

Hospital Training Post Accreditation Standards for Surgical Education and Training

June 2021



Principle 1: **Respect and Patient Safety**

Aim: This principle ensures that training hospitals provide a safe training environment, encourage respectful behaviour which supports patient safety, and provide mechanisms that facilitate the monitoring, reporting and management of unprofessional conduct.

Standard	Criteria	Factors Assessed	Responsibility
Standard 1 The hospital culture supports respect and professionalism.	1.1 The hospital has an explicit commitment to promote respectful behaviour, and to manage and respond to unprofessional behaviours in the workplace and training environment.	1.1.1 The mission, goals and values of the hospital support respectful workplace behaviours and professionalism.	RACS
	1.2 There is a demonstrated leadership commitment, at hospital executive and surgical unit level, to facilitate an inclusive and safe training environment free of discrimination, bullying and sexual harassment.	1.2.1 The executive and surgical unit leaders <ul style="list-style-type: none"> – model behaviours consistent with respect and professionalism – demonstrate a zero-tolerance approach to unprofessional conduct – encourage all staff to “speak up” as a means of promoting a patient safety culture; and – promote and support respectful teamwork in all clinical settings 	Joint RACS to assess at the hospital level STBs to assess at the surgical unit level
Standard 2 The hospital has a policy framework to support a zero-tolerance approach to unprofessional conduct.	2.1 The hospital has clearly defined organisational policies which are publicly available and widely communicated.	2.1.1 The organisational policies include: <ul style="list-style-type: none"> – guidelines for standards of behaviour; – defining behaviours for which there is zero tolerance, such as discrimination, bullying and sexual harassment, including victimisation; and – mechanisms for employee reporting of unprofessional behaviour; – possible workplace responses to unprofessional behaviour; – privacy policy which is consistent with RACS’ information sharing protocol (2021). 	RACS
Standard 3 Education and training includes a focus on professional conduct and speaking up.	3.1 All hospital staff have access to education and training that promotes a culture of respect	3.1.1 Hospital education and training includes a focus on unprofessional conduct, including discrimination, bullying, and sexual harassment, and the impact on patient safety.	RACS
		3.1.2 Training includes information and support for “speaking up”. Training includes information on the hospital’s complaints pathways.	RACS
		3.1.3 The hospital makes sure that all surgeons and Trainees complete the hospital’s training and other educational activities that promote and enhance a culture of respect in the workplace.	RACS
Standard 4 The hospital has an effective complaints reporting, monitoring and investigation mechanism.	4.1 The hospital has a widely publicised and easily accessed mechanism for reporting complaints regarding unprofessional behaviour, and concerns about the quality of care.	4.1.1 The hospital provides clear information on the complaints reporting process, including how to make a complaint, the investigation process and the resolution options.	RACS
		4.1.2 The hospital ensures that Trainees know about the local processes for raising concerns and making formal complaints.	RACS
		4.1.3 The hospital has a graduated scale of interventions for unprofessional conduct, including where discrimination, bullying or sexual harassment occurs.	RACS
	4.2 The hospital investigates and addresses complaints consistently, and in a timely manner.	4.2.1 Reports of complaints are dealt with promptly and consistently, in accordance with the published hospital policy and procedures.	RACS
		4.2.2 The hospital systematically tracks and monitors de-identified reported complaints at a surgical unit and institutional level as a performance measure.	RACS
	4.3 The hospital has a commitment to sharing complaints information with RACS, to improve patient safety and the standard of education and training.	4.3.1 The hospital shares complaints information with RACS as outlined in the information sharing protocol, as necessary throughout the accreditation cycle	RACS
		4.3.2 The hospital’s privacy policy and/or credentialing conditions allow for the sharing of information with RACS.	RACS
	4.4 The hospital provides protection and support for those who interact with the complaints reporting process.	4.4.1 The hospital provides confidential psychological support options to all involved in complaints process.	RACS
4.4.2 The hospital takes action in accordance with its policy in relation to the prohibition against and consequence of, victimising a complainant.		RACS	



Principle 2

Cultural Competency and Safety

Aim: This principle ensures that hospitals can demonstrate a commitment to promoting Aboriginal and Torres Strait Islander and/or Māori cultural competence, and can provide a culturally safe training environment for Trainees and patients.

