

## POST FELLOWSHIP EDUCATION AND TRAINING (PFET) PROGRAM ACCREDITATION APPLICATION FORM

This form should be used to apply for RACS Accreditation of a Post Fellowship Education and Training Program. **All sections must be completed with supporting documentation attached.** If required, please note in the criteria field the relevant reference to your Society's Submission document/Program/Guidelines/Handbook – for example: "please refer to Section X.X. of the Program Submission for further details".

### Application Fee:

The assessment fee for accreditation of PFET Applications are as follows:

A **non-refundable** PFET Program accreditation fee is payable by the Society proposing the PFET Program.

#### The 2020-2021 accreditation fee is:

Australia \$3,475 (including GST)

New Zealand \$3,885 (including GST)

Following receipt of application, an invoice will be issued for the **non-refundable** fee.

### Important:

Post Fellowship Education and Training Programs must be proposed by Specialty Societies of the nine specialties, or, by Sub-specialty Societies that have obtained sponsorship from the relevant major Specialty Society. For further information about the approval of [Post Fellowship Education and Training](#) Programs visit the College website.

## SECTION 1: APPLICANT DETAILS

### 1.1 Program Details


Program Proposer: <i>(Organisation name)</i>	
PFET Program Title:	

### 1.2 Society Contact Details

Society Name:			
Mailing address:			Suburb:
	State:		Postcode:
Contact Name:			
Position:			
Contact Number:			
Contact Email:			

**SECTION 2: SPECIALTY SPONSORSHIP (to be completed by a Sub-specialty Society ONLY)**

**Note:** The Sub-specialty Society **MUST** be recognised as such by one or more of the Surgical Specialties.

<p><b>Program Sponsor:</b> <i>(Name of the Specialty Society sponsoring the Application)</i></p>	
<p><b>Program Support: (only for Programs with more than one associated Specialty Society)</b></p> <p><i>If the sub-specialty is associated with more than one Specialty Society, it is desirable for all associated Specialties to support the proposed Program (documented in a letter). If letters of support cannot be obtained from all the associated Specialties, please contact RACS prior to submitting this application form.</i></p>	
<p><b>Will the Program be bi-national?</b></p> <p><i>If it is planned that the PFET Program will run in both countries, and the supporting Specialty has separate New Zealand and Australian societies, sponsorship of <b>both</b> societies is required.</i></p>	
<p> Attach relevant Letter/s of Support from Specialty Society/ies.</p>	

**SECTION 3: ASSESSMENT CRITERIA**

A Post Fellowship Training Program proposal **MUST** include (but is not limited to) information on the following criteria:

**3.1 Demonstrated need based on public benefit/benefit to patient care**

Describe how the program satisfies a public need and will benefit patient care.

**3.2 Justification on the basis of a specific and unique technical and scientific knowledge base**

Outline the unique/specific skills and scientific knowledge required to meet this criterion.

**3.3 Evidence that the proposed program provides education and training that is significantly more specialised than that currently provided at a generalist level in one or more of the College's nine specialty training programs.**

Outline how the proposed program provides significantly more specialised training than the relevant SET training program.


Include evidence that there is no significant overlap between the relevant SET program and the proposed PFET program.

### 3.4 The standards of care that the proposed program aims to deliver


Provide an outline of the standards of care that PFET trainees are expected to achieve during their training.

### 3.5 Evidence of deliverability of proposed curriculum

Outline the mechanisms that will be used to determine the hospital's ability to deliver the proposed curriculum.

 Attach copies of any policies, procedures and hospital accreditation processes that will be in place.

### 3.6 A defined curriculum and education standards based on the [College's competencies](#)

 Attach a copy of the proposed curriculum and provide a brief overview.

Indicate how the program will meet the education standards that are consistent with the College competencies.

### 3.7 Clinical Activity Requirements

Provide an overview of the minimum requirements for trainees' clinical activity during their PFET training (such as logbook numbers, case-mix, primary/secondary operator level, operating sessions, or outpatient clinic).


### 3.8 In-training formative assessments

Provide copies of in-training formative assessments and/or list the section(s) in the proposed program regulations that address this criterion.

 Attach copy of in-training assessment form

### 3.9 Processes to assess satisfactory performance in training (including progression and remediation of unsatisfactory performance)

Outline the processes used to determine satisfactory performance, progression and completion of the proposed program.

 Attach copies of any checklists/forms/policies used to assess this criterion **or** list the section(s) of the proposed program regulation that refer to this criterion

### 3.10 Appropriate mechanisms for identifying surgical supervisors and educators

Provide details on the criteria used to determine how surgical supervisors will be appointed.

### 3.11 Administrative support funded from program fees

Provide details on how the program will be funded and administered.

Indicate whether or not there will be any infrastructure consequences for the College should the PFET program be accredited.

### 3.12 Consideration of workforce issues including the impact of sub-specialisation on the workplace

Are there any areas of the workforce that will be negatively affected as a result of the program?

Are there any areas of the program that overlap with the relevant Surgical Specialty's SET program?

### 3.13 Continuing Professional Development (CPD)

Outline the CPD requirements for the duration of the proposed program and the expected CPD requirements following satisfactory completion of the proposed program.


### 3.14 Commitment to Surgical Research

Outline how the proposed program demonstrates a commitment to surgical research and include details of any research requirements that PFET trainees are expected to complete.

## SECTION 4: ADDITIONAL INFORMATION

Is there any further information you would like to add to support your application?

### Checklist for submitting an application for Accreditation

 This symbol has been used to indicate where documentation should be attached. When submitting, please clearly label the attachments with the corresponding section/question.

- Have all relevant fields been completed?
- Has all appropriate documentation been attached and saved with a clear description?
- Please post any documents that are unable to be electronically attached (address below)
- If the Program is being proposed by a Sub-specialty Society, a letter of support from the relevant Specialty Society **MUST** be attached with this application.

## DISCLAIMER

- The Program Proposer agrees that all information provided in this application is accurate and complete to the best of their knowledge.
- The Program Proposer understands that if approved, it is the responsibility of the Program Proposer to advise the College of any substantive changes to the information provided in this application.

Date:

## SUBMITTING YOUR APPLICATION

This application **MUST** be submitted electronically.

Please email this form, with all required attachments to: [pfet@surgeons.org](mailto:pfet@surgeons.org)

If you have any further questions about completing this form, please contact:

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