

Accreditation Self-Assessment Form

***Part A - Adult Internal Medicine Basic Training Program***

***(Part of a Network)***

**This form is for the accreditation of an Adult Internal Medicine Basic Training Program part of a network**

February 2023

**Pursuing Excellence Together**

**Introduction**

The Royal Australasian College of Physicians (RACP) is recognised by the Australian Medical Council and the Medical Council of New Zealand as an education provider, and as such is responsible for developing and maintaining standards for physician workplace training in Australia and Aotearoa New Zealand.

The RACP Training Provider Accreditation Program determines and monitors standards for physician workplace training to attain a universally high standard of physician training. Through the accreditation program, Training Providers are assessed by accreditors using the Training Provider Standards and Basic Training Accreditation Requirements.

There are nine Standards organised under four themes:

* Environment and Culture
* Training Oversight
* Training Support
* Curriculum Implementation.

The themes represent workplace characteristics and training functions provided by an accredited Training Program to enable a trainee's achievement of independent professional practice. Each theme describes the outcome expected.

The Standards articulate the RACP's expectations for workplace training and are used to measure the overall quality of physician training provided.

The Requirements articulate the RACP's expectations for a Setting offering Basic Training in Adult Internal Medicine.

# How to complete this form

The RACP accreditation Self-Assessment documentation consists of two parts:

* Part A – Adult Internal Medicine Basic Training Program Overview
* Part B – Standards and Requirements.

This form is to be completed by a Director of Physician Education (DPE) seeking accreditation of its Adult Internal Medicine Basic Training Program.

In completing Part A, provide an outline of your Training Program Accreditation Application and Training Program Information. Once Part A is complete, please move on to Part B.

If you need assistance completing the form, please contact us at [accreditation@racp.edu.au](mailto:accreditation@racp.edu.au) (Australia) / [accreditation@racp.org.nz](mailto:accreditation@racp.org.nz) (Aotearoa New Zealand).

**Responsibilities**

The RACP recommends that the DPE who is responsible for the delivery of the Training Program, is involved in the summary of evidence for the Standards be involved in the completion of this Self-Assessment Form.

The RACP acknowledges that Training Programs undertaking accreditation against the new Standards may not meet all the criteria or Requirements. This will be considered during decision making and Training Programs could be given one cycle to transition to the new accreditation program. An interim monitoring process may be undertaken to support Training Programs working towards the new Standards or Requirements.

**Relevant documents**

Before proceeding with completing the document, we suggest that the following documents are reviewed. The documents can be accessed on the RACP website:

* [Training Provider Standards](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4)
* [Basic Training Accreditation Requirements for Adult Internal Medicine](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0)

# Adult Internal Medicine Basic Training Program Overview

|  |  |  |
| --- | --- | --- |
| **ACCREDITATION APPLICATION** | | |
| *Indicate the type of accreditation required.* | | |
| **Initial accreditation** |  | |
| **Routine accreditation** |  | |
| **Request for upgrade** |  |  |
|  |  |  |
| **If routine accreditation, provide date of last comprehensive review** | (Please select date) |  |
|  |  |  |
|  | **Current program classification** |  |
| **If request for upgrade, provide current and upgrade program classification** | (Please select one) |  |
|  |  |  |
|  | **Upgrade program classification** |  |
|  | (Please select one) |  |

## TRAINING PROGRAM INFORMATION

Please provide details about the training program.

## DIRECTOR OF PHYSICIAN EDUCATION

*Please provide details of your Director of Physician Education or equivalent.* ***Note:*** *If insufficient space, please attach a separate document with the same headings as below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Contact number** | **Email** | **Campus** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **KEY CONTACT PERSONS (ADJUNCT TRAINING PROGRAM – SECONDMENT SETTINGS ONLY**) | | | |
| ***Note:******For adjunct training program – secondment settings only****. Please provide details of the contact person responsible for the training program delivery at your setting.* | | | |
| **Name** | **Position title** | **Contact number** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

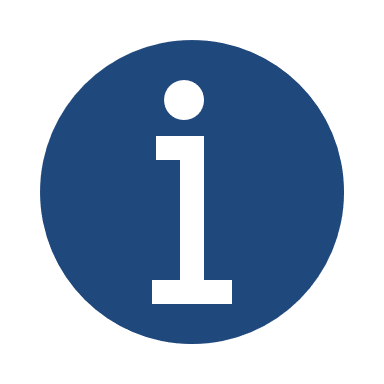
## TRAINING PROGRAM PARTNERS

*Please list all the Settings that you partner with to deliver the Adult Internal Medicine Basic Training Program.* ***Note:*** *If insufficient space, please attach a separate document using the same headings below.*

|  |
| --- |
| **Name of Setting** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

## AMBULATORY CLINICS

Please detail the Ambulatory Care facilities available. **Note:** If insufficient space, please attach a separate document with the same headings as below.

