



Accreditation of COSECSA training sites

AUGUST 2019

Introduction

In 2019 the RCSI/COSECSA Collaboration Programme (CP) carried out a review of COSECSA's process of accrediting hospitals to carry out surgical training, and compared it against international best practice. This review was a planned activity in the 2017-2020 workplan of the CP under Goal 2: Ensure the quality of the COSECSA training, examination and accreditation model, and enhance the quality of surgical care practise in the region.

Accreditation is a vital activity of the College. The main aim of the process is to ensure high quality training for trainees in each of the training sites. This involves an assessment of the training capacity of the hospital in terms of numbers of trainers and trainees and an assessment of the quality of training activities in the hospital, both clinical and academic.

Other aims of the process include establishing roles and lines of communication between the hospital and COSECSA, to support the surgical department to deliver the COSECSA training programme.

This document brings together in one place a description of how the accreditation process works, a description of the key roles involved, and explains how accreditation intersects with other parts of the COSECSA training model. Specific details such as accreditation standards have been updated where necessary. In some instances, when it is more efficient to complete forms online, the online links are included with the text.

As COSECSA's geographic remit increases, and as applications for accreditation are received from hospitals that are located outside of current member countries, it is important that the accreditation process is reviewed regularly to ensure that it is meeting the needs of the College and the trainees. It is recommended that this document is reviewed annually.

The CP would like to thank the members of the Department of Surgical Affairs at RCSI and Ms Sophie Jang MS, School of Medicine RCSI and intern to the CP, for their support in completing this activity.

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Mission and Values

COSECSA is a professional body that fosters postgraduate education in surgery and provides surgical training throughout the East, Central and Southern Africa region.

COSECSA's mission is to promote excellence in surgical care, training and research in the region.

COSECSA's Core Values are:

- **Transparency:** COSECSA practices utmost transparency in the processes by which trainings, examinations and accreditation are conducted.
- **Quality and Continuous Improvement:** COSECSA strives for quality in all that it does and practices continuous improvement in all areas, according to international best practice.
- **Learning and Development:** COSECSA is a trainee-centred institution that provides high quality educational training and research experiences.
- **Institutional Integrity and partnership:** COSECSA demonstrates integrity, based on honesty, fairness and respect, in all its dealings with its members and with its partners.
- **Institutional Agility and Entrepreneurism:** COSECSA conducts business in a lean and cost-efficient manner
- **Stewardship and Service:** COSECSA demonstrates responsible stewardship of all its resources and reliable services in all its activities.
- **Accountability:** COSECSA stands by its decisions and actions and is fully accountable for the overall probity of its programmes and partnerships.
- **Gender Equity:** COSECSA promotes allocation of resources, programmes and decision making fairly to both men and women without any discrimination and aims to address any imbalances in its undertakings.

The process of accrediting hospitals to deliver the COSECSA training programme derives from the mission and core values of COSECSA.

Foreword - July 2019

Since the establishment of COSECSA in 1999, we have graduated 342 surgeons, over 85% of whom are retained in their country of training. Today we have more than 600 trainees enrolled in our programmes. We are currently on track to exceed the target of graduating 500 surgeons by 2020.

None of these achievements over the past two decades would have been possible without the close collaboration we enjoy with accredited hospitals. 120 hospitals in 19 countries have gained COSECSA accreditation. As a 'College without walls' it is our accredited hospitals that deliver the bulk of the training and educational programme to our trainees every day.

COSECSA's accreditation process focuses on incremental quality improvement of surgical training in the region. It is driven by COSECSA's mission and core values. We endeavour to support each hospital wishing to be accredited as a COSECSA training site to provide the optimum environment to train COSECSA surgeons.

COSECSA is pleased to provide funding for member countries to run Train the Trainer programmes and mandatory workshops at accredited hospitals. Through our network of Country Representatives and Country Coordinators and a dedicated education and training staff member we are constantly working to improve communication and information flows so that we can provide timely support to hospitals applying for re-accreditation.

