ACT Health Directorate | ACT Government

6 Bowes Street, Phillip, ACT 2606 | GPO Box 825, Canberra, ACT 2601 | www.health.act.gov.au

Lowes, Shannon (Health)

From: Mooney, Colm (Health)
Sent: Wednesday, 20 March 2019 5:34 PM
To: Burch, Brad (Health)
Cc: Lopa, Liz (Health); Bone, Chris (Health); Gilbert, Dave (Health)
Subject: RE: Surgical Training Centre - Functional Requirements etc
Attachments: AVR17/134 - Surgical Skills Training Centre

UNCLASSIFIED For-Official-Use-Only

Brad

Please see attached email from Robyn Jensen which supports the 235M2 requirement , however, there are some other elements that require addressing that can be assessed by STH as part of the space fit analysis for B8 modular proposal. These elements are included in the email attachment.

As previously advise please ensure that this requirement is included in the S&D strategy for SPIRE.

Please liaise with Robyn J if you require further information.

Best Regards

Colm

From: Burch, Brad (Health)
Sent: Tuesday, 19 March 2019 3:19 PM
To: Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; Bone, Chris (Health) <Chris.Bone@act.gov.au>
Cc: Lopa, Liz (Health) <Liz.Lopa@act.gov.au>
Subject: Surgical Training Centre - Functional Requirements etc
Importance: High

UNCLASSIFIED For-Official-Use-Only

Hi Chris and Colm

I note that a requirement has been added to include a Surgical Training Centre in the decant process for Building's 5 and 24 in preparation for SPIRE. In order to include the service within the decant strategy, could you please let me know what the latest iteration of the project is and what function requirements have been agreed with the RACS?

I have the schedule of accommodation from the original proposal (at around 235m2), however this may be a previous iteration (prior to the consideration of Building 5).

Your urgent advice would be appreciated, to ensure that the details can be captured in the SPIRE business case.

Thanks and regards

Brad

Brad Burch | Executive Branch Manager

Strategic Infrastructure

Corporate Services

☎ (02) 5124 9719 or [REDACTED] | 💻 brad.burch@act.gov.au



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Attwood, Courtney (Health)

From: Jensen, Robyn (Health)
Sent: Tuesday, 19 March 2019 5:46 PM
To: Mooney, Colm (Health)
Subject: AVR17/134 - Surgical Skills Training Centre
Attachments: FW: re Surgical Education centre at TCH [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]; 20171121131217248.pdf; RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Colm,

As discussed, please see documents attached regarding the Surgical Skills Centre (known by many names). The pdf document is the original AVR which includes a schedule of accommodation. I don't know that this did actually go to SAPC, and certainly can't find any evidence of it going there – though it may have been discussed in passing.

Please let me know if you need anything further.

Thanks,
Robyn

Robyn Jensen
Senior Manager | Staff Accommodation Projects
Phone: 512-49774
Mobile: [REDACTED]

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ACCOMMODATION VARIATION REQUEST (AVR)

The Strategic Accommodation Team, are responsible for providing high quality customer service delivery in response to requests for accommodation, relocation planning and the management of FF&E (Furniture, Fittings & Equipment). The team also provides considered space planning and audits across ACT Health occupied sites to allow for the efficient use of functional spaces.

Requesting Department

Branch:	Canberra Hospital and Health Services
Department:	Division of Surgery and Oral Health
Area:	Division of Surgery
Contact Officer:	Melanie Applebee
Phone Number:	6244 3207

Request Type

New or additional office furniture and/or joinery required:

- ☐ Sit-to-stand desk (*please attach workplace assessment and doctor's certificate*)
- ☐ WHS chair (*please attach workplace assessment*)
- ☒ Other
- ☐ Removal of surplus furniture
- ☐ Accommodation for new or additional staff
- ☒ Relocation of staff, team or department
- ☐ Address workplace safety issues/ workplace assessment (*please attach assessment*)
- ☐ Space analysis
- ☐ Other

Summary of Requirements

All SAOH specialties employ registrars, most of who are in accredited training programs such as Surgical Education and Training (SET). In 2018 SAOH will have 23FTE SET registrars allocated across multiple specialties. In order to maintain SET accreditation, ACT Health is expected to meet a number of requirements to maintain accreditation status.

Access to office / training space is a requirement of most SET programs. Most specialties are currently not meeting this requirement.

SAOH is seeking space to facilitate surgical education in the ACT and meet SET program requirements. The preference is that the below would be co-located.

1. Support areas – 2 Office (D) spaces to support administrative and clinical support.
2. Two areas with up to 6 hot desks and specialty library resources available to facilitate study and research.
3. 1-2 meeting/handover rooms for surgical education (similar to Meeting Room 1 Building 24) with at least one room to have video conferencing capability. Ability to alter seating / desk arrangements to suit multiple purposes.
4. 1-2 clinical skills wet labs for surgical skills workshops. These labs require 6 desk type benches that would comfortably seat 2 people at each bench. Vinyl flooring / sinks required in each room.

*Details of specific requirements in **Attachment A**

5. A tea/coffee space to service the multi-purpose education space/s.

Endorsement by Executive Director/Deputy Director General of Requesting Area

Please note: A funding source must be identified for the AVR to be progressed. No furniture orders will be placed or contractors engaged until the appropriate staff have reviewed and approved the submitted quote/s.

Name: Daniel Wood

Title: Acting Executive Director, Surgery and Oral Health

Cost Centre:

Signature:



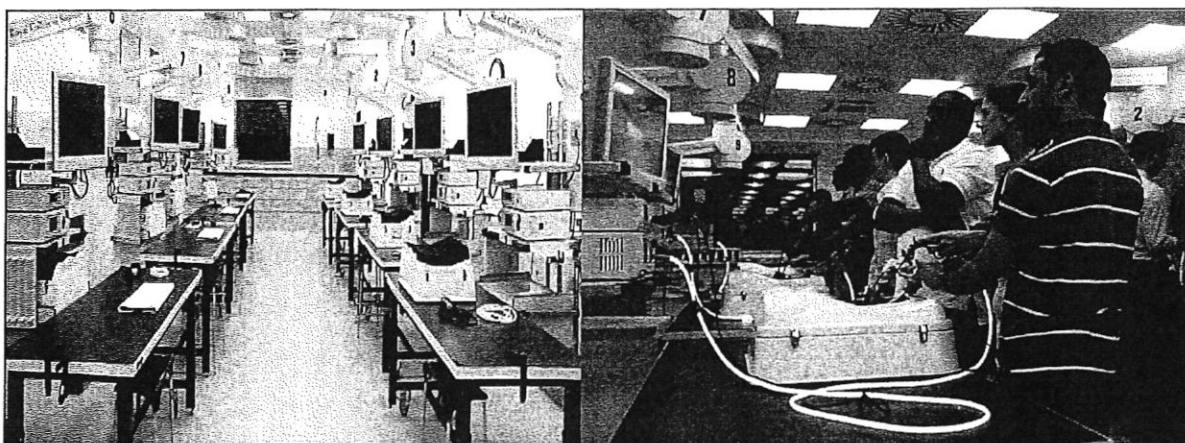
Date:

16/11/17

For all enquiries & submission of request, please email: AccommodationRequests@act.gov.au

Project Officer Initial Client Meeting – Scoping notes**For Strategic Accommodation use only*

