



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

AOA 21
ACCREDITATION
STANDARDS
FOR HOSPITALS
AND TRAINING
POSITIONS



AOA



Excellence in Orthopaedic
Surgical Education and Training

Accreditation Standards for Hospitals and Training Positions

AOA Education & Training	Document created	July 2018
	Last updated	November 2021
	Next scheduled review	November 2023

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Introduction

This document outlines the standards and criteria considered essential for the learning environment of orthopaedic surgery trainees as they complete the training program. All hospitals, orthopaedic surgery departments and training posts will be assessed and monitored according to these standards. The primary aims are to ensure that the collective delivery of education and training is appropriate for a doctor to achieve specialist registration in orthopaedic surgery, and to promote continuous quality improvement of training sites accredited for this purpose.

AOA 21 Training Program

The AOA 21 training program commenced in 2018 and has three stages of training as illustrated in the diagram below:

AOA Training Program									
Stage	Pre-requisites for training	SELECTION	Introduction to Orthopaedics	REVIEW OF COMPETENCE TO PROGRESS	Core Orthopaedics	REVIEW OF COMPETENCE TO PROGRESS	Transition to Consultant Practice	REVIEW OF ELIGIBILITY FOR FELLOWSHIP	Fellowship
Approx. time frame*	Approx. 30-48 months		Approx. 12-18 months		Approx. 36 months		Approx. 12 months		Career
Focus	Knowledge of Surgical Science Basic orthopaedic surgery skills		All Foundation Competencies Orthopaedic Basic Sciences Section 2 – General Orthopaedic Medical and Surgical Expertise Section 3 – Trauma & Injury		All Foundation Competencies Section 3 – Medical and Surgical Expertise applied to each topic area		Leadership & Organisation Skills, Education & Research Refining expertise in selected areas		Continuing Professional Development

*Competency-based assessment. Approximate time frame indicates anticipated progression for the majority of trainees.

Introduction to Orthopaedics

Trainees will spend a minimum of 12 months in the Introduction to Orthopaedics stage. This phase of training is designed to facilitate the acquisition of the basic orthopaedic surgical skills and foundation competencies of an orthopaedic consultant, from which trainees can develop further in the subsequent stages. Training posts will be specifically deemed appropriate for trainees completing this stage.

Core Orthopaedics

The minimum time frame to complete Core Orthopaedics is 24 months and trainees will usually complete this stage in approximately three years. Core Orthopaedics is designed to develop trainees' orthopaedic assessment, management and surgical skills to a level of proficiency across the breadth of general orthopaedic surgery as articulated by the AOA Curriculum. The focus of this stage is on training to deliver safe and effective orthopaedic care to all patients.

Transition to Practice

Trainees will spend a minimum of 12 months in the Transition to Practice stage. This stage of training aims to refine advanced foundation competencies in preparation for work as a specialist orthopaedic surgeon, and allow trainees to pursue more focused development in an area of interest.

For more information refer to the *AOA Training Program Handbook*.

AOA Curriculum

The AOA Curriculum was launched in 2017. Based on the CanMEDs approach, Section 1 of the Curriculum emphasises Foundation Competencies, such as communication, teamwork, and management and leadership. These competencies, together with medical and surgical expertise are the foundations of quality patient care. They are applied across all stages of training and assessed in the workplace throughout the AOA 21 Training Program.