As we approach our 20th anniversary, we have produced this document to provide greater clarity on the accreditation process; to specify the accreditation standards; to outline the roles of the College officials and individuals involved; and to illustrate how accreditation intersects with other aspects of the training programme.

We would like to take this opportunity to acknowledge the work of Trainers who supervise, mentor and guide our trainees through their chosen programme. The work of our Trainers is valuable and deeply appreciated. We would also like to acknowledge the work of Programme Directors in ensuring that the COSECSA curricula and educational programme are rolled out so that an optimum training environment is created in each accredited hospital.

On behalf of the COSECSA Council, thank you for sharing this mission with us.



Dr. Jane Fualal
President



Prof. Eric Borgstein
Registrar



Ms. Stella Itungu
Chief Executive Officer

Accreditation Process Illustrated Summary



⌘The Executive appoints a Council Member to fulfil the role of Country Rep for this accreditation visit when the applicant hospital is not in a COSECSA member country, or when both current Country Representatives are based at the applicant hospital.

The COSECSA Accreditation Process: Step by Step

1. A hospital wishing to become an accredited training site for COSECSA surgical trainees applies to COSECSA using the online form at <http://www.cosecsa.org/registration-grants/hospital-accreditation>.
2. The COSECSA Secretariat acknowledges the application and forwards the application details to the Registrar. The Secretariat records the application noting all relevant details on the central database.
3. The Registrar notifies the relevant Country Representatives that an application from a hospital located in their country has been received. When the application comes from a hospital located in a country that is not currently a member of COSECSA, the Registrar requests the COSECSA Executive to appoint an appropriate member of Council from the nearest country, to act as Country Representative for the applicant country.
4. The Registrar, in consultation with the chairpersons (constitutional term) of the Exams and Credentials Committee (ECC) and the Education, Scientific and Research Committee (ESRC) forms a team lead by an External Accreditor to visit the hospital. The External Accreditor can be a senior surgeon from another country with experience in hospital accreditation, or a senior surgeon in the same country who has served as a member of the Executive, but who is based in another city/location from the applicant hospital.
5. The Registrar contacts the Programme Director and requests for the hospital to contact the External Accreditor and the team to arrange for a mutually convenient date for the visit. At this juncture, the Registrar may also request that any outstanding information missing from the original application be provided in advance.
6. The visit occurs. Initial verbal feedback is given to the hospital at the conclusion of the visit before the team departs. The visit must always be accompanied by one of the Country Representatives and a representative of the local medical or accreditation board.
7. The visit Team Leader finalises the accreditation report and sends it to the Registrar within two weeks of the visit, who in turn sends a summary of the report to the ECC and then to the COSECSA Council for approval of the decision.
8. The Council formally endorse the visit team's decision (at the next meeting).
9. Following the Council meeting, the Secretariat updates the hospital's status on the database and, where relevant, on the cosecsa website. The Secretariat notes the due date for re-accreditation (+ 5 years from the year following the accreditation year).
10. The Registrar's office makes appropriate arrangements to have the Accreditation Certificate collected by the Hospital noting the dates of accreditation, and letters of appointment to the Programme Director and Trainers.
11. The Secretariat contacts the Programme Director and Trainers and gives them appropriate access to the COSECSA e-learning platform, curricula and evaluation forms. As trainees complete formalities for Entry to the Programme to undertake COSECSA training at the hospital, the Secretariat updates the central database to record which Trainer the Trainee is assigned to.
12. The Country Representatives with the assistance of the Country Coordinator maintain regular contact with the Programme Director to keep him/her informed of trainee workshops and Train the Trainer events in the country. The Country Representatives

and Country Coordinator proactively inform the Secretariat of any changes to the training programme at the accredited hospital, e.g. turnover of Trainers.