**ACT Health Surgical Training Education Centre
Schedule of Accommodation**

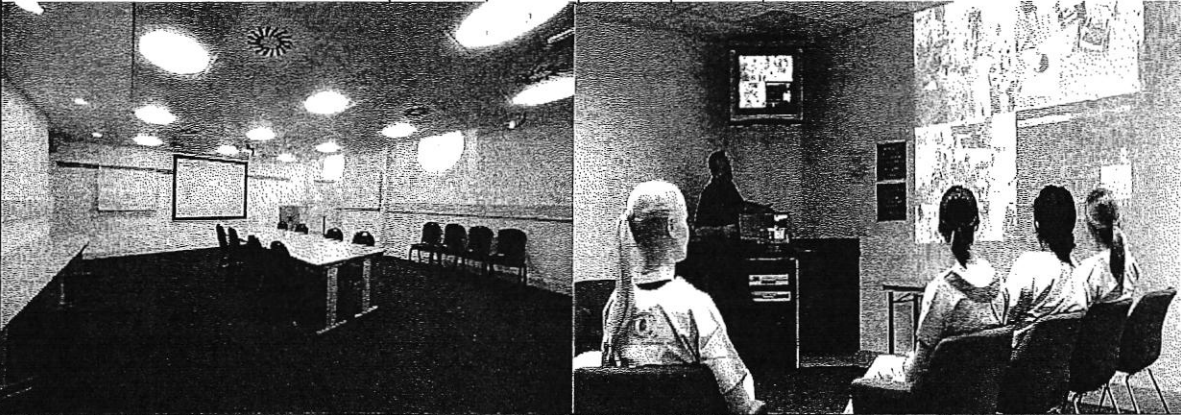
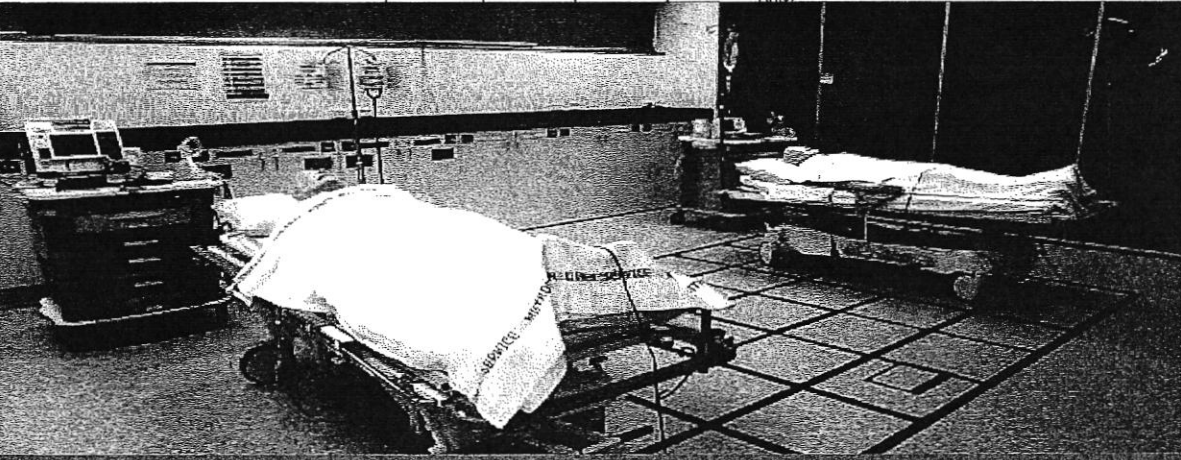


? Communications room	1	12	12	12	Maybe required to accommodate comms racks, control panels etc.
Sub Total			157		
Discounted circulation 15 %			24		
Security rating					Intruder resistant
Hours of operation					24 hours a day 7 days a week.
Window treatments					integral venetians
Simulation FEE					
State of the art audio visual throughout the centre					
High bandwidth videoconferencing internally and to the internet.					
Meeting /Handover Room					
2 Workstations - fully set up					
Secure storage of journals and academic texts					
Stackable seating					
Tilt top tables					
Videoconferencing, ICT etc.					
Clinical Skills Laboratory					
2 Stryker Prime series stretchers					
2 Metro Lifeline Emergency Carts					
Defibrillator					
Videoconferencing					
Surgical Skills Laboratory					
6 Height adjustable workstations with 2 training positions available at each station connected to an AV screen with video conferencing.					
2 HD (generic) Laparoscopic stacks with full complement of laparoscopic equipment					
1 Operating Microscope					
1 Harmonic scalpel					
1 Diathermy Unit					
1 Anatomage Table					

**ACT Health Surgical Training Education Centre
Schedule of Accommodation**

ACT Health Surgical Education, Training & Assessment Centre. June 2016 V 2.0 Revised SoA to meet the basic requirements of the RACS Training & Education Program.					
SUMMARY OF SPATIAL ALLOCATION	Area (m²)	Circ. (m²)	Total (m²)	AusHFG	Comments
Surgical Training Unit					
Total	204	31			
Total GFA			235		
DETAILS OF SPATIAL ALLOCATION	Minimum Area Required				
	No.	Area (m²)	Total (m²)	AusHFG	Comments
Surgical Training Centre					
Entry/Reception Area					
Reception	1	10	10	10	Area for a future staff member to provide administration function, or combined administration/clerical and reception to direct staff to the appropriate learning area. Include set down in joinery for disabled persons access. Provision of storage, files and MFD.
Support Areas					
Waiting/breakout area	1	10	10	10	adjacent to reception
Toilet - Staff	1	3	3	3	
Toilet - Accessible	1	6	6	6	
Office - single person	1	9	9		Office (D) for Education officer/Manager of the Surgical Centre (with significant supervisory responsibilities - in excess of 20 FTE staff). Desk, small meeting table, bookshelf and filing cabinet. As ACT Health Accommodation Policy
Office - single person	1	9	9		Office (D) for Clinical Supervisor with significant staff supervisory responsibilities and the position is 0.7 FTE or higher. Desk, small meeting table, bookshelf and filing cabinet. As ACT Health Accommodation Policy
<i>Sub Total</i>			47		
Discounted circulation 15 %			7		

ACT Health Surgical Training Education Centre **Schedule of Accommodation**

Teaching/Simulation Area				
Meeting Room/Handover room with Resource area (academic library and workstations).	1	35	35	An area for (2 workstations) computer based simulation that can be booked by individual users wishing to practice specific skills. Phone, data, PC, video link etc...ICT to review specific IT needs. Secure access 24/7. Space for academic library for study/research. (stackable chairs, tilt top tables). (based on a Level 5/6 facility). Will also accommodate surgical handovers and clinical tutorials - seating up to 25 seminar style. Design to include an operable wall to divide the room if required for parallel sessions. Beverage area to be incorporated into joinery.
				
Clinical Skills Laboratory	1	45	45	A fitted out, medium sized, room with space for 2 Hospital beds and the associated training equipment. The space will be flexible to facilitate the delivery of procedural, surgical or life support scenarios. This room could also be used for team training and patient scenarios where all aspects of patient care can be observed e.g.. Clinical skills, examination skills, procedural skills, communication, documentation and team work. The installation of a video wall would assist this.
				
Surgical Skills Training Laboratory.	1	65	65	** Modelled on Kolling Institute, RNS Hospital. A large multifunctional room that can be set up for surgical or procedural training. Could also be used for workshops, tutorials. This space allows for 6 workstations. Multiple AV screens (2 per table) will allow for excellent visibility for participants throughout the room. Videoconferencing connectivity to operating theatres and internet.

Attwood, Courtney (Health)

From: Jensen, Robyn (Health)
Sent: Monday, 18 March 2019 4:42 PM
To: Dougan, Shannon (Health)
Cc: Folger-Pleuger, Anne (Health)
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Shannon,

Thanks for your email. I'd like to assure you that finding suitable accommodation for the RACS Surgical Training Centre is definitely still being considered. However, this allocation of space is no longer sitting with our Accommodation team. Rather, it is within the Staging and Decanting aspect of the SPIRE project, at the direction of the CEO.

AVRs are a measure of our Accommodation work, against which we report in terms of timeframes and requests. Keeping this AVR open won't necessarily skew our statistics, but I hope you would understand that we should not be keeping requests open when the matter is being handled in another way.

I'm more than happy to discuss further, but would really encourage you to reconsider whether we can close this AVR please.

Look forward to hearing from you.

Regards,
 Robyn

Robyn Jensen
 Senior Manager | Staff Accommodation Projects
 Phone: 512-49774
 Mobile: [REDACTED]

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From: Dougan, Shannon (Health)
Sent: Monday, 18 March 2019 4:33 PM
To: Folger-Pleuger, Anne (Health) <Anne.Folger-Pleuger@act.gov.au>
Cc: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi there

Apologies for the delay in my response.