****Describe the type of supervision provided to trainees in the ambulatory clinic. Examples of supervision offered includes observe care provided by their supervisor, provide care with their supervisor present, provide care with their supervisor available in clinic, provide care with indirect supervision, and supervise other trainee to provide care.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic name** | **Campus** | **Frequency** | **Duration** | **% new patients** | **% review patients** | **Level of supervisionInformation with solid fill** | **Clinical letters reviewed** |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |
|  |  | (Please select one.) | (Please select one.) |  |  |  | (Please select one.) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Average number of clinics attended by Basic Trainees** | **per week** |  | **per fortnight** |  |
|  |  |  |  |  |
| **Average number of ambulatory patients seen by Basic Trainees** | **per week** |  | **per fortnight** |  |

## EDUCATORS

Please list doctors who hold a supervisory role (rotation supervisor, education supervisor, assistant or deputy DPEs, assistant supervisors). **Note:** If insufficient space, please attach a separate document with the same headings as below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Name** | **Specialty** | **Training role** | **Supervisor workshops** | **FTE at**  **Setting** | **FTE for supervision** |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |
|  |  |  | (Please select one.) | SPDP 1  SPDP 2  SPDP 3 |  |  |

## ROTATIONS

Please detail the rotations available for trainees. Please note that the ‘rotation type’ field is editable – you can enter your rotation type if it is not available in the drop-down menu. You can select multiple types of patient care experiences (e.g. ambulatory care, acute care) for a rotation. For rotation capacity, please provide the maximum number of trainees per rotation. **Note:** If insufficient space, please attach a separate document with the same headings as below.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rotation name** | **Rotation type** | **Rotation length** | **Rotation capacity** | **Acute care** | **Ambulatory**  **care** | **Inpatient care** | **Longitudinal care** | **Responsible rotation supervisor** | **Campus** |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |
|  | (Please select one.) |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Director of Physician Education name** |  |
| **Signature** |  |
| **Date** |  |
| ***Information with solid fillFor Adjunct Training Program – secondment settings only*** | |
| **Position title** |  |
| **Signature** |  |
| **Date** |  |
| To sign electronically, follow the instructions below:  1. Double click on the signature box.  2. You can choose to type, ink or select an image to use as your signature.  3. Click ‘Sign’ |  |

*End of Part A*

A screenshot of a video game

Description automatically generated with medium confidence

**Accreditation Self-Assessment Form**

***Part B - Adult Internal Medicine Basic Training Program***

***(Part of a Network)***

**This form is for the accreditation of an Adult Internal Medicine Basic Training Program Part of a Network**

|  |  |
| --- | --- |
| February 2023 | Icon  Description automatically generated**Pursuing excellence together** |

# Introduction

This form is to be completed by the DPE seeking accreditation of its Training Program in accordance with the Training Provider Standards and Basic Training Accreditation Requirements for Adult Internal Medicine.

When completing the Part B document, a training program should assess for each of the Standard’s criterion and requirements by:

* providing a rating for each standard criteria and requirement
* providing a statement of compliance which aligns to the rating
* collecting documentation which supports the rating and compliance statement.

|  |
| --- |
| Document with solid fillTo guide the completion of the form, please refer to the notes in the [Training Provider Standards](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4) and Basic Training Accreditation Requirements for [Adult Internal Medicine](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0).  Supporting documentation is required where this icon is displayed. The following supporting documentation **must** be provided:   * Handover process   Tick the supporting documentation that you are providing in the supporting documentation column.  **Where no supporting documentation is specified, provision of documentation is optional.**  Please note that additional supporting documentation may be requested by the Accreditation Review Panel. |

Once the Part B document is completed by all relevant parties, insert the electronic signatures and submit the document in Word Format along with any supporting documentation to the RACP Training Accreditation Services at [accreditation@racp.edu.au](mailto:accreditation@racp.edu.au) (Australia) / [accreditation@racp.org.nz](mailto:accreditation@racp.org.nz) (Aotearoa New Zealand).

Any Self-assessment applications missing information or incomplete will be returned to the Director of Physician Education and accreditation will not proceed until completion is satisfactory. Once all information is received, Training Accreditation Services team will review and provide your application to an Accreditation Lead/ Panel to review.

**Rating Scale**

The RACP uses a 3-point rating scale to assess performance across all the Standards and Requirements. The same rating scale is used by both the Training Provider and the accreditation team.

|  |  |
| --- | --- |
| **Rating scale** | **Description** |
| **Not Met** | * There is little or no evidence available. * There are ineffective or no strategies, systems and processes in place resulting in the criterion not being met or at risk of not being met on multiple occasions. * The resources and commitment are non-existent or insufficient to   meet the criterion.   * There is little or no evaluation performed to improve meeting the criterion. |
| **Partially Met** | * There is a reasonable amount of documented evidence that may or may not be substantiated by verbal evidence (or vice versa). * Strategies, systems, and processes are not consistently applied or   adhered to, resulting in variable outcomes.   * The resources and commitment to implement and sustain the strategies, systems and processes may fluctuate. * Evaluation may not be carried out regularly and/or the results may   not be used to drive improvement. |
| **Met** | * There is a good amount of substantiated evidence to support the   criterion is being achieved.   * Strategies, systems, and processes have proven to be effective in meeting the criterion. * There are sufficient resources and commitment to ensure the   strategies, systems and processes put in place are sustainable.   * Evaluation is carried out regularly resulting in improved outcomes. |

|  |
| --- |
| ***SETTING NAME***: |

**THEME 1: ENVIRONMENT AND CULTURE**

**STANDARD 1: SAFETY AND QUALITY**

The environment and culture encourage safety promoting behaviours and support the delivery of high-quality patient and population-centred care.

