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Capacity to Train Guidance

Enter module

INTRODUCTION

Capacity to Train Guidance

The Capacity to Train Guidance Overview: Topics include the purpose of the Guidance, its uses, qualitative and quantitative components.

Self- assessment form: Topics in this theme include how to use the Guidance to complete the self-assessment form.

Key messages

SECTION 1

Capacity to Train Guidance Overview

WHAT IS CAPACITY TO TRAIN?

The number of trainees that can be trained to meet their respective training program requirements so they become competent and independent practitioners.

What is the purpose of the Guidance?

- **Establishing or modifying your capacity to train** – it is useful in discussions with medical administration.
- **Prior to recruitment** – when you are reviewing how many training positions you can bring onboard in the following clinical year.
- **Monitoring training program performance** – to understand how a program can both support its trainees accessing training and educators to provide feedback and support learning.
- **Adding or modifying rotations** – to better understand the impact it may have on the number of trainees overall.
- **Preparing for accreditation** – to demonstrate how you can meet the standards and demonstrate your setting is working within its capacity to train.

CURRENT & FUTURE FOCUS

Guidance on capacity to train

New Accreditation Program

Network training programs and rotation reviews

CAPACITY TO TRAIN COMPONENTS

Access to clinical experiences

Appropriate supervision

Access to training

How is capacity to train assessed?

QUALITATIVE MEASURES

- Learning environment
- Resources to administer and deliver physician training
- Breadth and depth of experiences which align to the curriculum
- Accessible, timely and supportive supervision
- Access to formal learning
- Health and wellbeing of educators and trainees
- Trainee performance and progression

QUANTITATIVE MEASURES

- Maximum number of trainees
- Divisional Clinical Exam
- Supervisor Support
  - Trainee to Rotation Supervisor Ratio
  - Trainee to Education Supervisor Ratio
  - Number of educators who have completed SPDP
- DPE Support
  - Number of hours to complete role
  - Number of hours of training program coordinator support

Maximum number of trainees

It takes 3 steps calculate your maximum number of trainees:

STEP 1:

Identify the number of trainees required for each rotation and sum them together to determine the total number of junior doctors required for clinical service.

STEP 2:

Identify the capacity of the core rotations to determine the number of registered BTs in the training program.

RACP registered BTs need to spend 67% of their time in core rotations.

When there are multiple training programs using the same core rotation and bottle necks occur, determine a maximum number of trainees for each training program and use this number in determining the maximum number of RACP registered trainees.

STEP 3:

Check the breadth of training opportunities available.

Worked example

LEARN MORE

STEP 1:

- ABC Hospital has 3 month rotations for AIM Basic Trainees
- The Gen Med and Cardio rotations can have 4 trainees each
- Supervised clinical research can have 3 trainees
- Relief and Infectious Diseases can have 2 trainees each
  - (Core) Gen Med = 4
  - (Core) Cardio = 4
  - (Non-Core) Supervised Clinical research = 3
  - (Non-Core) Relief = 2
  - (Core) Infectious Diseases = 2
  - Total = 15 maximum trainees (Junior doctors)

Worked example continued

LEARN MORE

STEP 2:

- ABC Hospital's AIM Basic Training Program delivery duration of 12 months. 8 months needs to be core (roughly 67%).
- Referring to step 1s core and non-core rotations, there are 3 core rotations which can add up to 9 months of core training. Gen Med, Cardio and Infectious disease.
  - (Core) Gen Med = 4 trainees x 3 months = 12
  - (Core) Cardio = 4 trainees x 3 months = 12
  - (Core) Infectious Diseases = 2 x 3 months = 6
  - Total Core rotations offered at ABC Hospital = 30
  - Maximum number of RACP registered AIM BT = 30/3 (which is the minimum number of core rotations) = **10 Basic Trainees**

Worked example continued

LEARN MORE

STEP 3:

- AIM BTs can complete a maximum of 6 months of general medicine within a single training program and 6 months in one medical specialty.
- At ABC Hospital, the training program offers six months of general medicine, 3 months in a Cardio medical specialty and 3 months in an infectious disease medical speciality.
- ABC Hospital also offers various non-core training. This ensures that the breadth and depth of training is maintained.
- The maximum number of RACP registered AIM BTs remains at 10.