I have spoken to both the Executive Director and Clinical Director of Surgery, and at this time we wish for this AVR to remain open at this time, please.

I understand that this issues has also been forwarded to the Chief Medical Officer for discussion with the CEO.

Please let me know if you require anything further from me at this time.

Otherwise, I will get in touch once I hear more.

With thanks

Shannon

Shannon Dougan | Acting Operations Manager
Division of Surgery
Canberra Health Services | ACT Government

Phone: 02 5124 3207 | Email: Shannon.dougan@act.gov.au
Building 24, Level 2, Canberra Hospital | PO Box 11, Woden ACT 2606 | act.gov.au

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From: Folger-Pleuger, Anne (Health)
Sent: Wednesday, 6 March 2019 6:28 PM
To: Dougan, Shannon (Health) <Shannon.Dougan@act.gov.au>
Cc: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>; Applebee, Melanie (Health) <Melanie.Applebee@act.gov.au>
Subject: RE: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

UNCLASSIFIED

Dear Shannon

In Melanie's absence, I am writing to you with the proposal to close **AVR17/134** (concerning RACS surgical training space – please see attached, for your reference) which is based on an email, where the CEO has advised that the Surgical training space is to be accounted for in the SPIRE staging and decanting. The SPIRE project will be primarily led by another project team.

Should you have any questions, please do not hesitate to contact me or Robyn Jensen.

Thanking you.

Regards

Anne Folger-Pleuger

Manager
Staff Accommodation Projects
Infrastructure and Health Support Services
Building 3 Level 1 Canberra Hospital
Phone: 02 5124 9767
Mobile: [REDACTED]
E-mail: anne.folger-pleuger@act.gov.au or AccommodationRequests@act.gov.au

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From: Jensen, Robyn (Health)
Sent: Thursday, 29 November 2018 12:25 PM
To: Applebee, Melanie (Health) <Melanie.Applebee@act.gov.au>
Cc: Folger-Pleuger, Anne (Health) <Anne.Folger-Pleuger@act.gov.au>
Subject: FW: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi Mel,

Just following up on your email below. Apologies for the delay. There was an extensive period of time where this was being managed outside of Strategic Accommodation, but I know this is now back with us.

I've been speaking with Frank this morning (and last week). I am escalating resolution of a move that needs to occur prior to us confirming which space can proceed for RACS and will hopefully know more by late next week.

Please feel free to contact Anne or me if you have any questions.

Regards,
Robyn

Robyn Jensen | Senior Manager Strategic Accommodation and Leasing | *Business Support Services* | p: 6207-8910 | m: [REDACTED]

Business Support Services – committed to timely, responsive and client-focused services
Care Excellence Collaboration Integrity

From: Folger-Pleuger, Anne (Health)
Sent: Thursday, 29 November 2018 12:21 PM
To: Jensen, Robyn (Health) <Robyn.Jensen@act.gov.au>
Subject: FW: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Dear Robyn
As discussed
Regards

Anne Folger-Pleuger
Acting Manager
Strategic Accommodation and Leasing Unit
Level 4, 2 Bowes Street, Woden ACT 2606
Phone: 620 78826
Mobile: [REDACTED]
Generic Email Account: AccommodationRequests@act.gov.au



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From: Applebee, Melanie (Health)
Sent: Wednesday, 28 November 2018 11:18 AM
To: Accommodation Requests <AccommodationRequests@act.gov.au>
Subject: Re: AVR17/134 - CHHS Division of Surgery and Oral Health [SEC=UNCLASSIFIED]

Hi

To a degree, yes it relates to the Royal College of Surgeons. This is quite a delay to have acknowledgement of the AVR.

Myself or Frank Piscioneri can be contacted about this.

Can you please provide an update as to how we progress?

Melanie Applebee
Operations Manager
Division of Surgery and Oral Health
Canberra Hospital and Health Services

Building 24, Level 2 - Division of Surgery
Canberra Hospital
P: (02) 6244 3207 M: [REDACTED]

On 13 Nov 2018, at 11:57 am, Accommodation Requests <AccommodationRequests@act.gov.au> wrote:

Dear Melanie

Hope you are well.

Unfortunately due to staffing changes and other priorities we haven't been able to action your Accommodation Variation Request – AV17/134 – see attached.

Could you please confirm that this AVR is relating to the Royal College of Surgeons and whether or not you are still the best contact person for this request?

Thank you.

Regards

Anne Folger-Pleuger

Acting Manager

Strategic Accommodation and Leasing Unit

Level 4, 2 Bowes Street, Woden ACT 2606

Phone: 620 78826

Mobile: [REDACTED]

Generic Email Account: AccommodationRequests@act.gov.au

<image002.png>

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<20171121131217248.pdf>

Attwood, Courtney (Health)

From: Wood, Daniel (Health)
Sent: Thursday, 2 November 2017 3:15 PM
To: Grovenor, Priya (Health); Jensen, Robyn (Health)
Subject: FW: re Surgical Education centre at TCH [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]
Attachments: Business Case - Surgical education - Div Surg.pdf

Daniel Wood
 Acting Executive Director
 Division of Surgery and Oral Health
 The Canberra Hospital
 Phone: 62443515 Email: daniel.wood@act.gov.au

www.health.act.gov.au

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From: Piscioneri, Frank (Health)
Sent: Wednesday, 25 October 2017 8:34 AM
To: Branson, Leonie (Health) <Leonie.Branson@act.gov.au>
Cc: Fletcher, Jeffery (Health) <Jeffery.Fletcher@act.gov.au>; Wood, Daniel (Health) <Daniel.Wood@act.gov.au>; [REDACTED]
Subject: re Surgical Education centre at TCH [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Hi Priya

I am the contact person and the lead in the surgical education centre proposal.

There are over 20 accredited trainees at TCH and another 30 or so unaccredited trainees in the various fields of surgery. Part of the training requirement is a dedicated registrar area for teaching and quiet study. We have struggled to get this at TCH.

We did a needs analysis in 2016 and put up a proposal which is attached. At the bottom of page 2 is a summary of physical requirements. A bare minimum would be 1 clinical skills lab, a simulation room which could double as a tutorial room, and a study/tearoom. Audiovisual facilities would be preferable in all 3 locations.

I am copying Dr Jeff Fletcher, Daniel Wood and [REDACTED] in order to keep them in the loop.

I would be happy to set up a meeting to discuss further. Please note that general surgery is coming up for a 5 year inspection at TCH in late June and I would like to have something in place and active well before then. Feel free to contact me on my mobile [REDACTED]

Regards

Frank

Frank Piscioneri
Consultant General Surgeon
Director Acute Surgical Unit
Supervisor of General Surgical Training
The Canberra Hospital
PO Box 11, Woden, ACT, 2606
tel: 02 6174 5660
fax: 02 6205 2157

Business Case: Surgical education in the ACT

Division of Surgery & Oral Health | The Canberra Hospital & Health Services | ACT Health

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Executive Summary

The Canberra Hospital (TCH), in association with the Australian National University and the Royal Australasian College of Surgeons (RACS), is an accredited tertiary hospital providing training and education of junior doctors in varying fields including (but not limited to) surgery, internal medicine and women's health.

This year there are 22 Surgical Education Training (SET) Trainees registered in the ACT. For surgical trainees to become proficient in the nine core competency domains of the RACS SET program, they require a range of resources and activities that facilitate their development as safe and competent surgeons. These are listed in accreditation standards developed by RACS and the specialist surgical associations and societies for hospitals delivering surgical education and training.

A number of the accreditation requirements are not being met in the ACT and this business case has been prepared to outline the gaps and the need for improved resources and infrastructure to develop the region as a surgical training hub.

RACS ACT wishes to work with ACT Health to immediately progress the establishment of 'quiet rooms' with computer facilities for surgical trainees and registrars, the appointment of a Medical Education Support Officer for the Division of Surgery & Oral Health, and video-conferencing capabilities between ACT hospitals and nearby NSW regional hospitals which host ACT surgical trainees and registrars.

