**BASIC PHYSICIAN TRAINING**

**ACCREDITATION ASSESSMENT FORM**

Please do not alter the format of this document; it has been locked for editing.

This form should be completed electronically and returned via email to: accreditation@racp.edu.au

Any additional attachments should be sent separately.

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| **General Information** |
| Date of accreditation assessment | **/** **/**  |
| Hospital name |  |
| Address |  |
| Phone number |  | Email: |  |
| Director of Physician Education (DPE) |  |
| Director of Medical Services (DMS) or equivalent |  |
| Associated Network *(*if applicable) |  |
| Network Director of Physician Education (NDPE) (if applicable) |  |
| University affiliation (if applicable) |  |
| ACHS Accreditation status |  |

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| **Indicate type of accreditation required** | **Current level of accreditation (if applicable)** |
| First time accreditation | [ ]  | Level 3 Teaching Hospital | [ ]  |
| Routine reaccreditation  | [ ]  | Level 2 Teaching Hospital | [ ]  |
| Request for upgrade | [ ]  | Level 1 Teaching Hospital | [ ]  |
| Other reason:  | Secondment Hospital | [ ]  |
| Date of last accreditation review |       |

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| **List all RACP Basic 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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| **Hospital Information** |
| Total number of hospital beds |       |
| Total number of designated medical beds |       |
| Average number of Emergency Department presentations per annum |       |
| Average number of hospital admissions via the Emergency Department per annum |       |
| Number of RACP Basic Trainees at this site |       |
| Number of RACP Basic Trainees on rotation within the Network (if applicable) |       |

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| **Description of hospital (RACP use only)** |
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| 1. **Supervision**
 |
| ***RACP STANDARD*** |
| * 1. ***There is a designated supervisor 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*** |
| * + 1. *There is a Director of Physician Education (DPE) appointed in a tertiary/level 3 training site, with time protected for the role.*
		2. *For every 3 to 5 Trainees in the PREP program, a minimum of one consultant is available to act as Education Supervisor.*
		3. *In each rotation there will be Ward Service Consultant(s) (e.g. term supervisors).*
		4. *Trainees are supervised in ambulatory/outpatient clinic settings. Supervision should be commensurate with Trainees’ level of experience. All new and complex review cases must be discussed with a consultant, preferably at the time of patient assessment. Alternatively, discussion is conducted at weekly review meetings.*
		5. *Trainees have a minimum of phone access to supervision when working out of hours.*
		6. *Trainees must meet with Education Supervisor/Professional Development Advisor or DPE at minimum three times yearly.*
		7. *DPEs and Education Supervisors must advise the College of their supervisory roles.*
		8. *Education Supervisors must attend training workshops in educational requirements.*
		9. *All staff at the training site acting in a supervisory capacity must have dedicated time to fulfil these roles.*
		10. *The training site provides administrative assistance to support the DPE and Education Supervisor.*
 |
| Please list training workshops available to Education Supervisors:      |
| Please list all staff in the following supervisory roles: |
| **Name** | **Education Supervisor** | **Ward Consultant** | **Professional Development Advisor** | **Supervisory** **FTE** **(%)**  | **Total****FTE** **(%)** |
|       | [ ]  | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  | [ ]  |       |       |
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| Have supervisors notified the RACP of their roles (DPE/Education Supervisor etc.)? Yes [ ]  No [ ] If no, please detail:       |
| Does the DPE have protected time allocated for this role? Yes [ ]  No [ ] If Yes, please indicate approximate FTE [ ]  0.2 [ ]  0.3 [ ]  0.5 Other       |
| Are trainees allocated a specific supervisor for every term? Yes [ ]  No [ ] Comment:       |
| What is the ratio of Education Supervisors to trainees?       |
| Are trainees supervised in ambulatory/outpatient clinic settings? Yes [ ]  No [ ] Please detail the type of supervision provided:       |
| Please detail supervision arrangements of trainees for after-hours work:      |
| Do Consultants have dedicated time to supervise trainees? Yes [ ]  No [ ] If yes, please specify hours per week:       |
| Is administrative support provided by the site for DPEs and Education Supervisors?Yes [ ]  No [ ] Please detail:       |