Standard	Criteria	Factors Assessed	Responsibility
Standard 5 There is a hospital wide commitment to provide culturally safe care.	5.1 The hospital has processes to improve the delivery of health care to Aboriginal and Torres Strait Islander and/or Māori populations.	5.1.1 The hospital collects data on the race and ethnicity of the population they are serving.	RACS
		5.1.2 Hospital data on the local population is collated, monitored, and measured to increase cultural awareness and reduce disparities in the quality and outcomes of health care delivery, particularly for Aboriginal and Torres Strait Islander and/or Māori populations.	RACS
	5.2 The hospital promotes cultural safety training.	5.2.1 The hospital provides educational activities relating to cultural competence and Indigenous health.	RACS
		5.2.2 The hospital has policies or procedures that ensure all surgeons and Trainees in the surgical unit are given the time to complete cultural safety training and other educational activities that promote and enhance cultural competence in the workplace.	RACS
	5.3 The hospital and surgical unit create a safe and inclusive environment that provides culturally appropriate, holistic and customised care.	5.3.1 The hospital maintains relevant policy to promote a health care service which is equitable, accessible and responsive to the socially, culturally, and linguistically diverse community it serves.	RACS
		5.3.2 The induction to the surgical unit includes orientation to relevant cultural safety training and policies on delivering culturally appropriate care, including: <ul style="list-style-type: none"> – cultural safety and competency training for patient care; – hospital processes to improve the delivery of Indigenous health; and – Treaty of Waitangi training in Aotearoa New Zealand, if the Trainee has not already completed this. 	RACS



Principle 3

Learning Environment

Aim: This principle ensures that hospitals provide training environments which have the available educational activities and facilities required to support Trainee learning.

Standard	Criteria	Factors Assessed	Responsibility
Standard 6 The hospital and surgical unit have the facilities to deliver the learning opportunities for Trainees to fulfil the surgical education and training program	6.1 Trainees have access to computer facilities with IT support.	6.1.1 Trainees have 24-hour onsite access to the appropriate digital technology which enables them to perform their clinical duties and to access the required training and educational resources. 6.1.2 Trainees have access to video conferencing facilities at each surgical unit.	Specialty specific Specialty specific
	6.2 Trainees have access to a tutorial room.	6.2.1 Trainees have access to a designated tutorial room when required sufficient to accommodate all accredited Trainees at the surgical unit.	Specialty specific
	6.3 Trainees have access to a private study area.	6.3.1 Trainees have access to a designated study area/room isolated from busy clinical areas with appropriate computer and internet access.	Specialty specific
	6.4 There are sleep facilities to support overnight call shifts and fatigue minimisation.	6.4.1 Trainees have access to a private room on site to sleep in when rostered on overnight call shifts. 6.4.2 In accordance with the RACS Standards for Safe Working Hours, the hospital has the ability to employ fatigue minimisation practices if fatigue is identified. These could include: <ul style="list-style-type: none"> – safe transport to a Trainees’ residence; – secure Trainee rest and/or sleep areas within the hospital campus; and – appropriate intervention to enable a fatigued Trainee to hand-over their clinical responsibilities. 	Specialty specific Joint RACS to assess at the hospital level STBs to assess at the surgical unit level
Standard 7 The hospital prioritises and supports education opportunities for Trainees.	7.1 Trainees have access to external educational activities.	7.1.1 Trainees have access to Professional Development leave to attend mandatory training activities for the SET program, and appropriate professional development activities.	Joint RACS to assess at the hospital level STBs to assess at the surgical unit level
	7.2 Trainees have an opportunity to take part in research, inquiry and scholarly activities.	7.2.1 Trainees have the opportunity to take part in research projects, as required by the relevant specialty specific regulations.	Specialty specific
Standard 8 The post is structured to drive the Trainee’s achievement of RACS competencies and specialty specific curriculum requirements.	8.1 The post has a coordinated schedule of learning opportunities for each Trainee.	8.1.1 Trainees have access to a publicised timetable of educational activities which satisfy the relevant specialty specific regulations.	Specialty specific
	8.2 Education sessions are developed with reference to the specialty specific curriculum and the RACS Surgical Competencies.	8.2.1 The schedule of educational activities are based on the SET program curriculum and include a range of best practice teaching and learning methods. Trainee engagement and interaction is encouraged.	Specialty specific
Standard 9 The hospital and surgical unit offer a comprehensive Introduction to the unit.	9.1 All Trainees receive an induction to the surgical unit and hospital practices.	9.1.1 The induction includes, but is not limited to the following; <ul style="list-style-type: none"> – workplace health and safety inductions; – introduction to IT packages used; – meeting with administrative and nursing managers; – meeting with the Surgical Supervisor of Training; – the work practices within the surgical unit, including the local protocols for clinical activities; – the roles, responsibilities of the Trainer and Supervision system; – orientation to the casemix of the unit; – cultural safety and competency training as listed in Principle 2; – the hospital’s complaints processes; and – the hospital support services. 	Specialty specific
		9.1.2 Trainees are provided with access to a handbook which contains orientation information to the surgical unit, as well as introductory meetings.	Specialty specific