13. The Secretariat informs the Registrar of upcoming dates for revisits (for conditional accreditations) or re-accreditation of hospitals.
14. For re-accreditations the Registrar contacts the Programme Director to begin the above process again from point 1. At the discretion of the Registrar and the ECC, a re-accreditation may not require a site visit. However, re-accreditation visit is mandatory if the first decision was for conditional accreditation. This is to ensure that those conditions have been resolved.

Accreditation Standards

COSECSA welcomes applications from hospitals in member countries and in other countries in the region who share COSECSA's mission of promoting excellence in surgical care, training and research.

In order for a hospital to be successful in their application for accreditation, the minimum standards are:

- A qualified surgeon who is a COSECSA Fellow and willing to serve as Programme Director (PD) at the hospital. This senior surgeon is the main focal point for contact with COSECSA; he/she supports Trainers in the hospital to deliver the COSECSA training programme. He/she is accountable for the COSECSA training programme at the hospital. His/her name must be included in the application form.
- For Fellowship programmes: For each FCS programme, at least two full time qualified surgeons must be in post in the specialty for which accreditation is sought and who are both committed to serving as Trainers for COSECSA surgical trainees. The name of the surgeons must be included in the application. The Trainers are responsible for the progress of the COSECSA trainee throughout their Fellowship training. A programme with two trainers can accommodate two trainees. The PD can also be counted as a Trainer.
- For Membership programmes: Two qualified surgeons who are committed to serving as Trainers for COSECSA surgical trainees must be in post. The names of these surgeons must be included in the application. The Trainer is responsible for the progress of the COSECSA trainee throughout their Membership training. The PD can also be counted as a Trainer.
- The qualified surgeons must be Fellows or Members of COSECSA at the time of the application, or eligible to apply for Membership or Fellowship by Election (<http://www.cosecsa.org/members-fellows/fellowship/fellowship-election-application>)
- A minimum of **300** major operations of the desired accreditation programme per year in the specialty must be performed. The visit team will request to see the operating theatre logbooks.
- The hospital must have a minimum of two operating theatres, a post-operative care unit, an intensive care unit, and emergency admissions unit.
- The hospital must also have anaesthesia; pathology; pharmacy; blood transfusion; haematology; clinical chemistry; bacteriology; laboratory; nursing

services and radiology services appropriate for the specialty. During the visit, the team members may seek to speak to staff from each of the above services.

At the time of the application, the hospital must already have in place, or must credibly demonstrate, e.g. through an action plan, how they will make the following available to surgical trainees:

- **Exposure to the recommended minimum number of surgical procedures, of each type or “bundle”, as per the curriculum of the COSECSA training programme which he/she is enrolled in and for which the hospital is seeking accreditation. Hospitals should be aware that recommended minimum numbers of case types may change each year.**
- Opportunities to gain exposure to surgical cases of increasing complexity
- Weekly outpatient clinics where the trainee sees new and review patients under supervision
- Weekly management of emergency patients, where the trainee is involved in initial assessment, investigation and treatment of acute surgical problems
- Commitment to the care of seriously ill, high dependency patients and training in how to monitor such patients
- An educational programme which includes Grand Rounds, journal clubs and tutorials
- Monthly meetings with other departments such as Radiology and Pathology
- A regular audit of morbidity and mortality, and the trainee must be involved in some aspect of clinical outcome assessment
- Mock examinations to be conducted at the bed-side before the Part I and Part II examinations
- Accommodation/Duty rooms for trainees
- Access to surgical skills labs or a simulation centre
- Access to a library

COSECSA may seek additional requirements that are determined by the specialty or training programme for which the hospital is seeking to be accredited. If applicable, these will be communicated to the hospital prior to the visit of the Accreditation Team.

Accreditation Team

The team should include:

- External Accrerator, who acts as Team Leader
- Country Representative. Where the Country Representative is named as Programme Director or Trainer in the hospital’s application, or where the application is from a country that is not a COSECSA Member, the COSECSA Executive will nominate another Council Member to the role for the purposes of the accreditation only.