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| **Assessor comments (RACP use only)** |
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| 1. **Facilities and Infrastructure**
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| ***RACP STANDARD*** |
| * 1. ***There are appropriate facilities and services for the type of work being undertaken.***
	2. ***Each Trainee has a designated workspace including a desk, telephone and IT facilities.***
	3. ***There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.***
 |
| ***MINIMUM REQUIREMENTS*** |
| * + 1. *For accreditation as a* ***Tertiary/Level 3*** *Training Site, the site must have:*
* ***A minimum of 9 subspecialty departments****, each headed by a physician with a substantial appointment responsible for supervision of Trainees.*
* *To have a term in these departments counted towards basic training subspecialty requirements, a Trainee will need to spend a minimum of 50% of their time in the subspecialty in at least two of the following three areas: acute, longitudinal/ongoing and ambulatory/outpatient care*
* *Facilities to host the Clinical Examination,*
* *An Intensive Care Unit or High Dependency Unit,*
* *Access to diagnostic facilities including pathology, diagnostic imaging and nuclear medicine,*
* *Access to General Medicine available onsite or through rotation to another site,*
* *Access to facilities for acute care and/or ambulatory/outpatient care,*
* *For accreditation as a* ***Level 2*** *or* ***Level 1*** *Training Site, refer to the relevant criteria.*
	+ 1. *For accreditation to provide medical subspecialty terms in a non-parent/non-tertiary site there must be a well-established department for the subspecialty.*
		2. *Trainees have access to a designated workspace with standard administration facilities, including IT access, which are located within the department or available elsewhere within the site.*
		3. *Trainees must have access to readily available study/tutorial rooms with appropriate teaching aides and other educational facilities. This must include distance education facilities as a minimum.*
 |
| **Facilities** | **Onsite access** | **Offsite access** |
| Emergency Department | **[ ]**  | **[ ]**  |
| Intensive Care Unit | [ ]  | [ ]  |
| High Dependency Unit | [ ]  | [ ]  |
| **Radiology Services** |  |  |
| General and Ultrasound | [ ]  | [ ]  |
| MRI | [ ]  | [ ]  |
| Interventional procedures | [ ]  | [ ]  |
| Nuclear Medicine | [ ]  | [ ]  |
| Pathology | [ ]  | [ ]  |
| Please detail Ambulatory/Outpatient Care facilities:       |
| **Clinic** | **Onsite access** | **Offsite access** | **Clinic duration** | **Clinic frequency** |
|       | **[ ]**  | **[ ]**  |       |       |
|       | [ ]  | [ ]  |       |       |
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|       | [ ]  | [ ]  |       |       |
| General Medicine | # of Basic Training positions | Acute | Ongoing | Outpatient clinic |
| Please detail General Medicine available to trainees  |       | [ ]  | [ ]  | [ ]  |
|  | Yes | No |
| Do trainees have access to General Medicine onsite? | [ ]  | [ ]  |
| Do trainees have access to General Medicine through rotation to another hospital?If through rotation to another hospital, please specify the hospital and detail the arrangements:       | [ ]  | [ ]  |
| Please specify which of the following Subspecialty departments are available to trainees at this hospital. | Please indicate the services included and the number of hours spent per week  |
| **Subspecialty** | **# of Basic Training positions** | **Inpatient****Service**  | **Consults** | **Outpatient**  |
| Cardiology |       |       |       |       |
| Endocrinology |       |       |       |       |
| Gastroenterology |       |       |       |       |
| Geriatric Medicine |       |       |       |       |
| Haematology |       |       |       |       |
| Infectious Diseases |       |       |       |       |
| Intensive Care Medicine (ICU/HDU) |       |       |       |       |
| Medical Oncology |       |       |       |       |
| Nephrology |       |       |       |       |
| Neurology |       |       |       |       |
| Palliative Medicine |       |       |       |       |
| Respiratory Medicine |       |       |       |       |
| Rheumatology |       |       |       |       |
| Other       |       | [ ]  | [ ]  | [ ]  |
|  | **Yes** | **No** |
| Are there facilities to host the Clinical Examination? If “Yes”, what is the number of candidates that can be hosted?      What year was the Clinical Examination last hosted?       | **[ ]**  | **[ ]**  |
| Do trainees have access to:Desk or study space?Computer and internet facilities (including Wi-Fi)?Study/tutorial rooms?Teaching aides (including distance education facilities)?Comment:       | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  |
| Are there facilities to allow trainees to use online learning tools of the PREP program?Please detail:       | **[ ]**  | **[ ]**  |