In the longer term, further improvement of resources to facilitate surgical education in the ACT may include a well-equipped simulation room, skills training labs, tutorial rooms and other office space.

RACS ACT surveyed ten of the supervisors of the specialties that comprise the Department of Surgery and Oral Health. Input from the Department of Ophthalmology is currently being sought.

Based on the feedback (see Appendix 1), we recommend the following resources are provided to meet the accreditation standards of a surgical training site.

1. Two quiet areas with computer and specialty library resources available to facilitate study and research.
2. Two tutorial rooms for surgical education.
3. Two skills labs for surgical skills workshops.
4. One office for rotational use by surgical supervisors.
5. An office and a dedicated education officer to assist with educational activities for the entire Division of Surgery.
6. A tea/coffee room to service the multi-purpose education space/s.

In order to progress this business case, we respectfully request the assignment of a suitable ACT Health employee to liaise with on the needs outlined above.

Background

RACS is the principal body accredited by the Australian Medical Council and The Medical Council of New Zealand to provide and manage the education, training (including assessment) and professional development programs for surgeons in Australia and New Zealand.

The Division of Surgery & Oral Health at TCH has several surgical specialties. These include:

- General
- Orthopaedic
- Paediatric
- Vascular
- Otolaryngology
- Urological
- Cardiothoracic
- Neurological
- Plastic & Reconstructive
- Ophthalmology | Royal Australian & New Zealand College of Ophthalmologists (RANZCO)
- Oral Maxillofacial & Dental | Royal Australian College of Dental Surgeons (RACDS)
- Anaesthesiology | Australasian & New Zealand College of Anaesthetists (ANZCA)

While this business case has been prepared by RACS, all units of the Division of Surgery & Oral Health would benefit from a structured program of surgical training, and better integration of education needs across the Division.

All of the specialties employ registrars, most of who are in accredited training programs such as SET. The Division of Medicine at TCH employs a Medical Education Support Officer (MESO) who coordinates all education and training for the division. This has lead to a marked improvement in the educational services available to medical students.

Accreditation requirements

The following standards apply to ensure ACT Health is meeting its accreditation requirements as a registered surgical education and training post:

- 1. Education facilities and systems**
All trainees must have access to the appropriate educational facilities and systems required to undertake training.
- 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.
- 3. Surgical supervisors and staff**
Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback.
- 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.
- 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.
- 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.

7. Clinical governance, quality and safety

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

Current status of surgical education in the ACT

There is no structured surgical training program in the ACT. The organisation of educational opportunities is left to the training supervisors of each specialty, and each clinical sub-unit has been running its own individual training programs with variable success.

Many of the failures of this system have been due to a lack of time to organise educational and training opportunities and collect feedback, and a lack of infrastructure to enhance learning. Communication and a lack of continuity in the supervisors of some specialties have also affected the quality of education and training. These issues are outlined in further detail below.

Staff resourcing

All TCH and Calvary surgeons are required to teach as part of their employment, but there is no coordination or structure. A dedicated MESO would assist training supervisors to organise a regular training program and activities, collect feedback from registrars and supervisors and keep a tab of all logbooks.

Infrastructure

Surgical Trainees require access to private study areas, and dedicated tutorial rooms and skills labs with equipment where procedures can be simulated. Currently Trainees from some specialties do not have access to any of these.

Considerable benefit would be derived from installing or linking video conferencing facilities between TCH, the Calvary hospitals and regional hospitals in NSW such as Bega and Goulburn, which host ACT Trainees. This would give Trainees and supervisors at various sites much greater capacity to engage in educational opportunities.

Communication

The RACS accreditation criteria require a weekly timetable of educational activities for Trainees. A dedicated MESO would help develop and promote educational opportunities.

Re-forming the surgical vocational education and training (SVET) committee, comprising all of the division's training supervisors would help to identify and solve problems that cut across all the surgical disciplines. The MESO could provide secretarial support to this committee.

Resources required

Private study areas

Standard 1 of the RACS accreditation criteria states that computer facilities with IT support, and 24 hour access to a private study area isolated from busy clinical areas are required. At a minimum, private study areas need to accommodate up to four Trainees at any one time. The area should include a minimum of two workstations and ample room for weekly meetings and private study.

Medical Education and Support Officer

Due to the size, responsibilities and desired effectiveness of this position, a full time MESO at either an Administrative Services Officer (ASO) class 6 or Senior Officer Grade (SOG) grade C is required.

Possession of tertiary qualifications or equivalent in a management, education, health or related discipline is highly desirable, but not required. The candidate would also need to understand the health service and how care and education are delivered.

Below is a summary of the position's key responsibility areas:

1. To assist the surgical training supervisors with the organisation, management and administration of surgical training and education.
2. Act as secretariat to the Surgical Vocational Education and Training (SVET) committee.
3. Liaise with the specialty directors and the directors of surgical training at network hospitals (Calvary Hospital) to coordinate training, evaluation and feedback of the program.
4. Coordinate the renewal of departmental accreditation in consultation with specialty directors, with a particular focus on regaining training accreditation for the urology unit.
5. Assist the SVET committee and the directors of surgical training to develop a network training program in an educational environment that complements their surgical training.
6. Coordinate and assist the chair of the Joint Surgical Morbidity & Mortality review committee by providing secretarial support and keeping records.
7. Coordinate reports, databases and feedback and provide relevant information to internal and external stakeholders.
8. Collate financial reports received from the Network hospitals.
9. Organise staff induction activities, including an annual orientation program for surgical Trainees. Regularly revise and update information in the Surgical Trainee Handbook.
10. Maintain an up to date understanding of the junior medical staff industrial agreement including conditions of employment (including the Enterprise Bargaining Agreement), Australian Health Practitioner Regulation Agency (AHPRA) registration processes and immigration requirements, accompanied by the ability to apply this knowledge in day to day processes and practices.

Video conferencing facilities

So that Trainees based outside TCH can participate in weekly training activities, improved video conferencing facilities are required between TCH, the Calvary campuses, and selected regional hospitals in NSW.

Improved video conferencing could also be utilised by surgeons as part of their regular audit meetings, the Joint Surgical Morbidity & Mortality review.

Appendix 1

Summary of requirements: a collation of feedback provided by surgical supervisors from the Division of Surgery.

Appendix 2

Accreditation of hospitals and posts for surgical education and training: Process and criteria for accreditation. Royal Australasian College of Surgeons. Melbourne, 2008.

Appendix 1

Summary of requirements

Division of Surgery & Oral Health | The Canberra Hospital & Health Services | ACT Health

In April 2016, the Royal Australasian College of Surgeons ACT surveyed ten of the supervisors of the specialties that comprise the Department of Surgery and Oral Health. Input from the Department of Ophthalmology is currently being sought. Respondents included:

Dr Tuan Pham	Otolaryngology
Dr Frank Piscioneri	General surgery
Dr Glenn McKay	Cardiothoracic surgery
Dr George Malecky	Paediatric surgery
Dr Ross Farhadieh	Plastic surgery
Dr David McDowell	Neurosurgery
Dr Maurizio Damiani	Orthopaedic surgery
Dr Rex Chan	Urology
Dr Wendell Neilson	Vascular surgery
Dr Robert Witherspoon	Oral and Maxillofacial

The supervisors reported that there are 22 SET trainees and 31 unaccredited registrars between the specialties. At Calvary, this includes seven surgical registrars and one Fellow. Three registrars are unaccredited and four are accredited and included in the SET 2 Program. One registrar is a Urology Trainee currently doing one year of General Surgery. Each registrar is completing a six month term except the Fellow who is completing a one year term.

Summary of requirements

The underlying principle of the RACS accreditation process for hospitals and posts providing surgical education and training is to ensure a learning environment that facilitates the training of safe and competent surgeons is being provided.

Based on the feedback from the surgical supervisors, RACS ACT recommends the following resources are provided to meet the accreditation standards of a surgical training site.

