

Accreditation Self-Assessment Form

***Part A -Setting***

**This form is in relation to the accreditation of a Setting 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 Provider (Settings) 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 and Paediatrics & Child Health.

# How to complete this form

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

* Part A - Setting Overview
  + Optional Appendix 1 (Multi-Campus)
* Part B – Standards and Requirements.

This form is to be completed by a Training Provider seeking Setting accreditation.

In completing Part A, provide an outline of your Setting including Accreditation Application, Setting Details, Senior Leadership team, and Setting 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 staff at a senior level who are responsible for the delivery, leadership, and governance of medical services in the Setting are involved in the summary of evidence for the Standards be involved in the completion of this Self-Assessment Form.

The RACP acknowledges that Settings undertaking accreditation against the new Standards may not meet all the criteria or Requirements. This will be considered during decision making and Settings could be given one cycle to transition to the new accreditation program. An interim monitoring process may be undertaken to support Settings 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)
* [Basic Training Accreditation Requirements for Paediatrics & Child Health](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0)

# Setting Overview

|  |  |
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| **ACCREDITATION APPLICATION** | |
| *Indicate the type of accreditation required.* | |
| **Initial accreditation** |  |
| **Routine accreditation** |  |

## SETTING DETAILS

|  |  |  |
| --- | --- | --- |
| **Setting name** |  |  |
|  |  |  |
| **Street address** |  |  |
|  |  |  |
| **Suburb** |  |  |
|  |  |  |
| **Town/Region** |  |  |
|  |  |  |
| **Postcode** |  |  |
|  |  |  |
| **Country** |  | (Please select one.) |
|  |  |  |
| **University Affiliation** |  |  |

## CAMPUS

A multi-campus Setting is a training provider with one senior management team whose service units are located at more than one physical location. The senior management team is responsible for the delivery, leadership, and governance of medical services for all campuses. Trainee rosters and Basic Training program delivery are managed centrally by the senior management team and the training provider is principally a single Setting with services delivered at multiple sites (campuses).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you a multi-campus Setting?** | |  | | |  | |
| Yes | | |  | No  *If you have selected no, please proceed to the ‘****Senior Leadership Team’*** *section.* | |
|  | | | | | |
| **Do you wish to be accredited as a muti-campus Setting?** | | | | | |
| Yes | | |  | No | |
| If you have selected **yes**, please provide details below.  ***Note:*** *You will also need to complete* ***Appendix 1 (Multi- campus) for each Setting within your multi-campus.*** | | | | *If you have selected no, please proceed to the ‘****Senior Leadership Team****’ section.* | |
| **Provide the following documentation to support your multi-campus application** | | |  | Organisational chart | | |
|  |  | | | Trainee recruitment process | | |
|  | | | | Rotation allocation process | | |

|  |  |  |
| --- | --- | --- |
| **Campus name** | **Address** | **Training Program** |
|  |  | (Please select one.) |
|  |  | (Please select one.) |
|  |  | (Please select one.) |
|  |  | (Please select one.) |
|  |  | (Please select one.) |

## SENIOR LEADERSHIP TEAM SETTING EXECUTIVE

This could be an Executive Director, General Manager, Chief Executive or Chief Executive Officer.

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
|  |  |  |
| **Position title** |  |  |
|  |  |  |
| **Contact number** |  |  |
|  |  |  |
| **Email** |  |  |
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## SENIOR MEDICAL OFFICER

This could be a Director of Medical Services, Clinical Director, Chief Medical Officer or equivalent.

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
|  |  |  |
| **Position title** |  |  |
|  |  |  |
| **Contact number** |  |  |
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| **Email** |  |  |
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## HEAD OF DEPARTMENT

***Note:*** *If insufficient space, please attach a separate document with the same headings as below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Campus** | **Contact number** | **Email** |
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**SETTING INFORMATION**

Please indicate all the facilities, infrastructure and services available. You may select more than one checkbox.

