# RACP2016_CMYK_withtag_OL

# GENERAL AND ACUTE CARE MEDICINE SURVEY FORM TO ACCREDIT TRAINING SETTINGS

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| **General Information** | | | | |
| Date of Accreditation Assessment | **/** **/** | | | |
| Hospital Name |  | | | |
| Address |  | | | |
| Phone number |  | | Email |  |
| Head of Department |  | | | |
| Site contact *(*if applicable) |  | | | |
| Are you applying for: | **A specific rotation** at a previously accredited site, please complete sections 1 and 3 in detail.  **Multiple rotations** at a single site, please proceed with the full application from page 1  **A networked program** (for example, an APT program with rotations across multiple sites) please proceed with the full application from page 1  **Note:** If your site OR network is due for accreditation review in the next 12 months, we recommend completing the full site survey. | | | |
| Training network or Area Health Service, if applicable |  | | | |
| Date of last accreditation assessment |  | | | |
| Site Application | Number of beds |  | | |
|  | Number of general medicine admissions per year |  | | |
| Number of all RACP Advanced Trainees |  | | |
| Number of General and Acute Care Medicine Advanced Trainee positions |  | | |
| Number of Specialty Trainees |  | | |
| *Is a Grand Round (or equivalent) a regular occurrence?*  *Frequency? (weekly/monthly etc)* | **Yes**  **No** | | |
| Primary AT Supervisor |  | | | |
| Primary AT Supervisor Contact Email |  | | | |
| Supporting documents to be attached:  For site applications: Please ensure a comprehensive list of rotations with descriptor and timetable is provided - ideally within section 3.1 or as an attachment if insufficient space.  For network applications; Please ensure a comprehensive list of rotations is provided with descriptor and timetable for each and location(site) where the training is undertaken, ideally within section 3.1 or as an attachment if insufficient space  For single rotation applications: Please ensure a descriptor and timetable for the rotation is provided | | | | |
| Names and rotations of current Trainees (leave blank if new rotation application) | | | | |