1. Two quiet areas with computer and specialty library resources available to facilitate study and research.
2. Two tutorial rooms for surgical education.
3. Two skills labs for surgical skills workshops.
4. One office for rotational use by surgical supervisors.
5. An office and a dedicated education officer to assist with educational activities for the entire Division of Surgery.
6. A tea/coffee room to service the multi-purpose education space/s.

Ideally the above spaces will be co-located and Building 15 at The Canberra Hospital has been identified as an example of a suitable location.

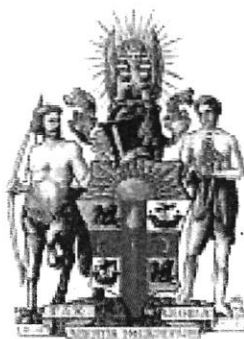
Specific equipment requests include laparoscopic and suture training equipment, a web server for the radiology systems at both TCH and Calvary Hospital, and an on-site cadaver laboratory.

RESPONDENTS NAME	REGISTRARS	SPECIALTY	TRAINING PROVIDED/ CONDUCTED	FACILITIES AVAILABLE	EQUIPMENT AVAILABLE	WHAT IS NEEDED
Dr Tuan Pham Otolaryngology	2 A	ENT	Supervising registrars in operating theatres Supervision of registrars in ENT outpatient clinics Tutorials for registrars Registrars are also trained via Australian Society of Otolaryngology, Head and Neck Surgery	Nil	No access to equipment	No opinion at this stage Education has been so far ad hoc, and not dependant on Division of Surgery
Dr Frank Piscioneri General Surgery	7 A 10 UA	General Surgery	Weekly tutorials Ad hoc Little other training	No dedicated registrar run for General Surgery	Only access to equipment is when on loan from reps	Dedicated space Minimal set of equipment e.g. laparoscopic and suture trainer Education Coordinator
Dr Glen McKay Cardiothoracic Surgery	3 UA	Cardiothoracic	Ward rounds Lung Cancer meeting Cardiac Cath meeting M+M meeting Assisting at Cardiac and Thoracic operations On-call	Library Registrar room located next to the ward	No access to equipment	Mainly secretarial support Video conferencing facilities to tie in with Sydney hospitals
Dr George Malecky Paediatric Surgery	1 A	Paediatric	21 operating lists per four week cycle Daily ward rounds Weekly combined Unit round Weekly Unit total workload Audit 2+ regular Paediatric Surgery outpatients per week Journal club every two weeks	ANU medical school library The registrar has a desk and workstation within the department of Women's and Children's Health, but this is not a quiet area	Access to AV equipment by arrangement	The Paediatric Surgery Unit should have a dedicated room/office, which is in a closed off quiet area, not an open plan workstation
Dr Ross Farhadieh Plastic Surgeon	6 UA 1 Fellow	Plastic Surgery	Weekly Tutorial Research Project	Nil	No access to equipment	Reaccreditation in process Infrastructure - clinical theatre access is being addressed at TCH
Dr David McDowell Neurosurgery	2 A 1 UA	Neurosurgery	Mostly didactic/tutorial based education at TCH (2 weekly clinical meetings, Radiology and Neuropathology review meetings, 'journal club', M+M etc) "Hands on" teaching in the operating room Two formal training seminars organised by the Australasian Neurosurgery Society (NSA) each year (3 day seminars) Workshops, industry sponsored weekend seminars Annual NSA scientific meeting which has sessions for trainees	Dedicated registrar room attached to our ward (9B) Each registrar has his/her own computer	Some access to equipment	Skills lab where the registrars can practice using an operating microscope, perform vascular micro-anastomoses, learn how to use a stereotactic head frame, learn cannulation of the intracranial ventricles, practice spinal instrumentation etc Space for surgical education more generally

Dr Hin Fan Chan Urology	3 TCH UA (2016-17) 1 Calvary SET 1-2 (2016-17)	Urology	Other than MDT/Uro-radiology meetings at teaching platform, there is currently NO formal registrar teaching program in place due to inter-departmental issues Micro-teaching occurs frequently but on an ad-hoc basis during theatre, ward rounds, clinics It is envisioned when accredited urology training resumes in the future, the weekly 1 hour regular formal trainee testing (previously on Tuesday 7am) will be run as an in-house projected 4 hour session once a month pending RACS approval	There is no quiet room available to Urology trainees/registrars despite previously noted as an area for improvement following accreditation inspection Other areas noted for improvement included a lap trainer and urodynamic (video)	No access to equipment	Surgical/Medical Education Officer/Coordinator
Dr Wendell Neilson Vascular Surgery	1 A 1 UA	Vascular trainee General trainee	6 sessions of operating each week 1 session of angiography a week 2+ sessions of outpatients a week Mandatory attendance at ANZSUS (Vascular meeting) and annual trainee week	No study room 1 day every 4 weeks with no official commitment	Have access to vascular grafts and reps generally happy to supply simulators and trial grafts	As long as plenty of notice is given, generally happy to participate in structured education
Dr Robert Witherspoon Oral and Maxillofacial	2 A		Weekly tutorials with registrars Compulsory monthly teaching conducted by the Royal Australasian College of Dental Surgeons – specific for Oral and Maxillofacial surgery Free allocated study sessions	Library only	No access to equipment	Study room with computer access Access to reference books in our clinical areas would assist in registrar education Online access to ALL relevant Oral and Maxillofacial journals should be mandatory Update of the text/reference books in the library Some incorporation with other surgical specialties would be useful for our registrars
Dr Maurizio Damiani Orthopaedics	6 A 7 UA		AOA has formal bone school training for the accredited trainees - this is done via video-link up with Sydney most Tuesday evenings All registrars have extra teaching sessions including Monday morning X-ray meeting, spine school with Dr Ashman, and multiple informal tutorials with other surgeons	Access to the Hospital and Medical School library	Old equipment available in the hospital campuses is utilised	Urgently require a web server for the radiology systems at both TCH and Calvary Hospital Structured Saturday morning teaching sessions involving patients and case discussions would be ideal More funding for extra theatre time On-site cadaver laboratory

A = ACCREDITED

UA = UNACCREDITED



The Royal Australasian College of Surgeons

Accreditation of Hospitals and Posts for Surgical Education and Training

Process and Criteria for Accreditation

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Foreword

Surgical trainees are postgraduate **medical doctors undergoing** specialist education and training, **as well as** employees of the health services. Each of these roles is important for a successful outcome of training. **Trainees are “doing for training” and “training for doing”**. They work in a broad range of clinical environments, each of which **should** provide a rich learning experience which is also aligned to the career aspirations of each individual trainee. Trainees make a significant contribution to the healthcare of patients and receive **significant** help in their training from the surgeons and the other staff with whom they work with on a daily basis **in** the hospitals which employ them.

This document has been prepared to help familiarise hospital administrators with the requirements necessary to educate and train surgeons. It aims to set clear standards and criteria for those who undertake and provide such training. These standards and criteria will ensure that trainees progress towards proficiency in the RACS nine core competency domains. It meets the recommendations on accreditation of sites for surgical training by the Australian Medical Council¹ Australian Competition and Consumer Commission² and takes into account international developments in accreditation.³

The first version of this document was produced in 2005 after extensive research, and consultation with the various College Boards, Specialty Associations and Societies, and the jurisdictions and signed off by all stakeholders and RACS Council. A revised version was produced in 2007 taking into account experience with its use, the extensive feedback received from surgeons, trainees and the jurisdictions and the recently published literature on accreditation. This document was approved by all the groups involved and by RACS Council at its meeting in February 2007.

The Surgical Education and Training (SET) competency-based program⁴ commenced in 2007 with the selection of the first cohort of trainees to begin training in 2008. The implementation of SET including the new workplace-based assessment requirements has increased the work of surgical supervisors and trainers and this is further recognised in this latest revision. The report of the RACS appointed Expert Advisory Group and the RACS 'Building Respect, Improving Patient Safety' Action Plan detail the many issues and projects to address same, within the surgical training environment. The relevance of these documents cannot be overstated.