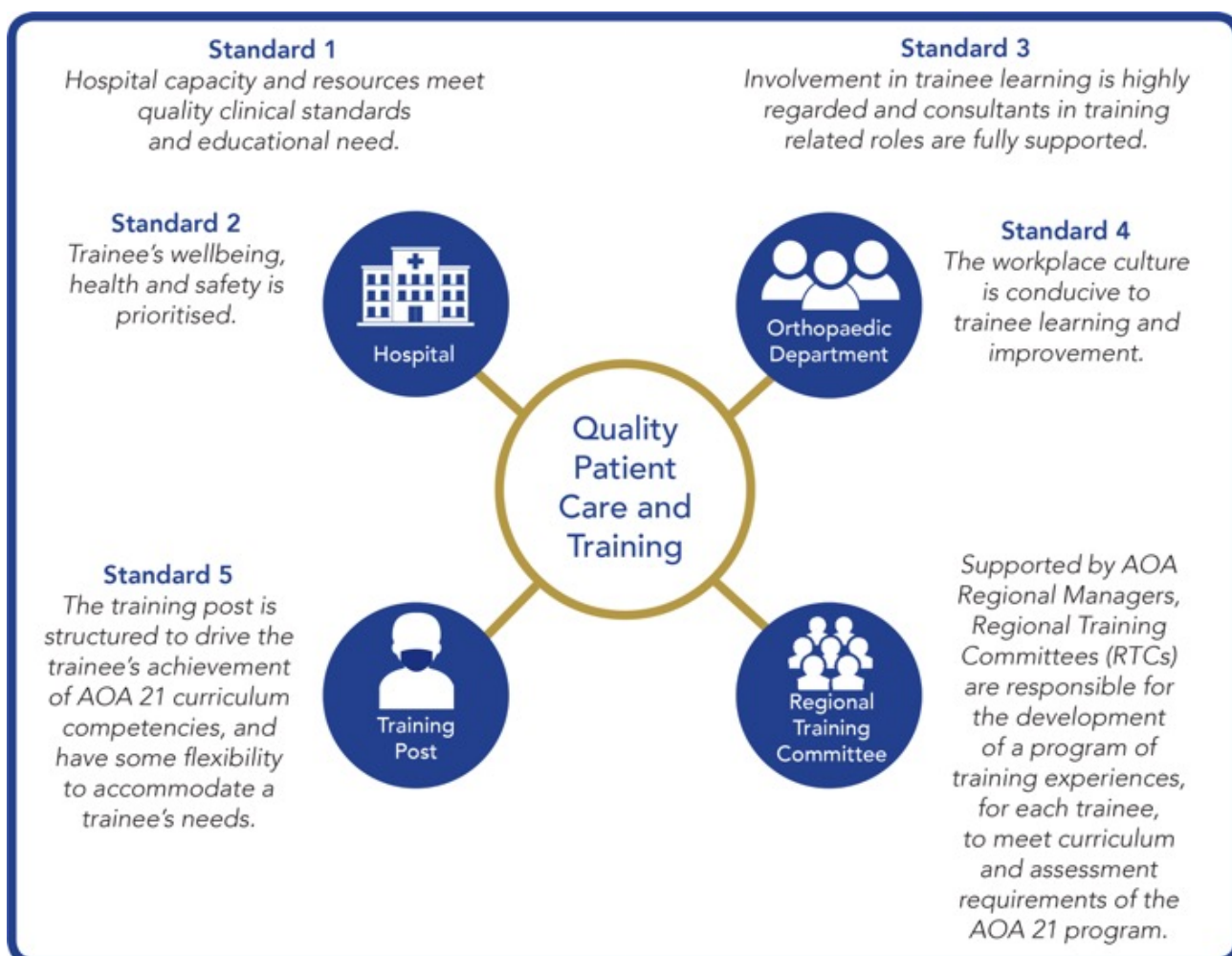
Within the Curriculum, surgical skills are categorised into three levels. On their first day of independent practice, all trainees graduating from the AOA 21 Training Program will be able to competently perform all procedures listed in level one. It is expected that they will have been provided with the opportunity to observe, assist with or perform under supervision those procedures listed in level two. In addition, they will be able to discuss procedures listed in level three and how they would be performed.

It is recognised that not every training post can provide trainees with exposure to learn all aspects of the AOA Curriculum. Therefore, accreditation reviews assess that training posts can contribute effectively to each trainee achieving general orthopaedic surgery expertise and the ability to provide quality patient care on their first day of independent practice.

