**Hand Surgery – PFET Programme**

**Accreditation of Training Centres**

**Name of Unit** ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current SET Trainees** Number \_\_\_\_\_\_\_\_\_

**Other Training Positions / Fellowships** Number \_\_\_\_\_\_\_\_\_

Description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appropriate Remuneration** Confirm Yes□ No□

*Comments*

**Facility**

(a)Computer & IT Yes□ No□

(b) Tutorial Room Yes□ No□

(c) Access to private study area Yes□ No□

(d) General educational activities within hospital Yes□ No□

(e) Coordinated schedule of learning experiences for trainee Yes□ No□

(f) Access to simulated learning activities Yes□ No□

(g)Access to external educational activities Yes□ No□

(h)Opportunities for research, inquiry and scholarly activity Yes□ No□

*Comments*

**Clinical & Operative Experience**

(a)Supervised Consultative Clinics (2 or more) Yes□ No□Number \_\_\_\_\_\_

(b)Available inpatient beds Yes□ No□Number \_\_\_\_\_\_

(c)Consultant led Ward Rounds Yes□ No□Number \_\_\_\_\_\_

(d) Adequate case load Yes□ No□

Adequate case mix Yes□ No□

(e)Operating Lists (3+ / week) Number \_\_\_\_\_\_

(f)Unit Audit and Clinical activity (append) Yes□ No□

*Comments*

**Facilities & Equipment**

(a)Adequate facilities / equipment Yes□ No□

(b)Imaging Yes□ No□

(c)Laboratory Yes□ No□

(d)Theatre equipment Yes□ No□

(e)Support - Administration Yes□ No□

- Nursing Yes□ No□

- Hand Therapy Yes□ No□

*Comments*

**Governance**

(a)Accreditated centre (ACHS, ISO, Other)

- ACHS Yes□ No□

- ISO Yes□ No□

- Other Yes□ No□

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b)Risk Management process and Quality Committee Yes□ No□

(c)Head Surgical Department Governance Yes□ No□

(d)Credentialing / Privileges Committee Yes□ No□

(e)Audit & Peer Review Programme Yes□ No□

(f) Hospital systems review Yes□ No□

(g) Available experience in Root Cause Analysis Yes□ No□

(h) Occupational Safety Yes□ No□

*Comments*

**Supervisor of Training**

Name ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FRACS Yes□ No□

AHSS Member Yes□ No□

Other Qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor hours / week (minimum 10) Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor compliant with PFET regulations Yes□ No□

Supervisor sufficient hand experience Yes□ No□

Additional Surgeons (2 or more)

* Plastic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Orthopaedic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgeon’s Commitment to PFET Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Comments*