The team members are selected with their knowledge and experience of the COSECSA training model in mind. If the hospital has applied to be accredited for multiple specialties,

additional Fellows may be added to the team, should the Registrar or the Team Leader deem that additional expertise is required.

It is mandatory to **invite** a member of the appropriate medical body or regulatory authority to accompany the team when they visit the hospital. The Registrar, in consultation with the Programme Director and Country Representative will ensure that the Team Leader is aware of this requirement. In arranging the date of the visit, the Team Leader will work with the local authority's availability insofar as possible, so long as it does not unduly delay the accreditation process.

An accreditation visit is not rendered invalid if the local authority does not or cannot accept the invitation. The visit is valid so long as there is a COSECSA-appointed External Accreditor/Team Leader and Country Representative in attendance, and they follow the instructions for the visit detailed below.

Instructions for the visit

The aim of the visit is for both the team and the hospital to have increased understanding of how the hospital can create an optimum environment for COSECSA trainees to be successful.

Accreditation visits are one of the few occasions where Council members travel to training sites outside their country on official COSECSA business. These visits may also be one of the few opportunities when people who are centrally involved in training our trainees – Programme Directors, Trainers, Operating Theatre staff – meet face to face with Council Members. As such they are an important engagement activity for the College and an opportunity for communications. The visits should be conducted in a courteous, respectful and fair manner that reflects the core values of COSECSA and the efforts made by the hospital seeking accreditation.

The visit will take place at a mutually convenient date for the visit team and the hospital. The Programme Director and the Team Leader will agree the date, keeping the Registrar informed. The visit is expected to take no longer than one working day.

The hospital will bear the expenses related to travel: flights and transfers, meals, subsistence allowance and possibly accommodation. The Programme Director will organise local arrangements for the team and prepare an itinerary for the visit. He/she should be available to the team for the duration of the visit.

The team's visit should include:

- Meeting with Hospital Director
- Meeting with the Programme Director
- Meeting with Trainers and senior surgeons
- Meeting with current surgical trainees (if present)
- Meeting with anaesthesia, nursing, radiology, laboratory, pathology, pharmacy staff
- View of Operating Theatre logbooks

- Tour of the hospital
- Discussion on how the COSECSA curriculum will be rolled out at the hospital, to include the academic and online components
- Feedback session before the Team depart – this session is to allow time for the Team Leader to discuss their findings verbally with the Programme Director and or other colleagues; to request any clarifications or corrections; and have a general discussion.

Reporting

The team must complete the visit accreditation form, which can be found at <http://www.cosecsa.org/registration-grants/hospital-accreditation>. The form may be printed and completed in writing for the sake of efficiency during the visit.

The Team Leader must ensure that the form is fully completed and sent to the Registrar no **later than two weeks after the visit**. This constitutes the report of the visit and gives the joint decision of the team.

Any additional notes, comments or suggestions that the team members have should be communicated to the Registrar.

Decisions following an Accreditation visit

The Accreditation Team can make one of three decisions following their visit:

- **Working towards accreditation**

In this instance, the decision is made not to accredit the hospital as a training site for COSECSA at this time. The reasons for this decision should be explicit on the form and should be clearly linked to the Accreditation Standards above. The Team Leader should give recommendations as to how the hospital could be successful in achieving accreditation should the hospital wish to re-apply to COSECSA in the future.

This decision however acknowledges the steps that the hospital has made in completing the application form and hosting the Accreditation Team during the visit, and recognises the learning that both the hospital and COSECSA have gained from the process. The hospital's wish to contribute to COSECSA's mission for surgical training in the region is also acknowledged by this decision.

If the hospital wishes to apply again, a new accreditation visit will be required.

- **Conditional accreditation**

Conditional accreditation should be granted when the majority of the standards are met, and the team is satisfied that the remainder can be achieved.