For more information on the required competencies, refer to the AOA Curriculum.

AOA Standards for Hospitals and Training Posts

Standards are ordered according to the party that is primarily responsible for meeting the standard and/or the specific focus of the relevant standard.



Criteria relevant to the department or the training post (Standards 3-5) would not be considered if criteria relevant to the hospital are not met (Standards 1 and 2).

Each standard is expressed in the following format:

Standard No.

Standard

Descriptor

0.0	Mandatory criteria	Desirable criteria
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Mandatory criteria are expected to be met by all training sites and/or posts. Desirable requirements provide a goal for hospitals and departments to improve toward and aspire to.

Full accreditation will only be granted to training sites and posts that meet all mandatory accreditation criteria.

Standard 1

Hospital capacity and resources meet quality clinical standards and educational need.

The hospital has the capacity, facilities and resources to deliver quality surgical care to patients and support the educational needs of trainees.

No.	Mandatory criteria	Desirable criteria
1.1	The hospital has been accredited and meets the National Safety and Quality Health Service Standards.	
1.2	The hospital utilises an accredited: <ul style="list-style-type: none"> • diagnostic laboratory service • diagnostic and interventional radiology service. As a minimum it provides basic musculoskeletal imaging, including X-ray, CT and ultrasound. 	<p>The hospital has on-site laboratory and radiology services.</p> <p>The hospital provides:</p> <ul style="list-style-type: none"> • magnetic resonance imaging, • nuclear medicine, sub-specialty radiology. <p>An imaging radiologist is available on site to interact with the orthopaedic team.</p>
1.3	The hospital has an orthopaedic surgery department that has: <ul style="list-style-type: none"> • a designated head of department, • at least three consultant* orthopaedic surgeons on staff. 	The head of department has a negotiated role in hospital governance and leadership.
1.4	Scheduled orthopaedic theatre lists consistently occur, i.e. the hospital has sufficient resources (equipment, beds) to ensure lists are rarely cancelled and trainees are able to participate in lists as allocated on their roster (refer to Standard 5).	
1.5	Trainees have access to a private study area, available when needed, where they can study effectively.	Trainees have a lockable room to utilise as a study area.
1.6	The hospital provides: <ul style="list-style-type: none"> • reliable high-speed internet • IT systems configured to enable trainees and consultants access to the AOA Training App and Trainee Information Management System (TIMS). 	<p>Trainees have remote access to:</p> <ul style="list-style-type: none"> • online journals via the hospital site (provided by area health service or affiliated university), • online radiology. <p>Trainees have access to online resources upon commencement of their rotation.</p>

* An AOA member who is actively participating in CPD and meeting the standard for the specialty. From time to time a trainee may be supervised by a consultant who has a FRACS qualification in another surgical specialty (for example, a FRACS-qualified plastic surgeon supervising a hand list). This will be considered on a case-by-case basis.

Standard 2

Trainees' wellbeing, health and safety is prioritised.

The training environment prioritises trainee wellbeing, health and safety, and minimises the effects of fatigue and workload.

No.	Mandatory criteria	Desirable criteria
2.1	<p>Trainees work in an environment that promotes respect for one another and professionalism of all employees. The hospital can demonstrate:</p> <ul style="list-style-type: none"> • the mechanisms in place to manage complaints in relation to bullying, harassment or discrimination should the situation arise. • a commitment to cultural competence, including Aboriginal and Torres Strait Islander, Maori, and all other cultures. 	
2.2	<p>For trainees rotating away from their primary place of residence, the hospital provides appropriate travel and accommodation or covers relocation expenses and subsidises rent as per the <i>AOA National Policy on Trainee Relocation Support</i>.</p>	
2.3	<p>Radiation safety equipment is provided for trainees and tested at least annually. The use of the following is actively promoted and observed when ionising radiation is being used:</p> <ul style="list-style-type: none"> • One- or two-piece wrap around gown with a lead equivalent of 0.5mm, • Thyroid shield at all times, regardless of being more than 2m from the X-ray source. 	<p>The following are available for use for consultants and trainees:</p> <ul style="list-style-type: none"> • Eye protection, • Gloves during high-risk procedures, • Personal dose-monitoring badge.
2.4	<p>Trainees are safe when leaving the hospital after normal hours or working an extended shift. For example, accessible parking close to the hospital and/or a security escort to transport.</p>	
2.5	<p>If work-induced fatigue prevents a trainee from driving, a suitable room is available for the trainee to sleep in, or transport is provided to return home and back to the hospital.</p>	