Principle 4

Supporting Trainees

Aim: This principle ensures that hospitals are able to provide educational support and guidance, as well as meeting the personal needs of Trainees, to achieve the outcomes of the specialty curriculum and demonstrate the competencies outlined in the RACS Surgical Competence and Performance framework.

Standard	Criteria	Factors Assessed	Responsibility
Standard 10 The hospital and surgical unit promotes the health, welfare and interests of Trainees.	10.1 The hospital demonstrates a duty of care for all Trainees.	10.1.1 There are published policies and procedures available for Trainees seeking leave.	RACS
		10.1.2 Trainees have access to the following well-being support services: <ul style="list-style-type: none"> – confidential psychological support; – occupational health service; and – an accessible Human Resources service. 	RACS
		10.1.3 Surgical Supervisors are aware of the support services available for Trainees to access and refer Trainees appropriately.	Specialty specific
		10.1.4 The hospital adheres to the relevant government workplace legislation to offer breastfeeding facilities and adequate breaks for Trainees returning to work following parental leave. Breastfeeding facilities must be located in close proximity to the surgical unit and/or operating theatres.	RACS
	10.2 Trainees whose health, progress or performance gives rise to concerns are supported where reasonable to overcome these concerns.	10.2.1 The hospital supports the decisions of the Specialty Training Board and Surgical Supervisor to provide support to the Trainee in regard to health, progress and performance.	Specialty specific
	10.3 Safe working hours are practised.	10.3.1 Rosters align with the RACS Standards for Safe Working Hours and Conditions, including on call frequency.	Specialty specific
		10.3.2 The hospital has a policy and process for Trainees to raise any breach of working hours.	RACS
	10.4 There are safety procedures in place for Trainees leaving the hospital outside normal working hours.	10.4.1 The hospital has established safety procedures in place for Trainees entering and leaving the hospital outside normal working hours.	RACS
		10.4.2 Trainees have access to close hospital car parking, and a security chaperone when necessary.	RACS
	10.5 The rostering process ensures timely roster distribution and exposure to all shift types and casemix exposure.	10.5.1 In Australia, rosters are available at least 28 days in advance. In Aotearoa New Zealand, rosters are published in line with the Multi-Employer Collective Agreement.	Specialty specific
		10.5.2 There is a documented process for Trainees to submit roster requests in advance for consideration. In particular, requests to enable work/life balance and to accommodate the parental and carer role of Trainees are considered.	Specialty specific
	10.6 All Trainees receive appropriate payment for the work performed	10.6.1 Remuneration of the Trainee includes: <ul style="list-style-type: none"> – a salary position; – appropriate payment for work performed in accordance with or at least equivalent to the public sector awards; and – paid overtime when working above agreed contracted hours. 	Specialty specific



<p>Standard 11</p> <p>The hospital has a commitment to enabling flexible (less-than-full-time) clinical training options for all Trainees.</p>	<p>11.1 The hospital has an employment policy allowing for flexible training options.</p>	<p>11.1.1 Surgical units assess all requests for flexible training on a case by case basis and in accordance with the employing hospital's policy. A written explanation outlining why an application has been rejected should be provided to applicants and where relevant, how it could be modified to increase the likelihood of success in future.</p>	<p>Specialty specific</p>
	<p>11.2 If the hospital has a Trainee in flexible clinical training, the surgical unit ensures equity of workload and clinical exposure.</p>	<p>11.2.1 Where flexible training is approved by the Specialty Training Board, the Trainee has access to education and training activities, including an on-call schedule, on a proportional basis as determined by the Specialty Training Board.</p>	<p>Specialty specific</p>
<p>Standard 12</p> <p>Trainees receive educational support and guidance to be able to achieve the learning outcomes required in the surgical education and training program.</p>	<p>12.1 Trainees have access to supervision at all times.</p>	<p>12.1.1 Supervision is provided during work hours, on-call and after hours. Supervision is onsite or, where necessary and appropriate, there is a process for remote supervision.</p>	<p>Specialty specific</p>
		<p>12.1.2 The appointed Surgical Supervisor implements the Surgical Supervisor's role and responsibilities in line with the RACS Standards for Supervision and the relevant specialty specific regulations .</p>	<p>Specialty specific</p>
	<p>12.2 Trainees receive regular, constructive and meaningful feedback on their performance, development and progress in the post.</p>	<p>12.2.1 Surgical Supervisors and Trainees are afforded with the time to discuss the necessary feedback on performance, development and progress as required by the relevant specialty specific regulations .</p>	<p>Specialty specific</p>
		<p>12.2.2 Trainees are facilitated to obtain multi-source feedback if desired or required by the relevant specialty specific regulations.</p>	<p>Specialty specific</p>