In this instance the hospital can be accredited to train COSECSA surgical trainees but under certain conditions. These conditions should be explicit and clearly linked to the

Accreditation Standards above, e.g. accreditation will come into effect when the Trainers become Fellows of COSECSA; when the skills lab is in place; when the radiology services improve; or for a limited period of time only.

Training may commence either in the January following the accreditation visit, or when all the specified conditions are achieved.

The Programme Director commits to send reports every 6 months to the Registrar so that full accreditation can be secured. Provided the necessary conditions are met, full accreditation can be granted without the need to re-visit.

- **Fully accredited**

In this instance, the committee decides to accredit the hospital for training of COSECSA surgeons as all standards are met. Training commences in January following the accreditation visit.

The Registrar notes each decision and sends the report to the COSECSA Council through the ECC. The Council endorses the decision at the next meeting. The Registrar communicates the decision to the hospitals following the meeting.

The Registrar ensures that the Secretariat updates the central database and website, and that all relevant information is included. When a hospital has been conditionally accredited, the Registrar, Country Representative and Secretariat track progress of these conditions.

The Registrar prepares the Accreditation Certificate and letters of appointment to the Trainers once a hospital's accreditation is endorsed.

COSECSA recommends that accredited hospitals identify a surgeon in each accredited FCS training programme to carry out the role of Specialty Training Coordinator. This surgeon ensures that any visiting faculty are familiar with the requirements of the FCS training programme and how it is to be delivered in that hospital. The Programme Director should notify COSECSA of the names and contact details of any Specialty Training Coordinators who have been appointed.

Re-accreditation

The Secretariat notifies the Registrar when re-accreditations are due. The Registrar writes to the Programme Director with a copy to the Country Representatives inviting the hospital to submit an application for re-accreditation. The Accreditation standards as described above similarly apply to the re-accreditation of hospitals.

Based on the application the Registrar in consultation with the Chairpersons of the ECC and ESRC will decide whether a visit is required.

Other factors which may be considered alongside an application for re-accreditation include:

- Material changes that have taken place at the hospital since accreditation was granted that could affect the delivery of the COSECSA surgical training programme
- Trainees' e-logbooks
- Trainees' evaluations (completed by their Trainer or designated supervisor for a specific rotation)
- Trainees' completion of mandatory coursework
- Training post assessments (conducted by the Trainees)
- Performance of trainees in MCS and FCS exams
- Other reported issues during the past 5 years that may influence the decision.

The Registrar may request the Secretariat to prepare a report on the above factors when a reaccreditation is due.

Key Roles in the Accreditation process

Programme Director

The Programme Director's name must be given in the application form for accreditation. He/she plays a prime role in the accreditation process and subsequently in ensuring that the COSECSA training programme is fully rolled out at the hospital. He/she maintains contact on behalf of the hospital with the COSECSA Country Representative, Country Coordinator and Secretariat. He/she is accountable for the delivery of the COSECSA training programme(s) at the accredited hospital.

The Programme Director is the main liaison with all the other people involved in accreditation. He/she mutually agrees a date for the visit with the visit team, makes the local arrangements, and hosts the team at the hospital during their visit.

The Programme Director's wider role is elaborated at Appendix I.

Registrar

The Registrar is the COSECSA Council Member who oversees the accreditation process. He/she acts as a linchpin between the hospital and COSECSA, and the Country Representatives and COSECSA. The Registrar ensures that all records relating to accreditation are accurate and up to date. The Registrar reviews the Accreditation standards and the overall process to ensure that they serve COSECSA's mission. He/she brings any proposals for adjustments to the COSECSA Council.

External Accreditor/Visit Team Leader

The External Accreditor/Team Leader is appointed by the Registrar, in consultation with the Chairmen of the Exams and Credentials committee (ECC) and the Education, Science and Research committee (ESRC). The External Accreditor is typically from outside the country of the hospital seeking accreditation. The External Accreditor can be from the same country

but in such a case, must be from a city unrelated to the hospital. He/she must be a Fellow of COSECSA.