The contribution of the Surgical Specialty Boards, Associations and Societies is gratefully acknowledged through the use of their logos on the cover of the document. (tbc ST)

A/Prof. Stephen Tobin
Dean of Education
June 2016

¹ Australian Medical Council Accreditation Report. Review of the education and training programs of the Royal Australasian College of Surgeons. February 2002. Available at <http://www.amc.org.au>

² Report of Review Committee: Review of the criteria for accrediting hospital training posts for advanced surgical training and hospitals for basic surgical training. April 2005. Available at <http://www.surgeons.org>

³ Collins JP. New standards and criteria for accreditation of hospitals and posts for surgical education and training. Australia and New Zealand Journal of Surgery. 2008; 78: 277-281

⁴ Collins JP, Gough IR, Civil ID, Stitz RW. A new surgical education and training programme. Australia and New Zealand Journal of Surgery. 2007 (In print)

Program Accreditation and Partnership

The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) and The Medical Council of New Zealand (MCNZ) to provide and manage the education and training (including assessment) and professional development programs for surgeons in Australia and New Zealand. RACS delivers its Surgical Education and Training (SET) program in association with the Specialty Societies and Associations ("the Specialty Societies") that represent the nine specialties in which Fellowships are awarded. Those Specialty Societies, which have entered into agreements with RACS, and are represented by membership of the relevant Specialty Training Board⁵, are consulted by RACS on all matters of quality and standards, are:

- Australian and New Zealand Society for Cardio and Thoracic Surgeons (ANZSCTS)
- General Surgeons Australia (GSA)
- New Zealand Association of General Surgeons (NZAGS)
- Neurosurgical Society of Australasia (NSA)
- Australian Orthopaedic Association (AOA)
- New Zealand Orthopaedic Association (NZOA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- New Zealand Society of Otolaryngology Head and Neck Surgery (NZSOHNS)
- Australian Society of Plastic Surgeons (ASPS)
- New Zealand Association of Plastic Surgeons (NZAPS)
- Australian and New Zealand Association of Paediatric Surgeons (ANZAPS)
- Urological Society of Australia and New Zealand (USANZ); and
- Australian and New Zealand Society of Vascular Surgery (ANZSVS)

The Surgical Education and Training Program

RACS is committed to high standard, safe, comprehensive surgical care for the communities of Australia and New Zealand. RACS is responsible for all surgical training throughout Australia and New Zealand in nine surgical specialties:

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology Head and Neck Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology; and
- Vascular Surgery.

RACS has developed the SET program to equip doctors with the knowledge, skills and behaviours to practise as effective, ethical surgeons capable of delivering high standards of patient care in unsupervised clinical practice.

SET trainees work and train in hospitals, to attain and demonstrate competence in nine key areas. These RACS competencies⁶ are:

- Medical expertise
- Judgment – Clinical Decision Making
- Technical expertise
- Professionalism and ethics
- Scholarship and teaching
- Health advocacy

⁵ The Federal Training Committee of the AOA has the delegated responsibility for the regulation of the Orthopaedic SET program in Australia, in accordance with relevant RACS policies.

⁶ Developed from the CanMeds competency framework developed by the Royal College of Physicians and Surgeons of Canada. Frank JR (Ed) The CanMEDS 2005 Physician Competency Framework: Better Standards, Better Better Care. Ottawa The Royal College of Physicians and Surgeons of Canada.

- Collaboration and teamwork
- Communication
- Management and leadership

Doctors are selected directly into one of the surgical specialties with advancement through SET hinging on trainee competence. Trainees progress through integrated programs which provide them with increasing professional responsibility under appropriate supervision. RACS has described five stages of increasing complexity in its publication *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*. To support trainees' safe participation in surgical practice in clinical environments that provide the required knowledge, skills and experiences, Specialty Training Boards responsible for regulating SET accredit hospital-based training posts and ambulatory care facilities for surgical training in Australia and New Zealand.

Training Post Accreditation

The underlying principle of the accreditation process is to ensure that education and training sites provide learning environments that facilitate the training of safe and competent surgeons. In 2006 the then Dean of Education, Prof. John Collins FRACS worked with the Specialty Training Boards, the Specialty Societies, the Australian state and territory departments of health and the New Zealand Ministry of Health and District Health Boards to develop a set of accreditation criteria. These were based around seven core educational, clinical and governance standards required to provide training in a range of clinical contexts. The first version contained 43 individual criterion, reduced to 41 after a review in 2007 (published in 2008).

In 2015 RACS responded to reports of unacceptable behavior by establishing an Expert Advisory Group (EAG). The EAG consulted widely with the surgical community and other interested groups, conducting a prevalence survey, focus groups and interviews. It released its report in September 2015 and RACS accepted all its recommendations. The RACS Action Plan: *Building Respect, Improving Patient Safety*, published in November 2015, details how the EAG recommendations will be implemented. Specialty Society presidents supported the findings of the EAG and the RACS Action Plan.

Recognising those recommendations, the 2016 update of the standards and criteria includes a new standard to assess whether the institution seeking accreditation is committed to building and maintaining a culture of respect.

Hospital and health services seeking accreditation are required to meet all of the eight standards. However there is flexibility around the individual criterion within each standard. The 44 published criteria are typically used by each of the Specialty Training Boards, and may be supplemented by specialty specific criteria. They are an important guide to what is assessed when an institution seeks accreditation as a training site that will prepare today's doctors to be tomorrow's surgeons.

The accreditation process is flexible and recognizes that few hospitals will be able to provide the breadth of surgical experience necessary to fulfil all the specialty training requirements and that hospital networks or collaborations already exist (including some with the private sector) or are being developed to facilitate this. Clearly, most of the criteria are absolute requirements for the site being accredited, but some may be met within a network arrangement.

The education of surgical trainees is a multi-faceted process, shared by RACS and its Specialty Training Boards, hospitals, surgeons, trainees, and the Specialty Societies, who cooperate to achieve the best outcomes.

Applying for Accreditation

The process of accreditation may be initiated by a hospital (or a consortia of hospitals for a shared post) that wishes to undertake surgical training for the first time or to propose a new post in addition to existing accredited posts. Specialty Training Boards initiate the process when re-accreditation is required, due to the impending expiry of current accreditation or because concerns have been identified about the quality of training or other issues at a particular hospital.

When possible, Specialty Training Boards aim to confirm the number of posts available prior to the announcement in July of successful applicants for the next intake of trainees. To achieve this each board sets a closing date for applications for the accreditation of new posts. Any applications received after the advertised date will not

be eligible for consideration as a training post in the next training year.

Specialty Training Boards and their administrative support, often provided by a Specialty Society, are responsible for establishing the process of accreditation for their training program that complies with the RACS Training Post Accreditation and Administration policy, available at www.surgeons.org. Information about each accreditation process can be found as follows:

Board	Administration
Board of Cardiothoracic Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/cardiothoracic/)
Board in General Surgery	General Surgeons Australia (www.generalsurgeonsaustralia.com.au) and New Zealand Association of General Surgeons (www.nzags.co.nz)
Board of Neurosurgery	Neurosurgical Society of Australasia (www.nsa.org.au)
Federal Training Committee (Orthopaedic Surgery in Australia)	Australian Orthopaedic Association (www.aoa.org.au)
New Zealand Board of Orthopaedic Surgery	New Zealand Orthopaedic Association (www.nzoa.org.nz)
Board of Otolaryngology Head and Neck Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/otolaryngology-head-and-neck/surgical-training-post-requirements/)
Board of Paediatric Surgery	RACS Surgical Training Department (www.surgeons.org/surgical-specialties/paediatric/)
Australian Board of Plastic and Reconstructive Surgery	Australian Society of Plastic Surgery (www.plasticsurgery.org.au)
New Zealand Board of Plastic and Reconstructive Surgery	RACS New Zealand National Office (www.surgeons.org/surgical-specialties/plastic-and-reconstructive/)
Board of Urology	Urological Society of Australia and New Zealand (www.usanz.org.au)
Board of Vascular Surgery	Australian and New Zealand Society of Vascular Surgery (www.anzsvs.org.au)

Review of Accreditation

The status of an accredited training post may be reviewed at any time during the accredited period, particularly where there are concerns that the educational standard of the post has been compromised.