## FACILITIES

**Emergency**

**Intensive Care Unit**

**High Dependency Unit**

**Paediatric Emergency Department**

**Neonatal Intensive Care**

**Paediatric Intensive Care**

**Paediatric High Dependency Unit**

## SERVICES

|  |  |  |
| --- | --- | --- |
|  | **Onsite** | **Offsite** |
| **Anaesthetics** |  |  |
| **Computer Tomography (CT)** |  |  |
| **Interventional Radiology** |  |  |
| **Magnetic Resonance Imaging (MRI)** |  |  |
| **Nuclear Medicine** |  |  |
| **Obstetrics** |  |  |
| **Pathology** |  |  |
| **Radiology** |  |  |
| **Surgery** |  |  |
| **Ultrasound** |  |  |

## BEDS

|  |  |
| --- | --- |
| **Total number of hospital beds** |  |
|  |  |
| **Total number of designated medical beds** |  |
|  |  |
| **Total number of neonatal beds** |  |
|  |  |
| **Total number of paediatric beds** |  |

## TRAINEES

Please indicate the number of Basic and Advanced Trainees currently working in the Setting.

|  |  |
| --- | --- |
| **Number of Adult Internal Medicine Basic Trainees** |  |
|  |  |
| **Number of Adult Internal Medicine Advanced Trainees** |  |
|  |  |
| **Number of Paediatrics & Child Health Basic Trainees** |  |
|  |  |
| **Number of Paediatrics & Child Health Advanced Trainees** |  |
|  |  |
| **Number of RACP Faculty and Chapter Trainees** |  |

## HOSPITAL ADMISSIONS

|  |  |
| --- | --- |
| **Average number of admissions per year** |  |
|  |  |
| **Average number of paediatric admissions per year** |  |
|  |  |
| **Average number of Emergency Department presentations per year** |  |
|  |  |
| **Average number of paediatric presentations in Emergency Department per year** |  |
|  |  |
| **Average number of admissions via Emergency Department per year** |  |
|  |  |

|  |  |
| --- | --- |
| **Average number of paediatric admissions via Emergency Department per year** |  |
|  |  |
| **Average number of deliveries per year** |  |

## DEPARTMENTS

*Please specify which specialty departments are available to trainees at this setting.* ***Note:*** *If insufficient space, please attach a separate document with the same heading as below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Name** | **Specialty** | **No. of Basic Trainees** | **No. of Advanced Trainees** |
|  | (Please select one.) |  |  |
|  | (Please select one.) |  |  |
|  | (Please select one.) |  |  |
|  | (Please select one.) |  |  |
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|  | (Please select one.) |  |  |
|  | (Please select one.) |  |  |
|  | (Please select one.) |  |  |

|  |  |
| --- | --- |
| **Setting Executive 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 A*

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Accreditation Self-Assessment Form

**Part B - Setting**

**This form is in relation to the accreditation of a Setting part of a network**

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

# Introduction

This form is to be completed by the Setting Executive/s seeking accreditation of its Setting in accordance with the Training Provider Standards.

When completing the Part B document, a Setting 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) and [Paediatrics & Child Health](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0).  Supporting documentation is required where this icon is displayed. The following supporting documentation **must** be provided:   * Trainee roster (including weekly timetable for each position) * Education timetable * Orientation guide and/or manual * Handover process * Director of Physician/Paediatric Education position description.   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 Training Provider 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.

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|  | *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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0)*.* |
| Information with solid fillDocument with solid fill | Supporting documentation is mandatory 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.** |

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| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 1.1**  The Setting has a high standard of medical practice, evaluates its practices, and improves the quality of its service. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 1.2**  The Setting has a system and culture that enables issues to be raised about the standard of care without fear of consequence. |  | (Please select one.) | ***Optional***  Process for raising concerns about patient care |  | (Please select one.) |
| **CRITERION 1.3**Document with solid fill  A trainee receives an orientation to each new Setting and rotation. |  | (Please select one.) | ***Mandatory***Document with solid fill  Orientation guide  Orientation manual |  | (Please select one.) |
| **CRITERION 1.4**  Trainee and educator work  arrangements enable the delivery of high-quality care and optimises learning and wellbeing. |  | (Please select one.) | ***Optional***  Workload monitoring process |  | (Please select one.) |
| **CRITERION 1.5**Document with solid fill  Handover occurs when there is a transition in care. |  | (Please select one.) | ***Mandatory*** Document with solid fill  Handover process |  | (Please select one.) |

**STANDARD 2: LEARNING ENVIRONMENT**

The environment and culture value learning and support training.

|  |  |
| --- | --- |
| 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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0)*.* |