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| **List all RACP Advanced Training accredited settings as part of formal or informal networks *(Please note: training will only be approved if undertaken in an accredited setting)*** | |
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| **1. Supervision** | | | | |
| ***RACP STANDARD*** | | | | |
| * 1. ***There are two designated supervisors for each Trainee.***   2. ***Trainees have access to supervision, with regular meetings.***   3. ***Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.***   4. ***Supervisors are supported by the setting or network to be given the time and resources to meet RACP Supervision requirements and criteria on supervision.*** | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE*** | | | | |
| * + 1. *The hospital has a Director of Physician Education- at basic or advanced training level.*     2. *A minimum of one supervisor can be provided by a subspecialty service at the hospital when the Trainee is on rotation to this area.*     3. *One supervisor must be a general physician. This supervisor may not have a direct clinical supervisory role during the full training period. A role with training and career advice is important.*   ***1.2.1*** *The Trainee has adequate time and opportunities for interaction with his/her supervisor(s)*  ***1.3.1***  *Supervisors will have attended an RACP Supervisor’s workshop within the last 5 years or intends to attend within 6 months of commencing as a supervisor*  ***1.4.1*** *Consultants have dedicated time allocated to supervision of Trainees.*  ***1.4.2*** *Supervisors will allocate time for providing feedback and performance advice to Trainees regularly during the Training rotation* | | | | |
| Please specify the consultant physicians practicing at the site that are involved in supervising advanced training in General and Acute Care Medicine. Please indicate which rotation they supervise FTE should refer to the time spent by the consultant within a supervised term. Please identify where there is a secondary supervisor who is a general physician external to the term | | | | |
| Name | FTE | Specialist qualifications (e.g. Nephrologist, General Physician) | Rotation Supervised | SPDP  Yes/No |
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| Is there a Director of Physician Education? Yes No  Name | | | | |
| Is there a Director of Advanced Training? Yes No  Name | | | | |
| **If there are more than 4 trainees, please add the relevant documentation for all trainees** | | | | |
| How will ongoing active supervision of trainees be provided at this site?  Please detail | | | | |
| Who will be primarily responsible for a potential Trainee in Difficulty?  Please detail | | | | |
| How will Supervisors be supported by the setting or network (e.g. time and resources provided by the site to meet RACP supervision requirements)?  Please detail | | | | |
| How will the quality of training and supervision to the trainee be monitored and reviewed?  Please detail | | | | |
| Nominate how frequently the Supervisor will meet with the Trainee to provide feedback on performance.  Please detail | | | | |
| **2. Facilities and Infrastructure** | | | | |
| *RACP STANDARD* | | | | |
| *2.1 There are appropriate facilities and services for the type of work being undertaken.*  *2.2 Each trainee has a designated workspace including a desk, telephone and IT facilities*  *2.3 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.* | | | | |
| *MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE* | | | | |
| * + 1. *The general unit is staffed by general physicians, or sub-specialists from another discipline who practice largely in general internal medicine.*     2. *The hospital is structured with a General Medicine Department, Unit(s) and/or Acute Medical Unit (MAPU), Emergency Department and have access to Intensive Care Unit, High Dependency Medical Unit and/or Coronary Care Unit*   *2.2.1 A suitable workplace is provided for the trainee, including desk, telephone and IT facilities.*  ***2.3.1*** *There are meeting rooms and other facilities available for the activities under section 4.1, below.* | | | | |
| Please detail the administrative structure of the General Medical Service at your hospital (e.g HOD, office space/support) | | | | |
| Please detail the service delivery structure of General Medicine at your hospital (e.g. AMU/MAPU, acute roster) | | | | |
| Is the office space/support shared? Yes  No  If yes, please provide an estimate of the proportion of time that the trainee has access to the facilities | | | | |
| Are there meeting rooms easily available for educational activities? Yes  No  Please detail: | | | | |