RACS is committed to ensuring that all training posts operate within a culture of respect. In the event that there is a proven complaint of unacceptable behaviour (discrimination, bullying, sexual harassment, etc.) against a current member of a unit hosting an accredited training post, that post will be reviewed, which may result in loss of accreditation. A second or subsequent proven complaint will result in the post having its accreditation reviewed by the Censor in Chief and Chair of BSET, in conjunction with the relevant Specialty Board Chair. It will not be eligible for reaccreditation until it can be demonstrated that corrective action has been successfully implemented.

Where the surgical supervisor or surgical trainers in the unit hosting an accredited post do not comply with mandated training, accreditation of the post will be withdrawn but may be reinstated when compliance is achieved.

Processing an application

While the accreditation process varies between Specialty Training Boards, each will generally follow a common framework:

1. After the accreditation application is received it will be checked for completeness and then acknowledged. A request for further information may also be made. All Boards aim to complete the accreditation of a post within six months of receiving complete information.

New applications that meet the minimum criteria are usually recommended for progression to an accreditation visit. If the information provided does not meet the minimum criteria, advice will be provided about how identified deficiencies can be rectified.

Based on available information including (but not limited to) the application and past accreditation reports relevant to the specialty and location, Specialty Training Boards may recommend a post for approval after a document-based assessment without an inspection visit. In these circumstances the Board may schedule an inspection visit during the accredited period.

2. When an inspection is required, staff supporting the relevant Specialty Training Board will liaise with the hospital for an accreditation team to visit. The accreditation team may include:

- A surgeon who is a Fellow of RACS with experience in supervision and training in the same specialty and in a hospital of similar type to that seeking accreditation.
- A recently admitted Fellow of RACS (a surgeon within five years of completing Specialist Surgical Training) where possible.
- A jurisdictional representative.

Some of the Specialty Training Boards include a further Fellow of RACS who is an experienced surgeon in that specialty, as part of the team. At least one of the Fellows involved in the accreditation team will usually be from a different region or state. To ensure the integrity of the accreditation process, no member of the accreditation team should be employed by the hospital or associated network being accredited.

3. The accreditation team will meet with the hospital CEO/Senior Management, with surgeons of the relevant unit, including the training supervisor, and with surgical trainees. They may also view the facilities and may meet with other hospital staff. Applying hospitals are expected to facilitate the inspection visit.
4. It is not necessary for each individual criterion specified by a Specialty Training Board within each of the eight standards to be met. It is the task of the accreditation team to decide whether enough criterion are met to demonstrate that the standard is achieved at that site.
5. On completion of the accreditation visit, or when accreditation is carried out on documentation only, a draft Accreditation Report is prepared. This report is made available to the hospital with a timeframe for commenting on perceived factual errors before the report is finalised.
6. After consideration of any comments from the applicants, the Specialty Training Board will finalise the report and confirm or reject accreditation.
7. The accreditation decision will be communicated promptly to the signatories of the application. This decision may include the maximum number of trainees for which a hospital is accredited and the maximum length of time trainees may spend at that particular hospital or network. Accreditation is normally granted for five years.
8. When accreditation or re-accreditation is not approved or when it is withdrawn, information about this decision will include the specific reasons or deficiency identified and outline what modifications may help

lead to accreditation (or reaccreditation) in the future. The Specialty Training Boards and Specialty Societies are keen to work with hospitals to overcome perceived deficiencies and if required consultation will take place between the Chair of the Accreditation Team or the relevant Board, and the hospital CEO and the Head of the relevant Surgical Service on how to achieve this.

9. When a hospital applying for accreditation is not satisfied with the outcome of an accreditation (or re-accreditation) application it has the right to appeal this decision through RACS's Appeals Committee. An appeal can be initiated by a written request to the Chief Executive Officer. The policy on appeals can be accessed on RACS website at www.surgeons.org by selecting "Policies".
10. Approved Training Posts will be acknowledged by a Collège Accreditation Certificate. The approved supervisor will also be acknowledged with a College Supervisor's Certificate.
11. There is an expectation that any hospital accredited for training will advise the relevant Specialty Training Board immediately of any major changes at an accredited site that threatens the educational quality of the post, such as substantial staffing changes or theatre closures.

ACCREDITATION CRITERIA

Minimum requirements marked with an * can be achieved within the hospital network. All others should be achieved within the hospital seeking accreditation.

Standard 1 – Building and maintaining a Culture of Respect for patients and staff. A hospital involved in surgical training must demonstrate and promote a culture of respect for patients and staff that improves patient safety.		
Accreditation Criteria	Factors Assessed	Minimum Requirements
1. The hospital culture is of respect and professionalism	Expressed standards about building respect and ensuring patient safety.	<ul style="list-style-type: none"> Hospital provides a safe training environment free of discrimination, bullying and sexual harassment. Hospital actively promotes respect, including teamwork principles. Hospital has policies and procedures, including training for all staff, that promotes a culture and environment of respect. Hospital policies, codes and guidelines align with RACS Code of Conduct and support professionalism.
2. Partnering to Promote Respect: MoU or similar statements/agreements about the need for 'Building Respect, Improving Patient Safety	Hospital collaboration with RACS about complaints of unacceptable behaviours (Fellows, Trainees and IMGs) that affect the quality of training.	<ul style="list-style-type: none"> Hospital is committed to sharing with RACS relevant complaint information by or about RACS Fellows and Trainees. Hospital actively reinforces positive standards leading to improved behaviours and a respectful environment. The hospital holds surgical teams to account against these standards.
3. Complaint Management Process	<p>Hospital has policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment.</p> <p>Summary data of complaints made, investigated and outcomes.</p>	<ul style="list-style-type: none"> Clearly defined and transparent policy detailing how to make a complaint, options, investigation process and possible outcomes. Clearly defined process to protect complainants. Hospital has documented performance review process for all staff, so it is aware of any repeated misdemeanours or serious complaints that need escalation/intervention requiring intervention to maintain a safe training environment. Process in place to share with RACS summary data, including outcomes or resolution of hospital managed complaints alleging discrimination, bullying and sexual harassment.
Standard 2 - 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
4. Computer facilities with IT support	Computer facilities and Internet/ broadband access	<ul style="list-style-type: none"> Computers and facilities available for information management, online references and computer searches Terminals at flexible sites which may include remote access 24-hour computer access acknowledging security issues

5. Tutorial room available	Documented booking and access processes	<ul style="list-style-type: none"> Tutorial rooms available when required
6. Access to private study area	Designated study area	<ul style="list-style-type: none"> Designated study area/room available isolated from busy clinical areas 24-hour access acknowledging security issues
7. General educational activities within the hospital	Weekly hospital educational program	<ul style="list-style-type: none"> Weekly program publicised in advance Weekly Grand Rounds Opportunities for trainees to present cases/topics
Standard 3 - Quality of education, training and learning Trainees will have opportunities to participate in a range of desirable activities, which include a focus on their educational requirements		
8. Coordinated schedule of learning experiences for each trainee	Publicised weekly 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 week
9. Access to simulated learning environment	Documentation on local opportunities for self-directed skills acquisition and practice	<ul style="list-style-type: none"> Simple basic skills training equipment available, e.g. for suturing practice
10. Access to external educational activities for trainees	<p>Documented hospital HR Policy on educational leave for trainees</p> <p>Documentation on educational equipment provided</p>	<ul style="list-style-type: none"> Trainees given negotiated educational leave to attend <u>mandatory face-to-face</u> 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
11. Opportunities for research, inquiry and scholarly activity	Recent or current research funding, publications, current research projects, recognised innovation in medicine, clinical care or medical administration	<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* Shared responsibility by hospital, surgeons and RACS*
12. Supervised experience in patient resuscitation	Documentation on opportunities for trainees to be involved in resuscitation of acutely ill patients	<ul style="list-style-type: none"> Trainees rostered for clinical responsibilities in ICU or HDU and Emergency Department*
13. Supervised experience in an Emergency Department	<p>Documentation on accreditation of Emergency Department</p> <p>Documentation on role of trainees in the Emergency Department</p>	<ul style="list-style-type: none"> Accreditation by Australasian College of Emergency Medicine* Trainees manage patients in the Emergency Dept under supervision*