2.6	Trainees are able to take study leave to attend external education courses and sit examinations to meet training program requirements.	
2.7	The hospital provides resources to assist trainees experiencing difficulty, including confidential counselling services.	The hospital provides a range of on-site support services to assist trainees experiencing difficulty.

Standard 3

Involvement in trainee learning is highly regarded and consultants in training related roles are fully supported.

The department encourages all consultants to be involved in trainee learning. Those who take on specific roles are allocated adequate time and support to fulfil their role effectively. The department actively monitors trainee performance and facilitates the provision of structured education experiences that enhance trainee progression.

No.	Mandatory criteria	Desirable criteria
3.1	In training sites with more than five orthopaedic consultant surgeons, the Director of Training is not the head of department.	The Director of Training is not the head of department.
3.2	A Director of Training is appointed to oversee the education and training of no more than five trainees occupying training posts and receives two hours per month paid time and administrative assistance to fulfil his/her role.	
3.3	The nominated Director of Training fulfils his/her role as per the AOA <i>Director of Training Role Description</i> , including completion of CPD and mandatory workshops.	
3.4	A Trainee Supervisor is appointed for each training post and receives two hours per month paid time and administrative assistance to fulfil his/her role.	
3.5	The nominated Trainee Supervisor/s fulfils his or her role as per the AOA Trainee Supervisor Role Description, including conducting an initial meeting with the trainee, completion of CPD and mandatory workshops.	
3.6	The Trainee Supervisor/s work at the hospital at least one day per week and is on site with the trainee allocated to the respective training post/s.	A Trainee Supervisor/s works at the hospital more than two days per week and regularly works with the trainee allocated to the respective training post/s.
3.7	At hospitals with three or more accredited training posts, an AOA member is nominated to participate as an accreditor in AOA accreditation reviews of hospitals and training posts.	

3.8	The equivalent of one clinical meeting or tutorial is provided each week, in which trainees can discuss cases with consultants. This requirement is in addition to Bone School.	<p>Trainees have the opportunity to present and discuss cases with a consultant/s at regular clinical meetings.</p> <p>Consultants lead structured teaching sessions on a regular basis.</p> <p>The trainee has the opportunity to:</p> <ul style="list-style-type: none"> • teach junior colleagues, • be involved in education sessions offered by relevant specialities, if desired, • participate in multi-disciplinary care meetings.
3.9	<p>Quarterly, trainees actively participate and present at:</p> <ul style="list-style-type: none"> • journal club, • a morbidity and mortality meeting. 	Journal club and morbidity and mortality meetings are facilitated by the department on a regular basis.
3.10	The hospital has a room available to the orthopaedic surgery department on a regular basis for tutorials and meetings.	

Standard 4

The workplace culture is conducive to trainee learning and improvement.

A workplace culture conducive to learning is fostered. Consultant staff engage with trainees to provide specific feedback on observed performance, contribute to teaching and provide the necessary support.