Now that you have worked out your maximum number of Basic trainees, review your Divisional clinical exam spots.

Divisional Clinial Exam

- Every two exam places require one patient and one local examiner (known as a team).
- Identify the number of local examiners available to the training provider. (Examiners).
- Determine the number of candidate places. (Places). 2 Places = 1 Examiner.
- Training programs offer candidate places in multiples of 4, starting with 8 places as a minimum.
- Training Programs with less than eight candidates need to demonstrate a training partner is providing sufficient places and examiners for their eligible trainees.

LEARN MORE

WORKED EXAMPLE:

- A PCH Basic Training Program at St. Somewhere has 16 local examiners.
- The maximum number of DCE places available is 32.
- Therefore, no more than 32 RACP registered BTs enter BPT 1 at St Somewhere.

Now look at what support needs to be offered to supervisors.

Supervisor Support

- Identify each Rotation Supervisor (RS) and the number of BTs assigned to them.
- Determine if any RS has more than 3 BTs.
- Identify each Education Supervisor (ES) and the number of BTs assigned to them (ES).
- Determine if any ES has more than 5 BTs. If the supervisor is a RS and ES, the maximum number of BTs assigned is 6.

WORKED EXAMPLE:

- A Geriatric Medicine rotation at 123 Hospital has 6 BTs and 4 rotation supervisors. 2 supervisors are overseeing 2 BTs and 2 supervisors are overseeing 1 basic trainee each. This is line with ratio of trainees to supervisors.
- While an ES at 123 Hospital has 6 BTs. This is over the ratio and 123 Hospital must address this.
- Options for addressing this include an additional ES, a trainee being redistributed to another ES or registered trainee numbers in the program being lowered by one, or non-RACP junior doctor replacing a registered trainee.

Lastly, look at the FTE a DPE needs to deliver training.

Use your Setting as an example of to determine how many supervisors you need. Remember to calculate for Adult Internal Medicine Separately to Paediatrics and Child Health.

DPE Support

- Review the trainee to DPE ratios contained in Appendix 1: Time allocation for educational leadership and support roles of the Basic Training Accreditation Requirements and ensure they a being met.
- Where a setting has a full-time equivalency (FTE) greater than outlined in the appendix, the RACP expects it to be maintained. The tables in the appendix represent a transitional arrangement to support Settings with FTE lower than outlined in the table

WORKED EXAMPLE:

- An AIM Basic Training Program Network has 80 trainees. Therefore, the Basic Training Network should have access to a DPE with 0.8 FTE (may be a shared role) to support the networked training program.

Use your Setting as an example of to determine what your DPE FTE is. Remember to calculate for Adult Internal Medicine Separately to Paediatrics and Child Health.

SECTION 2

Completing the Self-Assessment form

WHEN RESPONDING TO A CRITERION / REQUIREMENT:

How do you achieve this outcome? What processes do you have in place?

What do the notes state?

Is this the outcome that you have in your Setting/program?

What evidence can you provide to support your statement?

How is the Guidance assessed through the Standards and Requirements?

KEY DOCUMENT	REFERENCE
Training Provider Standards	**3.3** The Training Provider has determined the numbers 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. **4.1** The training provider has a physician-led structure with the authority, time, funding, and staff to plan, administer and deliver physician training **5.2** An educator has the capacity to train and lead.
Basic Training Accreditation Requirements **Adult Internal Medicine (AIM)** **Paediatrics & Child Health (PCH)**	**3.3.1** The number of Basic Trainees (BTs) allocated to a rotation does not exceed the rotation's capacity to train. **5.2.1** A Rotation Supervisor can supervise a maximum of three BTs and an Education Supervisor (ES) can supervise a maximum of five BTs at any one time. When a supervisor is both a Rotation and ES, the maximum number of trainees supported is six. **9.2.2** The Training Provider offers clinical examination placements equal to or greater than the number of trainees it has who are eligible for the clinical examination.

Criteria 3.3 and Requirement 3.3.1

3.3 The Training Provider has determined the numbers 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.

The training provider determines its capacity to train and provides evidence to validate its trainee numbers. Trainee capacity and any change in capacity is reported to, reviewed and approved by the RACP.