14. Supervised experience in Intensive Care Unit (ICU)	Documentation on accreditation of ICU Documentation on role of trainees in ICU	<ul style="list-style-type: none"> • Accreditation by ANZ College of Anaesthetists and the College of Intensive Care Medicine of Australia and New Zealand* • Trainees involved in patient care in ICU, under supervision*
Standard 4 – Surgical supervisors and staff Program managed by appropriate and accessible supervisor supported by the institution and committed surgeons, delivering regular education, training and feedback		
15. Designated supervisor of surgical training	Documentation on supervisor	<ul style="list-style-type: none"> • Clearly identifiable as supervisor • FRACS in relevant specialty ± Member or Fellow of relevant specialty association or society • Regularly available and accessible to trainees
16. Supervisor's role/responsibilities	Hospital documentation on supervisor's role/responsibilities in keeping with College requirements as documented in the Surgical Supervisors Policy.	<ul style="list-style-type: none"> • Supervisor complies with RACS requirements as published on College website (responsibility for ensuring compliance shared by supervisor, hospital and RACS) • Supervisor actively promotes surgical education principles • Supervisor has completed mandatory training as specified in the Surgical Supervisors Policy
17. Credentialed specialist surgical staff willing to carry out surgical training	Documentation on qualifications of specialist surgical staff	<ul style="list-style-type: none"> • Surgeons have FRACS (or are certified as equivalent) in that specialty and practise generally in the field and/or in related subspecialty areas • Surgeons involved with training have completed mandatory training as specified in the Surgical Trainers Policy.
18. Surgeons committed to training program	Scheduled educational activities of surgeons	<ul style="list-style-type: none"> • Surgeons attend scheduled clinical, educational, morbidity & mortality, and audit review meetings • All surgeons facilitate learning of the RACS nine core competencies (Appendix1) <p>(responsibility for compliance shared by surgeons and hospital)</p>
Accreditation Criteria	Factors Assessed	Minimum Requirements
19. Regular supervision, workplace-based assessment and feedback to trainees	Documentation on hospital/ department practices relating to supervision, workplace-based assessment and feedback to 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 clinical supervision • Frequent informal feedback encouraged • Structured constructive feedback and recorded assessment on performance every three months • Opportunities are provided for trainee to respond to feedback, especially with ongoing supervisor support • Workplace-based assessment tools should be utilized including mini-CEX, DOPS, case-based discussions, observed clinical activities including procedures, operations and clinical work such as ward rounds, clinical consultations, organizing operating lists, supervision of (more) junior doctors.

20. Hospital recognition and support for surgeons involved in education and training	<p>Documentation on weekly service and educational activities of surgical staff</p> <p>Documentation on recognition and support for supervisors</p> <p>HR Policy on educational leave</p>	<ul style="list-style-type: none"> The designated Supervisor of Training in each specialty is provided with paid, protected administrative time to undertake relevant duties appropriate to the specialty and in accordance with the SET Surgical Supervisors Policy. This should be related to the number of trainees but should be at least 0.2 EFT if there are 5 trainees under supervision. Surgeons who attend mandated RACS and Specialty Society Supervisors' meetings / courses should have negotiated leave for these.
Accreditation Criteria	Factors Assessed	Minimum Requirements
	Secretarial services available for supervisor's role	<ul style="list-style-type: none"> Accessible and adequate secretarial and IT services should be available for the supervisor's role related to training.
21. Hospital response to feedback conveyed by RACS on behalf of trainees	Mechanisms for dealing with feedback	<ul style="list-style-type: none"> Resolution of validated problems
Standard 5 – Support services and flexibility for trainees Hospitals and their networks are committed to the education, training, learning and wellbeing of trainees who acknowledge their professional responsibilities		
22. Hospital support for trainees	<p>Safe hours practised</p> <p>Safety procedures for trainees leaving the hospital outside normal working hours</p> <p>Level and accessibility of Human Resources services</p> <p>Recognition of training needs of trainees by the hospital and RACS supervisor</p>	<ul style="list-style-type: none"> Rosters and work schedules in Australia take into account the principles outlined in the AMA 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) Hospital promotes trainee safety and provide security when necessary Readily accessible Human Resources service available to trainees including counselling if required Allocation of clinical rotations take trainee's career/surgical specialty requirements and aspirations into account (joint hospital/supervisor responsibility)
23. Trainees' professional responsibilities – Duty of Care	Feedback from employers	<ul style="list-style-type: none"> Trainees' recognition of the concept of Duty of Care Trainee aware of College Code of Conduct Joint trainee/supervisor and College responsibility

⁷ National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors. 1999. Australian Medical Association. Available at <http://www.ama.com.au>

24. Flexible Training Options are available for Trainees	Commitment to enabling flexible employment for RACS trainees while continuing in training.	<ul style="list-style-type: none"> Hospital has a flexible employment policy allowing for part-time and job sharing options. Clearly identified processes for applying for flexible employment. Commitment to working with RACS to facilitate flexible employment for trainees.
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Standard 6 - 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
25. Supervised consultative ambulatory clinics	<p>Documentation on frequency of consultative clinics</p> <p>Documentation showing that 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, which may be external to the hospital and network.
26. Beds available for relevant specialty	Documentation on accessible beds for specialty	<ul style="list-style-type: none"> Sufficient beds to accommodate caseload required for training
27. Consultant led ward rounds with educational as well as clinical goals	Documentation on the frequency of consultant led scheduled ward rounds	<ul style="list-style-type: none"> Two ward-rounds per week Facilitation of learning for trainees on each ward round (or soon afterwards, especially for feedback purposes).
28. Caseload and casemix	<p>Summary statistics of number and casemix of surgical cases managed by the surgical department / specialty in the previous year</p> <p>Number and casemix of surgical cases managed by each trainee's surgical unit/team over the previous year</p>	<ul style="list-style-type: none"> Regular elective and acute admissions. This will vary depending on the type of service. (General guidelines will be provided six months before the accreditation cycle and more specific advice at least four weeks before the visit by the Accreditation Team) Number of patients and casemix varies between surgical units/teams. Supervisor focus is on competence acquisition (same as preceding point) by the trainee, across all the competency domains.

29. 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 casemix) • No conflicting service demands which interfere with required operative experience by trainee • Number and level of surgical procedures varies with stage of training • Work schedules enable trainee to participate in emergency surgery • Specialist trainees have access to those indexed cases required for their training • Appropriate supervision is provided to trainees
30. Experience in perioperative care	<p>Clinical examination rooms available</p> <p>Timetable of postoperative ward rounds</p>	<ul style="list-style-type: none"> • Adequate rooms available to enable appropriate clinical examination of all preoperative patients: this could be at a pre-operative clinic or within day-of-surgery facility. • Scheduled daily postoperative ward rounds
31. Involvement in acute/emergency care of surgical patients	<p>Documentation showing frequency of involvement in acute/emergency care of surgical patients</p>	<ul style="list-style-type: none"> • Weekly (minimum of 1 in 5) involvement in acute/emergency care of surgical patients

Standard 7 - 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

32. Facilities and equipment available to carry out diagnostic and therapeutic surgical procedures	<p>Hospital has the accredited status to undertake surgery</p>	<ul style="list-style-type: none"> • Evidence of accreditation by ACHS or NZCHS to undertake surgical care
Accreditation Criteria	Factors Assessed	Minimum Requirements
33. Imaging – suitable diagnostic and intervention services	<p>Documentation on accreditation</p> <p>Extent of services</p> <p>Timetable of weekly meetings with relevant surgical specialty</p>	<ul style="list-style-type: none"> • Accredited by appropriate body/agency • Regular meeting with surgeons and the relevant unit-team