No.	Mandatory criteria	Desirable criteria
4.1	The department can demonstrate their models of care are based on peer-reviewed, published evidence and guidelines and provides regular scheduled teaching, including post-operative audit x-ray meetings or equivalent.	
4.2	Department staff model professional standards and uphold the <i>AOA Code of Conduct</i> . <ul style="list-style-type: none"> • A proactive approach is taken to prevent attitudes and behaviours that are inconsistent with this code, • Trainees learn in an environment that is free from harassment, bullying and discrimination, • All staff are aware of the pathway for trainees to raise concerns confidentially with protection from any ramifications associated with notification. 	Trainees are advised of expectations at the commencement of each rotation and orientation information is provided.
4.3	All consultants directly engaged with trainees in any context, have completed mandatory training and are actively participating in CPD.	
4.4	Engagement with and observation of trainees is actively promoted. <ul style="list-style-type: none"> • Workplace based assessments are completed and submitted by a minimum of two consultants*, for Intro and Core trainees only, who are trained for the role. • Each trainee has a minimum of one feedback entry logged per week. • Feedback entries are logged for a variety of foundation competencies (i.e. communication, teamwork, professionalism, etc.) in a variety of contexts. • Consultants encourage trainees to act on feedback conversations. 	Workplace based assessments are completed regularly, by a variety of consultants from the department. All department consultants use the AOA Training App or TIMS to provide feedback to trainees.

4.5	<p>In relation to teaching, consultants* in the department:</p> <ul style="list-style-type: none"> • have active involvement in the scheduled teaching program, including clinical meetings or tutorials (on site or at regional Bone School), • support the gradual increase in responsibility with experience, • provide regular teaching in a variety of contexts, • contribute to a respectful and supportive workplace culture. 	<p>In relation to teaching, consultants* in the department:</p> <ul style="list-style-type: none"> • contribute to regional Bone School clinical sessions (usually one per year) by identifying appropriate patients for trainees to assess and discuss.
4.6	<p>The department facilitates the completion of training requirements including but not limited to:</p> <ul style="list-style-type: none"> • attendance at Bone Camp, • ensuring trainees can always participate in regional Bone School, • leave for courses or exams. 	<p>The department facilitates trainees to take leave to attend the AORA conference, AOA ASM and AOA COE, and provides paid leave to trainees when required to attend AOA Accreditation site visits as a trainee representative.</p>
4.7	<p>Trainees whose progress, performance, health or conduct gives rise to concerns are identified and supported to overcome challenges. All staff are aware of support services available.</p>	
4.8	<p>In hospitals with three or more training posts, the department can demonstrate how they would support a trainee/s working less than full time.</p>	

** An AOA member who is actively participating in CPD and meeting the standard for the specialty. From time to time a trainee may be supervised by a consultant who has a FRACS qualification in another surgical specialty (for example, a FRACS-qualified plastic surgeon supervising a hand list). This will be considered on a case-by-case basis.*

Standard 5

Each training post is structured to drive the trainee's achievement of AOA curriculum competencies, and has some flexibility to accommodate a trainee's needs.

Each training post has a roster that ensures the trainee can meet the requirements of the AOA 21 Training Program, incorporates individual trainee need and ensures supervision and support commensurate to the trainee's skill and experience.

Pre-approved combinations of training post rosters may be considered to allow flexibility to meet trainees' needs. Such roster combinations may be submitted for review at any time, and hospitals are encouraged to consider applying for them. Any combination of rosters used simultaneously must demonstrate that each individual roster adheres to the AOA standards. Hospitals are then able to utilise pre-approved combinations for future rotations of trainees.

No.	Mandatory criteria	Desirable criteria
5.1	The roster is compliant with the AOA <i>National Policy on the Safe Working Hours and Rostering</i> in relation to hours of work, shift work and rostering.	
5.2	The department ensures high-quality care for patients whilst maximising teaching, learning and training opportunities. There is a balance between service commitments and appropriate supervision for individual trainees.	
5.3	The trainee is exposed to an adequate case load and case mix to contribute to the trainee meeting the requirements of the AOA curriculum, specifically, the completion of the equivalent of two orthopaedic modules*. This is demonstrated by the trainee's e-Log data. <i>*Module completion applies to Intro and Core trainees only.</i>	
5.4	The trainee's roster includes a minimum of six half-day clinical sessions per week.	The trainee's roster has eight clinical sessions.
5.5	The trainee's roster includes the equivalent of at least three half-day theatre lists per week directly supervised [^] by a consultant*. For paediatric posts, the roster should include at least two half-day theatre lists per week.	The trainee's roster includes additional theatre lists supervised by a consultant*.

