



COSECSA

ACCREDITATION POLICY



Accreditation of COSECSA training sites
AUGUST 2024



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Introduction

In 2019 the COSECSA/RCSI Collaboration Programme (CP) reviewed COSECSA's process for accrediting hospitals which conduct 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 practice 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 the number 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 and supporting the surgical department in delivering the COSECSA training programme.

This document brings together 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 geographical 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 meets the needs of the College and the trainees. It is recommended that this document be 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.

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:

1. **Transparency:** COSECSA practices utmost transparency in the processes by which training, examinations and accreditation are conducted.
2. **Quality and Continuous Improvement:** COSECSA strives for quality in all that it does and practices continuous improvement in all areas, according to international best practices.
3. **Learning and Development:** COSECSA is a trainee-centered institution that provides high-quality educational training and research experiences.
4. **Institutional Integrity and Partnership:** COSECSA demonstrates integrity, based on honesty, fairness and respect, in all its dealings with its members and its partners.
5. **Institutional Agility and Entrepreneurism:** COSECSA conducts business in a lean and cost-efficient manner.
6. **Stewardship and Service:** COSECSA demonstrates responsible stewardship of all its resources and reliable services in all its activities.
7. **Accountability:** COSECSA stands by its decisions and actions and is fully accountable for the overall probity of its programmes and partnerships.
8. **Gender Equity:** COSECSA promotes the 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 - June 2024

Since the establishment of COSECSA in 1999, we have graduated 910 surgeons, over 88% of whom are retained in their country of training. Today we have more than 1154 trainees enrolled in our programmes. We are currently on track to exceed the target of graduating 1000 surgeons by 2025.

None of these achievements over the past two decades would have been possible without the close collaboration we enjoy with accredited hospitals. 142 hospitals in 21 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 workshop for trainers at these accredited hospitals. Through our network of Country Representatives and Country Coordinators and a dedicated education and training staff, we are constantly working to improve communication and information flow so that we can provide timely support to hospitals applying for re/accreditation.

