**SURVEY FORM TO ACCREDIT HOSPITALS FOR**

**ADVANCED TRAINING IN DERMATOLOGY DOMAIN 1**

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| **General Information** |
| Name of Site: |  |
| Training alliance or Area Health Service, if applicable: |  |
| Site Address: |  |
| Head of Department: |  |
| Contact Email: |  |
| Site Contact: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Previous Accreditation Status, if applicable: |  |
| Date Survey Completion |  | Date of Visit |  |

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| Supporting documents attached: |
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| Names of current Advanced Trainees: |
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| Are there other trainee positions in related disciplines? *Please List*  |
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| 1. **Supervision**
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| **RACP Standard** |
| 1.1 | There is a designated supervisor for each trainee |
| 1.2 | Trainees have access to supervision with regular meeting |
| 1.3 | Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors |
| 1.4 | 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** |
| *1.1.1* | *Each setting has two designated Supervisors, preferably Dermatologists**The suitability of the non-dermatologist supervisor will be assessed on a case-by-case basis* |
| *1.1.2* | *Each site has designated Supervisors with a combined minimum of 1 FTE per trainee* |
| *1.1.3* | *Supervisors work directly with the trainee and are available to observe and participate in direct patient care* |
| *1.2.1* | *The setting provides an environment in which consultations and feedback with the supervisor occur daily*  |
| *1.3.1* | *Supervisors have completed the Supervisor Professional Development Program* |
| *1.4.1* | *Supervisors have a proportion of non-clinical administration time, part of which can be directed to supervision of advanced trainees.* |

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| Please list names of Consultants on site to act in supervisory capacity |
| Name | FRACP or Vocationally Registered by MCNZ | Full Time Equivalent |
| Yes | No |
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| Do trainees meet formally with their Supervisor? |
| Yes [ ]  | No [ ]  | Frequency: |  |
| Are supervisors with part-time or sessional appointments provided with opportunities to combine appointments to create full-time supervision for the Advanced Trainee? |
| Yes [ ]  | No [ ]  | Frequency: |  |
| Is the supervisor present to observe and participate with the Advanced Trainee in direct patient care? |
| Yes [ ]  | No [ ]  | Frequency: |  |
| *If Yes, describe level of supervision:* |
| How often does consultation and feedback between the trainee and the supervisor occur? |
| *Please describe:* |
| Please comment generally on supervision arrangements for Advanced Trainees: |
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| Do consultants have dedicated time to supervise Advanced Trainees? | Yes [ ]  | No [ ]  |
| What is the amount of dedicated time? |  |

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| **Surveyor Comments (RACP use only)** |
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| Please assess compliance with Standard 1 (Supervision) using the Matrix below: |
| **MATRIX RANKING** | **1** No Significant Issues | **2** Minor Issues | **3** Moderate Issues | **4** Severe Issues |
| Surveyor assessment (please tick) | [ ]  | [ ]  | [ ]  | [ ]  |
| Is standard 1 achieved? (please tick) | Yes [ ]  | Needs Improvement [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| 1. **Facilities and Infrastructure**
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| **RACP Standard** |
| 2.1 | There are appropriate facilities and services for the type of work being undertaken |
| 2.2 | 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 |