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| **Assessor comments (RACP use only)** |
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| 1. **Profile of Work**
 |
| **RACP STANDARD** |
| * 1. ***The site shall provide a suitable workload and appropriate range of work.***
	2. ***Trainees participate in quality and safety activities.***
	3. ***There is capacity for project work (including research) and ongoing training.***
 |
| ***MINIMUM REQUIREMENTS*** |
| * + 1. *Trainees have a suitable workload and appropriate range of work determined by the Basic Training Curriculum and the PREP Basic Training Program Requirement Handbook for Adult Medicine (available from RACP website).*
		2. *For accreditation to provide General Medicine terms there must be a General Medicine department or unit. Within the term there must be available acute, longitudinal/ongoing and ambulatory/outpatient clinic exposure. Trainees must have a role in assessment plus a role in the longitudinal/ongoing care of their patients who are admitted through the Emergency Department to the Intensive Care Unit or High Dependency Unit. Trainees must attend (on average) at least one ambulatory/outpatient clinic per week.*
		3. *Formal consultant-led clinical handover following night duty must occur at minimum 5 days of the week and involves units receiving patients overnight.*
		4. *Trainees are exposed to an environment that fosters and supports quality assurance meetings where possible.*
		5. *All Trainees must complete Advanced Life Support training of minimum 3 hours duration (as part of a continuous block) by the end of their first term as a Basic Trainee. If such training is unavailable within the hospital, Trainees should be supported to attend external training.*
		6. *Trainees have access to activities such as audits, clinical trials and research.*
 |
| Please describe the Trainees’ role in the assessment and longitudinal/ongoing care of their patients who are admitted through the Emergency Department to the Intensive Care Unit and/or High Dependency Unit:      |
| Do trainees attend ambulatory/outpatient clinics? Yes [ ]  No [ ] On average, how many clinics do trainees attend?       per week       per fortnight |
| Are clinical handovers consultant led? Yes [ ]  No [ ] If no, please provide details:       |
| How often do formal consultant-led clinical handovers occur following night duty?     Please list the units involved:       |
| Please detail the site quality assurance and clinical practice improvement activities that involve trainees:       |
| Do trainees receive Advanced Life Support training at this site? Yes [ ]  No [ ] Please describe arrangements:       |
| Please describe any activities that trainees have access to (e.g. audits, clinical trials, research):      |

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| **Assessor comments (RACP use only)** |
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| 1. **Teaching and Learning**
 |
| ***RACP STANDARD*** |
| * 1. ***There is an established training program or educational activities, such as multi-disciplinary meetings, academic meetings, rounds and journal clubs.***
	2. ***There are opportunities to attend external educational activities as required.***
	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*** |
| * + 1. *There is a training program and educational activities related to the Basic Training Curriculum.*
		2. *There is protected time and resources provided to complete educational activities.*
		3. *A minimum of 3 hours of formal teaching per week (this may include video/teleconferencing).*
		4. *Trainees attend the formal teaching sessions and other training sessions as provided by the site. Service commitment does not prevent or excuse trainee attendance at these sessions.*
		5. *Trainees must complete the requirements of the PREP program.*
		6. *Opportunities exist for Trainees to access the RACP lecture series or a comparable series electronically, in which the content is aligned with the Basic Training Curriculum.*
		7. *The parent/tertiary site or network must provide access to a medical library (either by hard copy or electronically) with current books and access to online content.*
 |
| Please list the educational activities available to Trainees: |
| **Educational activity** | **Weekly** | **Fortnightly** | **Monthly** | **Duration** |
|       | [ ]  | [ ]  | [ ]  |       |
|       | [ ]  | [ ]  | [ ]  |       |
|       | [ ]  | [ ]  | [ ]  |       |
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|       | [ ]  | [ ]  | [ ]  |       |
| Please provide further details of educational activities:       |
| **A copy of the education program roster must be included and attached with this submission.** |
| What practices are in place to enable trainees to attend educational activities (e.g. protected time, cover for pager, leave to attend external courses, etc.)?       |
| How much protected time do trainees have to formal education activities on a weekly basis?       |
| **Do Trainees have access to:** | **Yes** | **No** | **Hard copy** | **Online** |
| RACP lecture series or comparable series | **[ ]**  | **[ ]**  |  |  |
| Computer terminals | [ ]  | [ ]  |  |  |
| Online databases | **[ ]**  | **[ ]**  |  |  |
| Medical library | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Major medical journals and medical texts | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Assessor comments (RACP use only)** |
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| 1. **Support Services for Trainees**
 |
| ***RACP STANDARD*** |
| * 1. ***There are workplace policies covering the safety and well-being of Trainees.***
	2. ***There is a formal induction/orientation process for Trainees.***
 |
| ***MINIMUM REQUIREMENTS*** |
| * + 1. *The site meets all legislative requirements with regards to policies in WH&S, Infection Control and Human Resources.*
		2. *DPEs and Education Supervisors provide induction/orientation into training for Trainees within the first week of commencement of training at the site.*
 |
| Please list policies dealing with trainee safety and well-being:      |
| Are there processes in place to manage trainees with training related grievances or Trainees in difficulty? Yes [ ]  No [ ] Comment:       |
| Do trainees receive an induction/orientation within their first week of training? Yes [ ]  No [ ] Comment:       |

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| **Assessor comments (RACP use only)** |
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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 trainee interview** |
|       |
| **Assessor comments on previous report recommendations (if applicable)** |
|       |
| **Overall recommendations (note: the accreditation subcommittee is responsible for the final decision)** |
|       |
| **Action/s required** | **To be actioned by** |
|       | **/       /** |
| **RACP assessor one** |       |
| **RACP assessor two** |       |
| **Date of report completed** | **/       /** |