As we approach our 25th 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



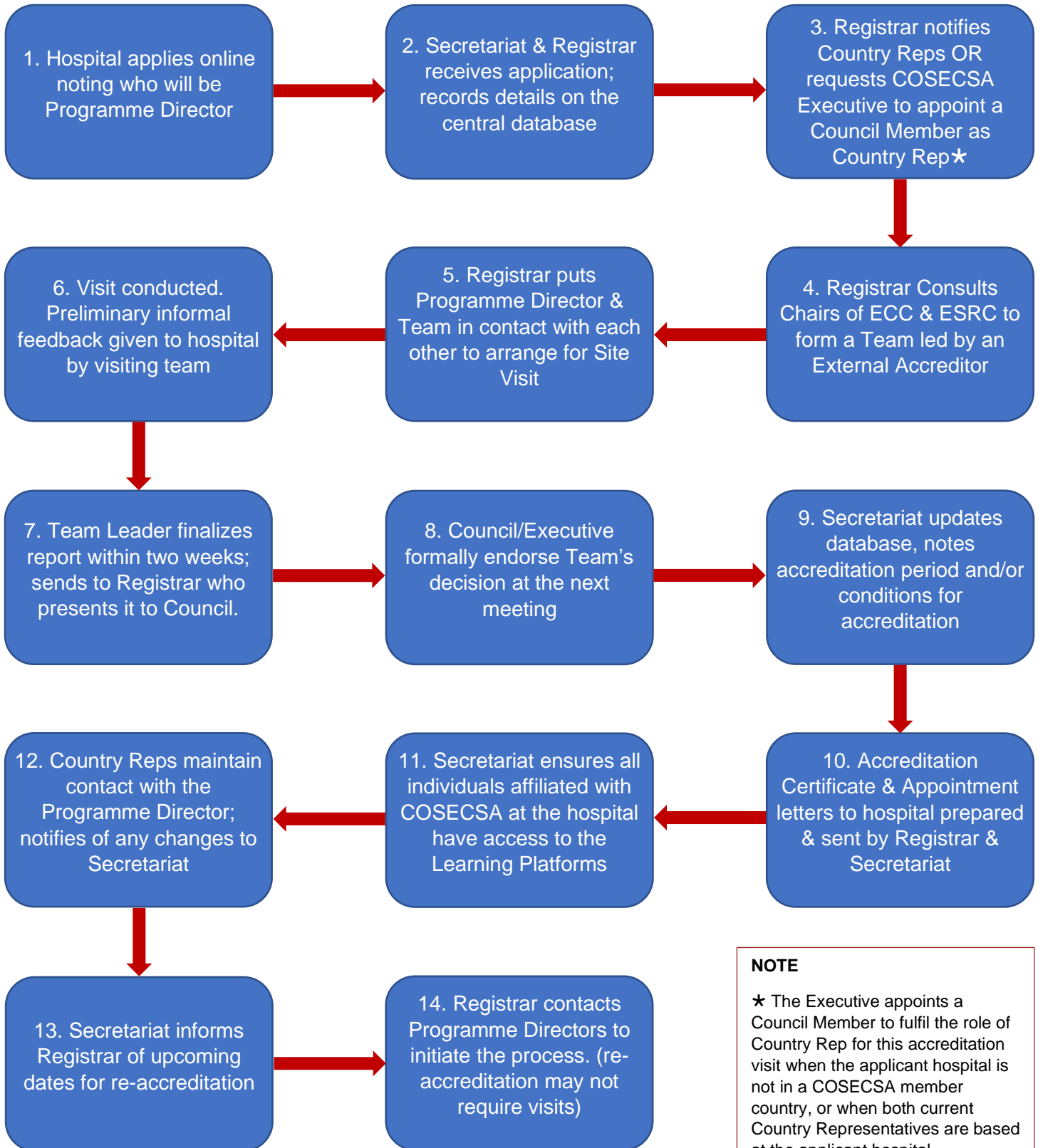
Prof. Eric Borgstein
Registrar



Ms. Stella Itungu
Chief Executive Officer



Accreditation Process Illustrated Summary



NOTE

* 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 <https://www.cosecsa.org/accreditation-and-re-accreditation/>.
2. The hospital needs to submit all the necessary information about the hospital and available human resources to be considered for accreditation.
3. A joint application of 2 or more hospitals is possible. Such applications need to submit their online application through the joint hospital accreditation link <https://www.cosecsa.org/joint-hospital-accreditation-application-form/>.
4. 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.
5. The Registrar notifies the relevant Country Representatives that an application from a hospital located in their country has been received. The CRs need to support the application before it can be pushed forward.
6. Upon review of the submitted information from the hospital, the registrar may decide to return the application to the hospital for further clarification, request additional information that may be missing, decline the accreditation as insufficient, or recommend the hospital for processing.
7. 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 the Council from the nearest country, to act as guardian Representative for the applicant country.
8. The Registrar, in consultation with the chairperson (constitutional term) of the Examination Credentials Committee (ECC) appoints a team led by an External Accreditor to visit the hospital.
9. The External Accreditor can be a senior surgeon from another country with experience in accreditation, or a senior surgeon in the same country who has served as a member of the council or Executive, but who is based in another city/location from the applicant hospital.
10. The Registrar contacts the Programme Director and requests for the hospital to contact the appointed External Accreditor and the team to arrange for a mutually convenient date for the visit.
11. The visit should be scheduled after consensus is reached between the appointed accreditor, the secretariat and the hospital. And should be done before any Council meeting.
12. After the visit has occurred. Initial verbal feedback is given to the hospital before the team departs.