Principle 5

Supporting Surgical Supervisors and Trainers

Aim: This principle ensures that hospitals recognise the roles of Surgical Supervisors and Trainers, and support them in gaining the knowledge and skills to complete the role. Surgical Supervisors are awarded the time and resources required to deliver surgical education and training.

Standard	Criteria	Factors Assessed	Responsibility
Standard 13 The post is managed by an approved Surgical Supervisor.	13.1 The hospital nominates Surgical Supervisors who have demonstrated capability for the role.	13.1.1 There is a clearly articulated process for selecting a Surgical Supervisor.	Specialty specific
	13.2 There is a designated Surgical Supervisor appointed according to RACS Surgical Supervisor Policy and the relevant specialty specific regulations.	13.2.1 There is a clearly identifiable Surgical Supervisor, nominated by the hospital and approved by the Specialty Training Board.	Specialty specific
		13.2.2 The Surgical Supervisor satisfies the generic requirements, including the mandatory training, in the RACS Surgical Supervisor Policy, and satisfies the relevant specialty specific regulations.	Specialty specific
		13.2.3 The hospital advises the Specialty Training Board in a timely manner of any issues raised regarding the Surgical Supervisor which may impact on their eligibility, performance and suitability for the role after appointment.	Specialty specific
Standard 14 The hospital supports the appointed Surgical Supervisor to complete the role and develop their competencies as a Surgical Supervisor.	14.1 The Surgical Supervisor is provided with protected time, and the necessary infrastructure support, to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.	14.1.1 The appointed Surgical Supervisor is provided with paid, protected time to undertake the relevant duties appropriate to the specialty and in accordance with the RACS Surgical Supervisors Policy and the Standards for Surgical Supervisors. This should be related to the number of Trainees but should be at least 0.2 FTE if there are five Trainees under supervision. If necessary, Surgical Supervisors must be able to cancel clinical activities to complete their role.	Specialty specific
		14.1.2 Accessible and adequate facilities, including a private and confidential meeting space to meet with Trainees and Surgical Trainers, secretarial and IT services are available for the Surgical Supervisor's role related to training.	Specialty specific