The External Accreditor is responsible for mutually agreeing the visit date with the Programme Director, chairing the meetings during the visit, and ensuring that the report is sent to the Registrar within two weeks of the visit.

Trainer

The Trainer(s)' names are given in the application form. The team will meet with the Trainers during the accreditation visit.

When a hospital is accredited to train COSECSA surgical trainees, Trainers are responsible for the trainees' progress through the training programme. They are the day to day tutors and mentors of COSECSA surgical trainees. When rotations or circumstances dictate, the Trainer may delegate supervision of the trainee to another senior surgeon but the responsibility for the trainee remains with the named Trainer. The Trainer's wider role is elaborated at Appendix II.

Country Representative

In the accreditation process, the Registrar requests the Country Representative to be a member of the Visit Team. Where the hospital is not located in a COSECSA member country, or where both Country Representatives are based at the hospital seeking accreditation, the COSECSA Executive will appoint an alternative Country Representative to fulfil the duties of the accreditation visit.

The Country Representative, in consultation with the Programme Director and the Registrar will approach the Medical Board to arrange for a representative to accompany the COSECSA team for the accreditation visit.

The Country Representative, with the assistance of the Country Coordinator will proactively maintain ongoing contact with the Programme Director from the time of application to the granting of accreditation and subsequent rolling out of the training programme at the hospital. Under instruction from the Country Representative, the Country Coordinator will notify the COSECSA Secretariat and the Registrar of any material changes to the training programme at an accredited hospital, and provide ongoing administrative support to accredited hospitals, Programme Directors, Trainers and Trainees in relation to COSECSA.

The Country Representative ensures that the Trainers and Trainees at the accredited hospital have access to the full COSECSA curriculum for their programme, and that mandatory workshops are held in-country and all accredited hospitals are invited.

Country Coordinator

The Country Coordinator provides administrative assistance to the Country Coordinators to aid the smooth functioning of the COSECSA programme in their country. He/she works under the direction of the Country Representatives, and reports to the COSECSA Secretariat.

For the purposes of accreditation, the Country Coordinator may be requested to help organise the accreditation visit. When a hospital becomes accredited, the Country Coordinator may be requested to help organise surgical training workshops at that hospital.

Under instruction the Country Coordinator will notify the COSECSA Secretariat and the Registrar of any material changes to the training programme at an accredited hospital, and provide ongoing administrative support to accredited hospitals, Programme Directors, Trainers and Trainees in relation to COSECSA.

Secretariat

The contact point for accreditation matters at the Secretariat is the Education Assistant: **education_asst@cosecsa.org**

The Secretariat maintains an up to date record of all hospitals applying for accreditation, and those that currently in the process. This record includes the named Programme Director and Trainers at each hospital. As trainees enrol on the programme, the Secretariat records which accredited hospital they are based in and who their Trainer is. The Secretariat ensures that details of accredited hospitals are published on the COSECSA website.

The Secretariat notes the valid dates of the accreditation and proactively informs the Registrar when hospitals are due for re-accreditation and/or the progress of conditions attached to a hospital's accreditation. Upon request from the Registrar, the Secretariat prepares a report detailing information required to support decisions about re-accreditation.