3.3.1 The number of Basic Trainees (BTs) allocated to a rotation does not exceed the rotation's capacity to train.

KEY AREAS TO FOCUS ON:

Reflective Questions

1. How do we, as the Training Provider, monitor the supervisor to trainee ratios?
2. How do we identify and monitor the capabilities and capacity of this Network/ Setting's ability to deliver work and training experiences that align with the Curricula?
3. How do we ensure our capabilities and capacity to deliver Training Programs remains intact when staff leave employment or go on extended leave?
4. How do we ensure our capabilities and capacity to supervise and deliver training experiences are maintained when supervisors are on short term leave?
5. How do we identify and act upon changes in the Curricula that might impact on our capabilities and capacity to deliver Training Programs?

A COMPLETED SAF

3.3 "The DPE has determined the ideal number of Basic Trainees accepted onto the program based on the supervision, training, case mix/ load and support available. The number is 18. Our capacity is 18."

3.3.1 "The DPE has carefully taken into account all rotations for the Adult internal Medicine basic training program, including at secondment sites, to ensure all Basic Trainees can complete their requirements within 36 months."

Criteria 4.1

4.1 The training provider has a physician-led structure with the authority, time, funding, and staff to plan, administer and deliver physician training

The training structure that manages physician training functions links to the corporate governance structure and reports to the executive staff member accountable for physician training.

The training provider allocated funding, time, administrative staff and staff with educational expertise to support training.

A Training Network is managed and led by a Network Management Committee, which links into the corporate governance structure of the Settings in the Training Network. Representation includes Director of Training, supervisors and trainees.

The Setting and Training Network Training Program Director have the authority to:

- identify and deliver strategic initiatives
- develop and approve training processes
- expend funds
- develop plans for the administration and operationalisation of training programs

Training is delivered by assistant, rotation, educational and Advanced Training supervisors under the leadership of Director of Training. The training addresses the curriculum. A supervisor(s) works with a trainee(s) to meet curriculum learning outcomes and complete training program requirements.

Staff, known as Training Program Coordinators, support the delivery and improvement of the training program.

In addition to administrative skills, it's desirable for the staff appointed to have educational expertise. The time allocated to a Director of Physician/Paediatric Education and required hours for staff support are outlined under Appendix 1: Time allocation for educational leadership and support roles.

A coordinated approach is taken to physician training, where physicians across specialties and/or Settings collaborate to provide a consistent approach to training locally and across specialties and Settings.

Common elements of training, accessto and use of resources are coordinated. There is collaboration, advocacy for physician training and sharing of training improvements and innovations.

The RACP is informed of all Fellows with educator roles.

Criteria 4.1 continued

Introduction

Section 1

Section 2

STANDARDS

CRITERIA 3.3

CRITERIA 4.1

CRITERIA 5.2

REQUIREMENT 5.2.1

REQUIREMENT 9.2.2

Section 3

KEY AREAS TO FOCUS ON:

Reflective Questions

1. What evidence would others see as a collaborative and consultative approach to the planning, delivery and evaluation of physician training?
2. How can you demonstrate physicians are leading an autonomous training structure within the Training Provider for the delivery of physician training.
3. How can you demonstrate the Training Provider has the autonomy, funding and staff to make decisions planning, administering and delivering physician training.

Mapping to 2010 Standards and criteria

- 1.1 There is a designated supervisor for each trainee.
- 1.3 Supervisors are RACP approved and meet any other specialty specific requirements regarding qualification for supervisors.

A COMPLETED SAF

4.1 "The DPE at Hospital X works with the network training committee to deliver the Adult internal medicine basic training program across 4 Settings. We have sufficient rotation and education supervisors to support trainees. We engage in monthly meetings to track progress of trainees and collaborate to deliver the program."

BACK

NEXT

Criteria 5.2

5.2 An educator has the capacity to train and lead.

Educators have a workload, trainee number, time and resources that enable them to fulfil their training roles and responsibilities. An educator is expected to deliver training that:

- promotes high-quality care
- provides a positive learning experience
- contributes to the trainee's achievement of the curriculum learning goals and training program requirements

A training provider is expected to support an educator to achieve their responsibilities. This includes:

- monitoring their capacity to train and lead
- providing appropriate training
- addressing and concerns that they raise about their responsibilities
- ensuring a supportive environment
- helping them to manage difficult trainees

A supervisor has time allocated to complete their training and assessment responsibilities. They are supported by a Director of Training who works with them to deliver and improve training and assessment and to manage a trainee in difficulty.