5.6	The trainee's roster includes the equivalent of at least one half-day session per week supervised by a consultant* for the trainee to assess new cases, and review and follow up cases. At sites where this is delegated to the private sector or consultant rooms, formal arrangements have been made for this to occur regularly. In this circumstance, consent for trainee to be involved and relevant insurances for both trainee and consultant undertaking training/supervisory activities is in place.	The trainee assesses new cases, and reviews and follows up cases with consultant* supervision in three sessions per week.
5.7	The trainee is responsible for actively managing patients on the ward. At least one ward round per week is supervised by a consultant*.	Trainees participate in daily ward rounds.
5.8	The trainee participates in the on-call roster. The roster is a maximum of one in three and is supervised by a consultant.* The on-call commitment does not negatively impact on the trainee.	The trainee's on-call roster is a maximum of one in four and is supervised by a consultant.*
5.9	The presence of fellows completing subspecialty fellowships and/or junior medical staff does not reduce access to orthopaedic surgery theatre lists or the quality of training obtained by trainees.	
5.10	The roster takes into account the individual needs of trainees where practicable, including facilities (e.g. private room for prayer, breastfeeding etc) or flexible arrangements (e.g. frequency of breaks) to meet reasonable personal needs.	
5.11	If there is an emergency department, the trainee is involved in the primary assessment of patients in the emergency department or while on call.	
5.12	Where the training post is less than full time, clinical sessions on the roster are equivalent to a full-time post, pro-rata, and the equivalent educational opportunities are provided.	

Introduction to Orthopaedics

In addition, for a training post to be suitable for trainees completing Introduction to Orthopaedics the post must meet the following criteria.

No.	Mandatory criteria	Desirable criteria
5.13	The post is within a large hospital with multiple accredited training posts with a strong teaching environment and other trainees available to support the trainee in the introductory stage.	
5.14	The trainee's roster includes the equivalent of one half-day trauma list per week directly supervised by a consultant*.	The trainee's roster includes additional trauma lists directly supervised by a consultant*.
5.15	The trainee is exposed to an adequate trauma case load and case mix to ensure that the trainee can meet the requirements of the Introduction to Orthopaedics stage of training.	

^ A consultant is rostered to the theatre session and available as clinically required.

** An AOA member who is actively participating in CPD and meeting the standard for the specialty. From time to time a trainee may be supervised by a consultant who has a FRACS qualification in another surgical specialty (for example, a FRACS-qualified plastic surgeon supervising a hand list). This will be considered on a case-by-case basis.*

Transition to Practice

For a training post to be suitable for trainees completing Transition To Practice, a post must meet the following criteria:

No.	Mandatory criteria	Desirable criteria
6.1	The post is within a large hospital with multiple accredited training posts OR is a rural training site.	
6.2	The post provides a strong learning environment with the opportunity for the TTP Trainee to engage in teaching of junior colleagues. Where it is a rural site with only one training post, the TTP trainee teaches unaccredited registrars, interns or other junior colleagues.	
6.3	The DoT monitors the TTP trainee's performance as aligned with the curriculum competencies and progression through TTP Training Program Requirements and with completion of the trainees TTP Learning Plan.	In addition to the DoT, a mentor is appointed to provide surgical coaching. Mentor to be CPD and AOA21 compliant.
6.4	The site nominates a TTP facilitator to support the TTP trainee and the TTP education program. The facilitator attends each TTP Regional Gathering meeting.	