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| **3. Profile of work** | | | | | | | |
| **RACP STANDARD** | | | | | | | |
| * 1. ***The setting shall provide a suitable workload and appropriate range of work.*** | | | | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE*** | | | | | | | |
| ***3.1.1*** *The site will facilitate opportunities for continuing advanced training in General Medicine beyond one year. This may include engaging in a training network*  ***3.1.2*** *When in a core general medicine training term. The Trainee has access to patients presenting with undifferentiated acute medical conditions, appropriate to the trainee’s level of seniority*  ***3.1.3*** *Access to subspecialty medicine terms, either within the training setting or by association with another site or network is available to the Trainee*  ***3.1.3*** *The trainee is rostered and guided in a manner appropriate to his/her level of seniority, in particular a clear delineation between the role of an advanced Trainee and a basic Trainee must be made*  ***3.1.4*** *All trainees must complete an independent evaluation of the training rotation to the ATC at the time of submission of the midterm and end of year report* | | | | | | | |
| Please detail the advanced training rotation(s): | | | | | | | |
| Please demonstrate how the learning objectives/experiences of each training position align to the [General Medicine PREP Handbook](https://www.racp.edu.au/docs/default-source/default-document-library/at-general-acute-care-medicine-handbook-2019-20.pdf?sfvrsn=d0c4071a_2) Group categories for Pre and Post 2018 trainees.  i.e. Core General Medicine, Group A (Acute Care), Group B and Group C (pre-2018 trainees)  Core General Medicine, Core General Medicine Related (Acute Care, Obstetric or Perioperative Medicine) and Core Subspecialty (post-2018 trainees)  Please provide your recommendation/understanding as to which category each term best fits (the ATC will evaluate your response in deciding what category a term is given and this will then be used to determine whether trainees have completed the appropriate breadth of terms during their training). | | | | | | | |
| Please detail: | | | | | | | |
| **Indicative weekly Trainee workload**  Please complete an indicative timetable below for trainees for each term. Please show typical weekly activities, inclusive of teaching, audit and personal professional development sessions.  Please note whether ward rounds are with consultants. Please detail the workload in terms of new admissions, review patients, inpatient consultations per week. Please detail after hours on take/on call service undertaken by Trainees in General Medicine. You are welcome to provide this information in an attachment if this is easier. | | | | | | | |
| **Rotation #1**  Type: **eg. core GM, core GM-related OR core sub-specialty**  Category:  eg. A, B or C | | | | | | | |
| Monday | Tuesday | | Wednesday | | Thursday | | Friday |
| AM |  | |  | |  | |  |
| PM |  | |  | |  | |  |
| After hours duties: Yes/No  Please detail:  **Rotation#2**  Type: Category: | | | | | | | |
| Monday | Tuesday | | Wednesday | | Thursday | | Friday |
| AM |  | |  | |  | |  |
| PM |  | |  | |  | |  |
| After hours duties: Yes/No  Please detail:  **Rotation#3**  Type: Category: | | | | | | | |
| Monday | Tuesday | | Wednesday | | Thursday | | Friday |
| AM |  | |  | |  | |  |
| PM |  | |  | |  | |  |
| After hours duties: Yes/No  Please detail:  **If there are more than three rotations, please attach details of all trainees in the same format.** | | | | | | | |
| **Please detail outpatient clinics attended by Trainees during their rotations** (please include the frequency and level of responsibility) | | | | | | | |
| Rotation/Clinic name | | Supervising Consultant | | Frequency | | No of patients seen by the trainee  New/review please | |
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| Do Trainees have reliable access to sub-specialty rotations in General Medicine on a yearly basis?  Yes  No  If No subspecialty rotations are available, please detail how you propose your Trainees can access sub-specialty terms to complete their training requirements. | | | | | | | |
| Do advanced trainees in subspecialties rotations undertake on-take/on-call duties after hours within Acute General Medicine? Yes  No | | | | | | | |
| Does the Advanced Trainee(s) have opportunities to train in procedures such as GIT endoscopy and echocardiography? Yes  No  Please detail: | | | | | | | |
| When undertaking training in a General Medical Unit and/or Acute medicine setting please outline the difference in the roles between an advanced trainee and a basic trainee?  Please detail: | | | | | | | |

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| ***RACP STANDARD*** |
| ***3.2 Trainees participate in quality and safety activities.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE*** |
| ***3.2.1*** *Participation in morbidity/mortality audits or meetings, quality assurance/audit evaluations of clinical management of common conditions, intake meetings* |
| Please detail Trainee involvement in morbidity/mortality audits or meetings, intake meetings quality assurance/audit evaluations of clinical management of common conditions. Include the frequency of these meetings. |

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| ***RACP STANDARD*** |
| * 1. ***There is the capacity for project work (including research) and ongoing training.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE*** |
| ***3.3.1*** *The trainee has one session per week dedicated to personal professional development and project work* |
| Does the Trainee have the opportunity for research in General Medicine or subspecialty areas?  Yes  No  Please detail opportunities: |