A Director of Training is compensated for their time and has the authority and resources, including staff, to fulfil their training program leadership and management responsibilities.

An educator requires office space, administrative support and access to eductional expertise to undertake their duties.

Criteria 5.2 continued

KEY AREAS TO FOCUS ON:

Reflective Questions

1. How are educators involved in the design and delivery of workforce training and education?
2. How do we use feedback to evaluate and improve the effectiveness of the support provided to educators?
3. How do we, as the Training Provider, train and support supervisors to manage and support trainees who are struggling with work or personal issues?

Suggested strategies

- Provide details of the induction program for educators and training directors.
- Demonstrate attendance at RACP supervisor workshops and leadership programs.
- Provide details of the various educator roles and responsibilities.
- Provide details of the educator appraisal process.

A COMPLETED SAF

5.2 "Each supervisor is provided adequate clinical and non-clinical time to ensure capacity for training. We meet the supervisor to basic training ration for Adult internal medicine."

Requirement 5.2.1

5.2.1 A Rotation Supervisor can supervise a maximum of three BTs and an Education Supervisor (ES) can supervise a maximum of five BTs at any one time. When a supervisor is both a Rotation and ES, the maximum number of trainees supported is six.

A Basic Trainee is registered with either the RACP Adult Internal Medicine or Paediatrics and Child Health Division.

Where possible, trainees in the foundation, consolidation and completion phases are equitably distributed to education supervisors.

Requirement 5.2.1 continued

KEY AREAS TO FOCUS ON:

Reflective Questions

1. What systems and policies are in place in our Network/Setting to manage the workload and requirements of an educator in carrying out their role?
2. How do we, as the Training Provider, support educators to collaborate to improve day-to-day training experiences and to understand how best to support trainees?
3. How do we, as the Training Provider, interact with educators regarding their supervisory duties, their concerns and training outcomes of their trainees?

Suggested strategies

Provide training directors with:

- sufficient fulltime equivalency to complete their training responsibilities
- a balance of clinical and educational responsibilities
- access to office space and IT technology to fulfil their duties
- access to sufficient staff to administer the Training Program
- access to educational support and expertise
- a budget for training activities and resources
- authority to develop and improve the Training Program.

Provide supervisors with:

- sufficient time to complete their training responsibilities
- access to office space and IT technology to fulfil their duties
- communications and support from Training Program directors
- opportunities to participate in evaluation and development of the Training Program
- the ability to support clinical and assistant supervisors with training and assessment.

A COMPLETED SAF

5.2.1 “Each Basic Trainee is offered two rotation supervisors. Basic Trainees can choose their own Education Supervisor. As a tertiary hospital, xxx has more than enough supervisors to meet the RACP requirement.”

Requirement 9.2.2

9.2.2 The Training Provider offers clinical examination placements equal to or greater than the number of trainees it has who are eligible for the clinical examination.

A training provider of a principal training program is required to host the RACP Clinical Examination.

A training provider, at a minimum, has the same number of examination places as examination candidates. A training provider can achieve this by working with other training providers.

KEY AREAS TO FOCUS ON:

Reflective Questions

1. How do we, as the Training Provider actively review clinical exam placements for the trainees that are recruited at the Setting?

Suggested strategies

- Executives meet regularly and collaborate with other networks to facilitate the delivery of the clinical exam placements.
- Support is provided in a timely manner to staff that organise the clinical examinations.

A COMPLETED SAF

9.2.2 “This task is undertaken by the DPE in our hospital. The DPE has an administrative assistant that assists the DPE to deliver the Adult Internal Medicine divisional clinical exam.”

SECTION 3

Key Messages

Each four-year accreditation cycle involves an external assessment and ongoing monitoring. This is where the training program and Setting are assessed to ensure an appropriate learning environment, sufficient supervision and an appropriate breadth and depth of experiences and learning opportunities which align to the curriculum.

How do I calculate capacity?

- Read the Guidance
- Use the qualitative and quantitative components.
- Reach out to the accreditation team if you need further assistance to calculate your capacity.

CONTACT US FOR ADDITIONAL SUPPORT

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Next steps for a DPE

Review the information

Engage with Executives at your Settings to determine capacity

Maintain accreditation and capacity

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BACK

Return to start