|  |  |
| --- | --- |
|  | *There are extensive notes to help you understand and complete each of this section. Please refer to the relevant sections of* [*Training Provider Standards*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4) *and Basic Training Accreditation Requirements for* [*Adult Internal Medicine*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0)*.* |
| Information with solid fillDocument with solid fill | *Supporting documentation is required where this icon is displayed. Tick the supporting documentation that you are providing in the supporting documentation column.* ***Where the icon is not displayed,******provision of supporting documentation is optional.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **REQUIREMENT 1.1.1**  Basic Trainees are involved in patient safety and health quality care activities undertaken by the Setting. |  | (Please select one.) |  |  | (Please select one.) |
| **REQUIREMENT 1.3.1**  A Setting ensures Basic Trainees complete an adult advanced life support course and are oriented to the Setting’s life support protocols. |  |  |  |  |  |
| **REQUIREMENT 1.5.1**Document with solid fill  Consultant supported handover occurs at least daily. |  | (Please select one.) | ***Mandatory*** Document with solid fill  Handover process |  | (Please select one.) |

**STANDARD 4: TRAINING MANAGEMENT**

The Training Provider manages staff, resources and structures to deliver best practice training.

|  |  |
| --- | --- |
|  | *There are extensive notes to help you understand and complete each of this section. Please refer to the relevant sections of* [*Training Provider Standards*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4) *and Basic Training Accreditation Requirements for* [*Adult Internal Medicine*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0)*.* |
| Information with solid fillDocument with solid fill | *Supporting documentation is required where this icon is displayed. List the supporting documentation that you are providing in the supporting documentation column.* ***Where the icon is not displayed, provision of supporting documentation is optional.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **REQUIREMENT 4.1.1**  The Training Provider ensures Basic Trainees have Clinical Supervisors and a designated Rotation and Education Supervisor in accordance with the RACP Basic Training Learning, Teaching, and Assessment Program. |  | (Please select one.) |  |  | (Please select one.) |

**THEME 3: TRAINING SUPPORT**

**STANDARD 5: EDUCATOR LEADERSHIP, SUPPORT AND WELLBEING**

Educators are skilled and supported in their teaching and leadership roles.

|  |  |
| --- | --- |
|  | *There are extensive notes to help you understand and complete each of this section. Please refer to the relevant sections of* [*Training Provider Standards*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4) *and Basic Training Accreditation Requirements for* [*Adult Internal Medicine*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0)*.* |
| Information with solid fillDocument with solid fill | *Supporting documentation is required where this icon is displayed. List the supporting documentation that you are providing in the supporting documentation column.* ***Where the icon is not displayed, provision of supporting documentation is optional.*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **REQUIREMENT 5.2.1**  A Rotation Supervisor can supervise a maximum of three Basic Trainees and an Education Supervisor can supervise a maximum of five Basic Trainees at any one time. When a supervisor is both a Rotation and Education Supervisor, the maximum number of trainees supported is six. |  | (Please select one.) |  |  | (Please select one.) |
| **REQUIREMENT 5.2.2**  Rotation and Education  Supervisors are allocated time to complete their supervisory responsibilities. |  | (Please select one.) |  |  | (Please select one.) |

**THEME 4: CURRICULUM IMPLEMENTATION**

**STANDARD 7: CURRICULUM DELIVERY**

The curriculum is implemented so trainees can achieve the learning outcomes and become independent, skilled physicians

|  |  |
| --- | --- |
| Information with solid fill | *There are extensive notes to help you understand and complete each of this section. Please refer to the relevant sections of* [*Training Provider Standards*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-training-provider-standards-clinical-training-programs.pdf?sfvrsn=391fc91a_4) *and Basic Training Accreditation Requirements for* [*Adult Internal Medicine*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-aim.pdf?sfvrsn=91fc91a_0)*.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **REQUIREMENT 7.7.1**  The Setting provides a minimum of four hours of formal learning per week with two hours being protected. |  | (Please select one.) |  |  | (Please select one.) |

|  |  |
| --- | --- |
| **Director of Physician Education name** |  |
| **Signature** |  |
| **Date** |  |
| ***Information with solid fillFor Adjunct Training Program – secondment settings only*** | |
| **Contact person name** |  |
| **Position title** |  |
| **Signature** |  |
| **Date** |  |
| To sign electronically, follow the instructions below:  1. Double click on the signature box.  2. You can choose to type, ink or select an image to use as your signature.  3. Click ‘Sign’. |  |

*End of Part B*