Standard	Criteria	Factors Assessed	Responsibility
<p>Standard 14 (cont.)</p> <p>The hospital supports the appointed Surgical Supervisor to complete the role and develop their competencies as a Surgical Supervisor.</p>	<p>14.2 The appointed Surgical Supervisor is awarded time to attend various commitments to assist them in line with the RACS Surgical Supervisors Policy and to be able to perform their duties.</p>	<p>14.2.1 The hospital and surgical unit ensures that the Surgical Supervisor has the time to attend the necessary RACS Surgical Supervisor Induction requirements, mandatory and ongoing Professional Development courses, Specialty Training Board activities and any further activities and events associated with the role.</p>	<p>Joint</p> <p>RACS to assess at the hospital level</p> <p>STBs to assess at the surgical unit level</p>
	<p>14.3 All surgical staff complete performance appraisals.</p>	<p>14.3.1 Performance development processes are completed according to the frequency required by the employing hospital, within a maximum three-year cycle.</p>	<p>RACS</p>
		<p>14.3.2 Feedback is sought from Trainees in a de-identified manner as part of the process.</p>	<p>RACS</p>
		<p>14.3.3 The hospital's appraisal mechanism assesses technical and non-technical professional skills, and include an appraisal of Surgical Supervisors against their role.</p>	<p>RACS</p>
	<p>14.3.4 The hospital has in place an appropriate documented process to address any concerns identified through the performance development process. The process is followed, and concerns are addressed to maintain a safe training environment.</p>	<p>RACS</p>	
<p>Standard 15</p> <p>The surgical unit has credentialled specialist surgical staff members able to be Surgical Trainers, so that Trainees have the appropriate clinical supervision and workload for patients to receive safe care, while creating the required learning opportunities.</p>	<p>14.4 The hospital and the surgical unit support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities.</p>	<p>14.4.1 The hospital has a clear policy and procedure for the Surgical Supervisors to raise and have concerns addressed in a timely and effective manner.</p>	<p>RACS</p>
	<p>15.1 There are credentialled specialist surgical staff qualified to carry out surgical training and supervision.</p>	<p>15.1.1 The Surgical Trainers satisfy the generic requirements, including mandatory training, in the RACS Surgical Trainers Policy, and satisfy the relevant specialty specific regulations.</p>	<p>Specialty specific</p>
<p>15.2 Surgical Trainers are involved in the education and assessment of accredited Trainees placed in the unit.</p>	<p>15.2.1 There is evidence that Surgical Trainers are actively involved in the education and training of the Trainee as required by the relevant specialty specific regulations.</p>	<p>Specialty specific</p>	





Principle 6

Leadership and Governance

Aim: This principle ensures that the hospital has effective governance, patient safety systems and leadership to manage the quality of education and training and patient care.

Standard	Criteria	Factors Assessed	Responsibility
Standard 16 The hospital has transparent and effective governance systems and processes to manage the quality of surgical education and training.	16.1 The hospital responds to feedback conveyed by RACS and the Specialty Training Boards as part of the accreditation process.	16.1.1 The hospital and surgical unit has mechanisms for dealing with the feedback received, and develops an action plan to respond to feedback received within the specified timeframe to improve the quality of education and training.	Joint RACS to assess at the hospital level STBs to assess at the surgical unit level
	16.2 The hospital demonstrates accountability for education governance in the organisation at board level (or equivalent).	16.2.1 For each specialty at the hospital, there is a designated Head of each surgical unit.	Specialty specific
		16.2.2 The designated Head of the surgical unit has a defined role in the governance and leadership team.	Specialty specific
		16.2.3 There are regular surgical unit meetings at each hospital, at a frequency specified by the relevant specialty specific regulations.	Specialty specific
		16.2.4 Where possible, the Head of the surgical unit is a separate role and person to the Surgical Supervisor. The Specialty Training Board has to review and endorse if the Head of the Unit and the Surgical Supervisor are the same person.	Specialty specific
	16.3 The hospital has risk management processes.	16.3.1 The hospital has a Quality Assurance Committee or equivalent that reports to the appropriate governance body.	RACS
	16.4 The hospital has Credentialing or Privileging Committees.	16.4.1 The Hospital has a Credentialing or Privileging Committee or equivalent which credentials clinicians at least every five years.	RACS
		16.4.2 Credentialing relates to certification, subsequent training and experience and current scope-of-practice.	RACS
	16.5 Morbidity & mortality and audit activities constituting peer review.	16.5.1 All surgical units have regular (at least quarterly) meetings to review morbidity/mortality related to recent activities as determined by the relevant specialty specific regulations.	Specialty specific
		16.5.2 All Surgical Supervisors, accredited Surgical Trainers and Trainees participate in the morbidity and mortality meetings at all surgical units where they undertake clinical activities.	Specialty specific
16.5.3 The surgical unit participates in mandatory audit activities, as determined by the Specialty Training Board.		Specialty specific	
16.6 The hospital has higher-level hospital systems reviews.	16.6.1 Surgeons and Trainees participate in the review of hospital systems, when conducted.	RACS	
Standard 17 The hospital is fully accredited to deliver and monitor safe patient care.	17.1 The hospital is accredited by an agency approved by the Australian Commission on Safety and Quality in Health Care, the Ministry of Health New Zealand or an equivalent national body if overseas.	17.1.1 Each hospital is accredited by the Australian Commission on Safety and Quality in Health Care or the Ministry of Health New Zealand.	RACS

Principle 7

Clinical Experience

Aim: This principle ensures that the training post can deliver sufficient practical experience to accomplish the outcomes of the specialty curriculum, the assessment requirements, and contribute towards the achievement of the competencies outlined in the RACS Surgical Competence and Performance framework.