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|  | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 2.1**  Physicians embody the professional standards set out in the RACP Professional Practice Framework and are prepared to be involved in the training, education, and assessment of trainees. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 2.2**  The Training Provider seeks and responds to concerns about training from trainees and educators. |  | (Please select one.) | ***Optional***  Grievance process |  | (Please select one.) |
| **CRITERION 2.3**  The Setting has a learning environment and culture which values, supports, and delivers equitable physician training. |  | (Please select one.) | ***Optional***  Training staff recognition process |  | (Please select one.) |
| **CRITERION 2.4**  The Setting provides a safe, respectful learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident. |  | (Please select one.) | ***Optional***  Discrimination, bullying, and harassment policy and process |  | (Please select one.) |
| **CRITERION 2.5**  The Setting maximises the  educational value of tasks assigned to a trainee. |  | (Please select one.) |  |  | (Please select one.) |

**THEME 2: TRAINING OVERSIGHT**

**STANDARD 3: GOVERNANCE**

The Training Provider has a systematic approach to training responsibilities and relationships.

|  |  |
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| 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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0)*.* |

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|  | | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 3.1**  The Training Provider is committed to and responsible for supporting and delivering physician training. |  | | (Please select one.) | ***Optional***  Management structure  Strategic plan  Training plan |  | (Please select one.) |
| **CRITERION 3.2**  The Training Provider has a training governance system which guides and oversees physician training. |  | | (Please select one.) | ***Optional***  Training governance system |  | (Please select one.) |
| **REQUIREMENT 3.2.1**  A Training Program is led by a Director of Physician or Paediatric Education (DPE), who is an RACP Fellow. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) |  |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 3.3**  The Training Provider has determined the number of trainees it has in relation to its capacity to resource training and ability to deliver work and training experiences that align with the curricula. |  | | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 3.4**  The Training Provider collaborates and has effective relationships with trainees, educators, other Training Providers and the RACP. |  | | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 3.6**  The Setting assesses the impact service change will have on training and engages with educators and trainees on the change process. |  | | (Please select one.) |  |  | (Please select one.) |

**STANDARD 4: TRAINING MANAGEMENT**

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

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|  | *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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_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.*** |

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| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 4.1**  The Training Provider has a  physician-led structure with the authority, time, funding, and staff to plan, administer and deliver physician training. |  | (Please select one.) | ***Optional***  Training budget  List of training support staff (roles and FTE) |  | (Please select one.) |
| **CRITERION 4.2**  The Training Provider has educational resources to support training. |  | (Please select one.) | ***Optional***  List and photos of educational infrastructure |  | (Please select one.) |
| **CRITERION 4.3**  The Training Provider monitors and evaluates training to meet the Standards and improve training quality. |  | (Please select one.) | ***Optional***  Training evaluation process, reports, and improvements |  | (Please select one.) |
| **CRITERION 4.4**  The Training Provider communicates its clinical services and training opportunities. |  | (Please select one.) | ***Optional***  Communication pathways with trainee (potential and existing trainees) |  | (Please select one.) |
| **CRITERION 4.6** Discrimination, bullying and harassment process.  Trainee rosters are accurate, fair, flexible, and timely. |  | (Please select one.) | ***Mandatory***Document with solid fill  Trainee roster (including weekly timetable for each position) |  | (Please select one.) |
| **CRITERION 4.7**  A trainee has a designated workspace, secure space for personal items and a space to relax and study. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 4.8**  A trainee is provided with clean, safe and private accommodation. |  | (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.

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|  | *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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_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.*** |

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| Discrimination, bullying and harassment process. *Supporting documentation required.* | | | | *Accreditor only* | |
| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 5.1** Discrimination, bullying and harassment process.  An educator is selected, inducted, trained, appraised and recognised. |  | (Please select one.) | ***Mandatory*** Document with solid fill  Director of Physician/Paediatric role description  ***Optional***  Educator induction agenda and materials  Process for educator appraisal |  | (Please select one.) |
| **CRITERION 5.2**Discrimination, bullying and harassment process.  An educator has the capacity to train and lead. |  | (Please select one.) | ***Mandatory*** Document with solid fill  Education timetable |  | (Please select one.) |
| **CRITERION 5.3**  An educator is supported to maintain health and wellbeing and seek help if needed. |  | (Please select one.) | ***Optional***  Available resources to support educator health and wellbeing  Process for identification, management, and support of educator with a health concern |  | (Please select one.) |
| **CRITERION 5.4**  The Training Provider ensures Educators have completed all the RACP Supervisor Professional Development Program Modules. |  | (Please select one.) | ***Optional***  SPDP completion record |  | (Please select one.) |

**STANDARD 6: TRAINEE SUPPORT AND WELLBEING**

Trainees receive a fair, positive, and supportive training experience.