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| **4. Teaching and Learning** |
| ***RACP STANDARD*** |
| ***4.1 There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.***  ***4.2 There are opportunities to attend external education activities as required.***  ***4.3 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE*** |
| ***4.1.1*** *The Trainee will have access to a structured advanced training program, which will include opportunities for formal teaching sessions, seminar participation, and regularly scheduled clinical meetings, journal clubs, peer review presentations, or other methods that can be documented.*  ***4.1.2*** *The trainee has designated time and opportunities for undergraduate and post-graduate teaching.*   * + 1. *The Trainee will attend scientific meeting of educational value in each year of their training if appropriate.*     2. *The Trainee has access to a medical library with current books and access to online content including relevant journals.* |
| Please review your answer to question 3.2 and add further information regarding General and Acute Care Medicine Advanced trainee- specific events. Does your site/network offer a structured education program specific for this AT group? Please detail  **In addition, please review the timetable information in section 3.1 and ensure education events specific to the individual rotations are included.** |
| Are Trainees provided with access to the Advanced Training Portal to complete mandatory PREP assessments?  Yes  No  Comment:  If yes, please detail how your department supports this |
| Is there support provided for Trainees to complete projects and research as required by the ATC in General & Acute Care Medicine? i.e. From 2017 onwards, one project to be completed over the course of training, first project to be completed by the end of the second year of training (Pre-2017 trainees fall under requirements of two projects over the course of the program).  Yes  No  Comment:  If yes, please detail how your department supports this |
| Does the advanced trainee(s) have opportunities for undergraduate and postgraduate teaching?  Yes  No  If yes, please provide details: (e.g. University affiliation, BPT or medical student numbers, frequency and regularity of teaching commitments etc.) |
| Are Trainees able to attend scientific meeting(s) (such as the Internal Medicine Society of Australia and New Zealand Annual Scientific Meeting) of educational value in each year of their training?  Yes  No  Comment:  If yes, please detail how your department supports this |
| Is it possible to access a library or journals online? Yes  No  Please detail: |
| Are there computer retrieval and search facilities available to trainees? Yes  No  Please detail: |
| 5. Support Services for Trainees |
| RACP STANDARD |
| *5.1 There are workplace policies covering the safety and well-being of Trainees*  *5.2 There is a formal induction/orientation process for Trainees* |
| *MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GENERAL MEDICINE* |
| *5.1.1 There are a range of policies dealing with health and safety of Trainees, and Trainees are aware of these policies.*  ***5.2.1*** *Supervisors or designees provide an orientation/induction into training at the setting to new Trainees within the first week of commencement of training* |
| Please list any policies in place relevant to the safety and wellbeing of Trainees |
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| Do Trainees receive an orientation/induction within their first week of training? Yes  No  Please detail who attends, organises and the structure of orientation:  Does it include details on RACP policies such as Trainees in Difficulty, Flexible Training, Progression Through Training, Recognition of Prior Learning etc?  Yes  No |
| Do trainees have education support available to complete their PREP requirements per training year?  Yes  No  Please detail |
| Opportunities for supervisors to provide feedback to trainees.    Please detail (including how the discussion is documented) |
| Do you have a system in place for monitoring training and education against the curriculum?  Yes  No  Please describe |

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| **Accreditation Decision (RACP use only)** | | | | | |
| Please assess the compliance with the RACP standards using the Matrix below | | | | | |
| **RACP Standard** | **1**  **No significant issues** | | **2**  **Minor issues** | **3**  **Moderate issues** | **4**  **Severe issues** |
| 1. Supervision |  | |  |  |  |
| 1. Facilities and infrastructure |  | |  |  |  |
| 1. Profile of work |  | |  |  |  |
| 1. Teaching and learning |  | |  |  |  |
| 1. Support services |  | |  |  |  |
| **Assessor comments on previous report recommendations (if applicable)** | | | | | |
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| **Action/s required by Hospital** | | | | **To be actioned by** | |
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| **Overall recommendations (note: the training committee is responsible for the final decision)** | | | | | |
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| **Areas of training accredited and maximum number of months training time** | | | | | |
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| **RACP assessor one** | |  | | | |
| **RACP assessor two** | |  | | | |
| **Date of report completed** | | **/       /** | | | |

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| **Assessors Accreditation Recommendation:** | | | | | |
| **Type of accreditation** | | **Duration of accreditation** | **Total number of accredited positions** | **Maximum training duration at site** | **Next site review due** |
| Full Accreditation |  |  |  |  |  |
| Conditional Accreditation |  |  |  |  |  |
| Provisional Accreditation |  |  |  |  |  |
| Not Accredited |  |  |  |  |  |