13. The visit must always be accompanied by one of the Country Representatives and a representative of the local medical council, national regulatory body or accreditation board.
14. The visit Team Leader finalizes 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 for approval of the recommendation.
15. The Council formally endorses the visit team's recommendation (at the next meeting).
16. Following the Council meeting, the Secretariat updates the hospital's status on the database and, the COSECSA website. The Secretariat notes the due date for re-accreditation (5 years following the accreditation.)
17. The Registrar's office makes appropriate arrangements to have the Accreditation Certificate presented to the Hospital noting the dates of accreditation and specialties accredited, and appointment letters to the Programme Director and Trainers.
18. The Secretariat contacts the Programme Director and Trainers and gives them appropriate access to the COSECSA e-learning platform, curricula and evaluation forms.
19. 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. The Country Representatives with the assistance of the Country Coordinator maintain regular contact with the Programme Director to keep him/her informed of training workshops and surgical 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.
20. The Secretariat informs the Registrar of upcoming dates for revisits (for conditional accreditations) or re-accreditation of hospitals.
21. 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, a re-accreditation visit is mandatory if the first decision was for conditional accreditation. This is to ensure that those conditions have been resolved.
22. Hospitals cannot recruit, register or appoint trainees to any of the training programs without written permission from the college informing them about their accreditation approval.
23. Hospitals cannot recruit, register or appoint trainees to any of the training programs without written permission from the college informing them about their accreditation approval.
24. Hospitals cannot request trainees to make any admission payments.

Accreditation Standards

1. COSECSA welcomes applications from hospitals in member countries and in other countries in the region that share COSECSA's mission of promoting excellence in surgical care, training and research.
2. In order for a hospital to be successful in their application for accreditation, the minimum standards are:
3. 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.
4. 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. Both must be committed to serving as Trainers for COSECSA surgical trainees. The names 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.
5. 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.
6. 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 (<https://www.cosecsa.org/membership-categories/>)
7. A minimum of **300** major operations of the desired accreditation programme per year in the speciality must be performed. The visiting team will request to see the operating theatre logbooks.
8. The hospital must have a minimum of **two** operating theatres, a post-operative care unit, an intensive care unit, and an emergency admissions unit.
9. The hospital must also have adequate 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:

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

- External Accreditor, who acts as Team Leader, appointed by the college
- 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 accreditation only.
- Member from the respective country Medical Council.

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 County Coordinator's availability insofar as possible, so long as it does not unduly delay the accreditation process.

Instructions for the visit

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

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 shall agree on 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:

- i. Meeting with Hospital Director
- ii. Meeting with the Programme Director
- iii. Meeting with Trainers and senior surgeons



- iv. Meeting with current surgical trainees (if present)
- v. Meeting with anaesthesia, nursing, radiology, laboratory, pathology, and pharmacy staff
- vi. View of Operating Theatre logbooks
- vii. Tour of the hospital
- viii. Discussion on how the COSECSA curriculum will be rolled out at the hospital, to include the academic and online components
- ix. 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; request any clarifications or corrections; and have a general discussion.

Reporting

The team must complete the visit accreditation form, which will be sent to the team by the Secretariat. The form may be printed and completed in writing for the sake of efficiency during the visit. The form must be signed by all participants who took part in the accreditation process.

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 of

- i. The report of the visit and the joint decision of the team.
- ii. Any additional notes, comments or suggestions that the team members have should be communicated to the Registrar.
- iii. Decisions following an accreditation visit.

Once an accreditation application is submitted and an accreditation visit conducted, one of the following outcomes can be expected:

1. 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. Through the secretariat, the college will provide 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 recognizes 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.

2. 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.

Training may commence either in January following the accreditation visit, or when all the specified conditions are achieved and the accreditation may be for a specific period

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.

3. 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 the progress of these conditions.

The Registrar prepares the Accreditation Certificate and appointment letters 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.

4. Re-accreditation

COSECSA accreditation of the training site will remain active only for 5 years or on conditional periods. Hence all hospitals are required to request for re-accreditation 6 months before the current accreditation expires. Through the Registrar, the college notifies 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 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
- Number (%) of trainees who have successfully passed COSECSA examinations
- 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 on 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 in [Appendix I](#).

Registrar

The Registrar is a COSECSA Council Member who oversees the accreditation process. He/she acts as a mediator between the hospital, 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 in 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 Academic & Records Assistant:
academic.records@cosecsa.org

The Secretariat maintains an up-to-date record of all hospitals applying for accreditation, and those that are 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 a 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's existing staff do not have COSECSA Fellows or Member –Specialists the PD should ensure the potential candidates for a Trainer position are 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. Bedside 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 to 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 the 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 at <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 the 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/>)