Appendix I The COSECSA Programme Director

1. The Programme Director (PD) is to be a COSECSA Fellow
2. The PD is selected by the hospital which is to be accredited
3. The Tenure of Office shall be reviewed by a College Committee after 2 years
4. He/she will send report to the Chairpersons of the Exams and Credentials committee (ECC) and the Education, Science and Research committee (ESRC) with a copy to the Registrar on 1st November of each year or at least 6 months before a visit.
5. E-logbook data of trainees – PDs should ensure that trainees are regularly filling out their logbooks so that real-time, objective, numerical data about the operative experience that trainees are getting at that hospital is available.
6. Trainee Evaluations – PDs should ensure that Trainers regularly complete the online evaluation form on www.schoolforsurgeons.net for their trainees (typically after each rotation). This helps COSECSA to form an understanding of how the training programmes are running at the hospital, and may indicate how COSECSA can better support the hospital in delivering training.
7. Training Post Assessment – PDs should ensure that trainees regularly complete this online form on www.schoolforsurgeons.net. (typically after each rotation). This helps COSECSA to form an understanding of how the training programmes are running at the hospital, and may indicate how COSECSA can better support the hospital in delivering training.
8. If the hospital existing staff do not have COSECSA Fellows or Member –Specialists the PD should ensure the potential candidates for a Trainer positions be identified before an accreditation visit in order for them to start formalities for FCS or Member-Specialist by election status
9. The PD should ensure an academic Programme is prepared by the Trainers and implemented on a regular basis.
10. The PD should arrange with the Department of Surgery for Mock Exams to be held for the Trainees a month before the written and clinical examinations. Bed side physical examination of a patient is to be the aim.
11. The PD, in consultation with Country Reps, should ensure that all Trainers at the hospital have availed of the COSECSA Train the Trainer programme.
12. The PD informs the COSECSA Secretariat of the names and contact details of Trainers at his/her hospital.
13. The PD, in consultation with Trainers overseas arrangements for trainees to gain operative exposure at other hospitals or centres of excellence. The PD ensures that the exposure aligns with the COSECSA training programme and that the trainee maintains their logbook and academic commitment while away from their hospital.

Appendix II COSECSA Trainer

1. Following the submission of appropriate documentation and approval by the College, a Fellow of the College or a Member-Specialist can be appointed as an Honorary Trainer.
2. All Trainers should complete a COSECSA-approved Train the Trainers course.
3. The main objective of the Trainer is to supervise the work of the trainee and be a mentor in his/her studies. Regular effective communication with the various organs of the College ensures a successful programme for our surgical trainees. The Council of the College shall have the authority to amend the following regulations, including the tenure of office of the trainer.
4. The term of office shall be five (5) years renewable with a certificate on satisfactory completion of tenure. A trainee who is in the two-year Membership Programme must be tutored by the appointed trainer throughout the two years. The same applies for the FCS Programme. If for any reason a trainer has to leave, adequate and timely provision must be made for another accredited trainer to replace the person leaving.
5. The trainer is to ensure the trainees' credentials are correct (full name with Surname in capitals and COSECSA Programme number) and that the appointment has been made in accordance with the regulations extant in that country.
6. The Trainer must be in regular contact with the Programme Director at the hospital, Country Representatives and Country Coordinator who in turn informs the Secretariat of the Trainee's progress
7. The Trainer is also expected to complete the online Evaluation Form in respect of their trainees after each rotation. The Evaluation form is available on <https://schoolforsurgeons.net>. Trainees may not be permitted to sit their exams if their progress has not been formally evaluated and recorded.
8. The Trainer's duties include supervision and mentorship of the trainee. He/she ensures that the trainee attends educational activities such as Clinical/Journal/Xray and Mortality/Morbidity meetings on a weekly basis. An attendance record is to be kept. Library and computing facilities should be made available. Trainers should have access to Library and IT facilities
9. The Trainer shall be responsible for arranging in-hospital tutorials to align with the online Basic Science course for Membership trainees. The Trainer should encourage his/her trainees to complete the online academic portion of their programme and to participate in a mandatory face to face meeting held in affiliated Universities or special courses organised by visiting lecturers.
10. The Trainer shall conduct mock examinations twice a year before the written and clinical examinations. The examination shall consist of a hands-on bedside Clinical examination of patients.
11. The Trainer must ensure that the Trainee keeps a logbook of all operations done during the training period. The Trainer should verify the contents of the Logbook monthly. Unless trainees have specific exemptions, they should complete the COSECSA e-logbook (<https://logbook.cosecsa.org/>)

08/08/2019