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| 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_0) *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) *and* [*Paediatrics & Child Health*](https://www.racp.edu.au/docs/default-source/about/accreditation/basic-training/bt-accreditation-requirements-pch.pdf?sfvrsn=691fc91a_0)*.* |

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| **CRITERION/REQUIREMENT** | **STATEMENT** | **RATING** | **SUPPORTING DOCUMENTATION** | ***COMMENT*** | ***ACCREDITOR RATING*** |
| **CRITERION 6.1**  A trainee is supported to maintain health and wellbeing and seek help if needed. |  | (Please select one.) | ***Optional***  Available resources to support trainee health and wellbeing  Process for identification, management, and support of trainee with a health concern |  | (Please select one.) |
| **CRITERION 6.4**  A trainee has access to flexible work arrangements in accordance with the RACP’s Flexible Training Policy. |  | (Please select one.) | ***Optional***  Flexible work arrangements process |  | (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

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| **CRITERION 7.1**  The Training Program delivers  experiential, social, and formal learning which provides a trainee with opportunities to increase their professional responsibility and achieve curriculum learning outcomes. |  | (Please select one.) | ***Optional***  Process to access professional development and study leave |  | (Please select one.) |
| **CRITERION 7.2**  A trainee receives an induction to the Training Program which explains the curriculum, training requirements, rotations, and the formal learning program. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 7.3**  A trainee is offered training experiences including technology enhanced training, supervisory responsibilities, quality and safety activities, projects, research, and teaching. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 7.4**  A trainee receives cultural safety training. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 7.5**  A rotation has a workload, profile of work, access to clinical services and supervision to enable a trainee to receive a breadth and depth of learning opportunities consistent with the Curriculum. |  | (Please select one.) |  |  | (Please select one.) |
| ***REQUIREMENT 7.5.1***  *The Setting is required to have the Basic Training rotations it offers prospectively accredited by the RACP.* | *A response to this requirement is not currently required.* | | | | |
| **CRITERION 7.6**  Patient rounds and appointments are undertaken at times that facilitate patient- based teaching, completion of trainee duties and attendance at formal learning. |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 7.7**  A trainee has protected time for formal learning. |  | (Please select one.) | ***Optional***  Process for trainee protected time |  | (Please select one.) |

**STANDARD 8: SUPERVISION**

A high standard of supervision is always provided to trainees.

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| **CRITERION 8.1**  The Training Provider establishes a trainee has accessible, timely and supportive supervision for all aspects of training whilst recognising the principle of increasing professional responsibility. |  | | (Please select one.) | ***Optional***  Supervision policy |  | (Please select one.) |
| **CRITERION 8.2**  Supervision arrangements are outlined to the trainee. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) |  |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  | (Please select one.) |
| **CRITERION 8.3**  Supervision is provided by a sufficient number of qualified and skilled medical staff with an appropriate level of training and experience. |  | | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 8.4**  The supervisor determines the trainee’s level of competence and confidence and provides the trainee with responsibilities and supervision appropriate to their level. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) |  |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  | (Please select one.) |

**STANDARD 9: FEEDBACK AND ASSESSMENT**

Trainees receive effective feedback and robust assessment.

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| **REQUIREMENT 9.3.1**  The Training Provider ensures sufficient meetings are undertaken between a trainee and their supervisors to accurately determine the trainee’s learning goals and to measure their performance and progress. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) | ***Optional***  Schedule of supervisor/trainee meetings or equivalent |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) | ***Optional***  Schedule of supervisor/trainee meetings or equivalent |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 9.5**  A trainee receives constructive informal and formal feedback on their performance and is supported to act on it. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) |  |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  |  | (Please select one.) |
| **CRITERION 9.6**  A supervisor providing feedback or performing an assessment has expertise in delivering feedback, the area being assessed and the assessment tool, acts honestly, and can justify their statements and decision. | **ADULT INTERNAL MEDICINE** |  | (Please select one.) |  |  | (Please select one.) |
| **PAEDIATRICS & CHILD HEALTH** |  | (Please select one.) |  |  | (Please select one.) |

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| **Setting executive name** |  |
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| 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*