Standard	Criteria	Factors Assessed	Responsibility
Standard 18 The hospital provides the required operative experience, case load and case mix for Trainees as defined in the relevant specialty specific criteria set by the Specialty Training Board.	18.1 Trainees 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.	18.1.1 Trainees have access to appropriate case volumes and case mixes as required by the relevant specialty specific regulations.	Specialty specific
Standard 19 The hospital provides the appropriate clinical services.	19.1 The hospital provides supervised consultative ambulatory clinics.	19.1.1 Trainees attend a minimum number of clinics per week, as specified by the relevant specialty specific regulations. If the hospital is unable to provide the ambulatory clinic, Trainees will attend alternative supervised consultative clinics, which may be external to the hospital and network. 19.1.2 Trainees see new and follow-up patients under supervision as required by the relevant specialty specific regulations.	Specialty specific Specialty specific
	19.2 The workforce of the surgical unit allows for Trainees to access the sufficient clinical and operative experience to support Trainee development and progress through the program.	19.2.1 Trainee workload is monitored to ensure they have access to the necessary operative cases, training and learning opportunities as specified by the relevant specialty specific regulations. There are no conflicting service demands which interfere with the required operative experience.	Specialty specific
	19.3 The hospital ensures that consultant-led ward rounds with educational as well as clinical goals are provided.	19.3.1 Trainees are involved in a minimum number of consultant-led, teaching ward-rounds per week, as defined by the relevant specialty specific regulations.	Specialty specific
	19.4 The hospital ensures beds are available for the relevant specialty.	19.4.1 The hospital has sufficient beds to accommodate the caseload required for training, as determined by the relevant specialty specific regulations.	Specialty specific
	19.5 The hospital provides for Trainee involvement in acute/emergency care of surgical patients.	19.5.1 Trainees are involved in the acute/emergency care of surgical patients. The minimum amount of involvement Trainees must be exposed to is determined by the relevant specialty specific regulations.	Specialty specific
	19.6 The hospital provides for a supervised experience in an Emergency Department.	19.6.1 If required by the relevant specialty specific regulations, Trainees will manage patients in the Emergency Department, acting in their own specialty and under FRACS supervision.	Specialty specific
	19.7 The hospital provides for a supervised experience in Intensive Care Unit (ICU).	19.7.1 If required by the relevant specialty specific regulations, Trainees will be involved in patient care in the ICU, acting in their own specialty and under FRACS supervision.	Specialty specific
	19.8 The hospital offers experience in perioperative care.	19.8.1 The hospital has adequate rooms available to enable the appropriate clinical examination of all preoperative patients. These could be at a pre-operative clinic or within day-of surgery facility. 19.8.2 The surgical unit has scheduled daily postoperative ward rounds involving Trainees as required by the relevant specialty specific regulations.	Specialty specific Specialty specific



Standard	Criteria	Factors Assessed	Responsibility
Standard 20 The hospital has the equipment and clinical support services required to manage surgical cases in a particular specialty.	20.1 The hospital has the appropriate diagnostic and intervention imaging services for the specialty.	20.1.1 The surgical unit has suitable imaging equipment, as required by the relevant specialty specific regulations, for diagnostic and intervention services.	Specialty specific
	20.2 The hospital has the appropriate diagnostic laboratory services for the specialty.	20.2.1 Suitable diagnostic laboratory services are available, as required by the relevant specialty specific regulations , and accredited by the appropriate body.	Specialty specific
	20.3 The hospital has the correct theatre equipment to provide high quality, safe patient care.	20.2.2 The surgical unit has regular multidisciplinary meetings and pathology meetings, as required by the relevant specialty specific regulations.	Specialty specific
	20.4 The hospital has the appropriate therapeutic support services.	20.3.1 The hospital has suitable theatre equipment, as required by the relevant specialty specific regulations.	Specialty specific
	20.5 The surgical unit is safe and implements best practice occupational health and safety regulations.	20.4.1 The hospital has the required additional therapeutic support services available to provide integrated care, as required by the relevant specialty specific regulations.	Specialty specific
20.5.1 There are documented measures and the necessary personal protective equipment (PPE) available to ensure safety against hazards such as radiation, toxins, exposure to infectious agents transmitted through respiration, blood and fluid, and potential exposure to violence from patients and others.		Specialty specific	



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Further information

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