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| Please describe the office and IT facilities provided for Trainees: |
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| Is there any other educational facility needed? |
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| **Surveyor Comments (RACP use only)** |
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| Please assess compliance with Standard 2 (Facilities and Infrastructure) using the Matrix below: |
| **MATRIX RANKING** | **1** No Significant Issues | **2** Minor Issues | **3** Moderate Issues | **4** Severe Issues |
| Surveyor assessment (please tick) | [ ]  | [ ]  | [ ]  | [ ]  |
| Is standard 2 achieved? (please tick) | Yes [ ]  | Needs Improvement [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| 1. **Profile of Work**
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| **RACP Standard** |
| 3.1 | The setting shall provide a suitable workload and appropriate range of work |
| 3.2 | Trainees participate in quality and safety activities |
| 3.3 | There is capacity for project work (including research) and ongoing training |
| **Minimum Requirements** |
| *3.1.1* | *The setting provides the trainee with a weekly timetable comprising approx. 70% clinical and 30% non-clinical time. The clinical job plan includes 3 non-clinical sessions per week to allow opportunities for research, audit, education and administration* |
| *3.1.2* | *The trainee has appropriate exposure to Basic Skin Anatomy and Biology* |
| *3.1.3* | *The trainee has appropriate exposure to Clinical Pharmacology*  |
| *3.1.4* | *The trainee has appropriate exposure to Dermatological Medicine* |
| *3.1.5* | *The trainee has appropriate exposure to Skin Cancer Management; Basic Principles of Laser and Intense Pulse Light Source*  |
| *3.1.6* | *The trainee has appropriate exposure to Dermatological Surgery*  |
| *3.1.7* | *The trainee has appropriate exposure to Dermatopathology and Laboratory Methods* |
| *3.1.8* | *The trainee has appropriate exposure to Paediatric Dermatology* |
| *3.1.10* | *The trainee has appropriate exposure to photobiology* |
| *3.1.11* | *The setting has sufficient patients attending for outpatient and inpatient clinical and dermatological procedures to conduct advanced training*  |
| *3.1.12* | *The workload of the setting encompasses inpatient care including hospitalization for severe inflammatory skin disease and consult visits to inpatients under other services* |
| *3.1.13* | *The workload of the setting encompasses ambulatory care and outpatient services, including general dermatology clinics and specialised clinics* |
| *3.1.14* | *The trainee gain experience and training in the following: dermatological procedural services, including genital dermatology, skin cancer management, advanced surgery, phototherapy, patch testing, cryosurgery, digital dermoscopy, biopsy and excisional surgery* |
| *3.3.1* | *The setting provides opportunities and facilities for the trainee to participate in clinical research activities* |
| *3.3.3* | *Trainees will be encouraged to present their research project to a national or international conference* |

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| Is there an Inpatient Care workload? | Yes [ ]  | No [ ]  |
| *Please describe:* |
| Is there an Ambulatory Care workload? | Yes [ ]  | No [ ]  |
| *Please describe:* |
| Is there a Dermatologic Procedure services workload? | Yes [ ]  | No [ ]  |
| *Please describe:* |
| Who is responsible for rostering of Trainees? |  |
| Outpatient clinics attended by Trainees: |
| Clinic Name / Type | Supervising Consultant | Frequency | Patients per | Average % new and review patients |
|  |  |  |  | New | % |
| Review | % |
|  |  |  |  | New | % |
| Review | % |
|  |  |  |  | New | % |
| Review | % |
|  |  |  |  | New | % |
| Review | % |
|  |  |  |  | New | % |
| Review | % |
| **Trainee 1 workload (if additional rotations, please append)**Please complete a timetable as per below for the position(s) showing their typical weekly activities. |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| **Trainee 2 workload (if additional rotations, please append)**Please complete a timetable as per below for the position(s) showing their typical weekly activities. |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| **Trainee 3 workload (if additional rotations, please append)**Please complete a timetable as per below for the position(s) showing their typical weekly activities. |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| What quality assurance activities are undertaken at the site? |
| *Please describe:* |
| Programme | Trainee involved? | Frequency |
| Yes | No |
| Quality assurance audit |  |  |  |
| Evaluations of clinical management of common conditions |  |  |  |
| Other quality assurance activities: *(please describe below)* |  |  |  |
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| Further comment on Trainee involvement in these activities: |
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| Please describe research activities of current trainees or potential activities for future trainees: |
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| **Surveyor Comments (RACP use only)** |
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| Please assess compliance with Standard 3 (Profile of Work) using the Matrix below: |
| **MATRIX RANKING** | **1** No Significant Issues | **2** Minor Issues | **3** Moderate Issues | **4** Severe Issues |
| Surveyor assessment (please tick) | [ ]  | [ ]  | [ ]  | [ ]  |
| Is standard 3 achieved? (please tick) | Yes [ ]  | Needs Improvement [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| 1. **Teaching and Learning**
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| **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 educational 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** |
| *4.1.1* | *The setting provides formal didactic training which includes a lecture program, journal club, seminars, case presentations and histology meetings. The setting enables the trainee to attend and actively participate in the formal training program, including preparation of seminars and presentations* |
| *4.1.2* | *The setting provides the Advanced Trainee with the opportunity to teach staff* |
| *4.2.1* | *The setting provides the advanced trainee with the opportunity to attend the New Zealand Dermatological Society Annual Meeting each year and encourages attendance at educational activities, local and international conferences relevant to Dermatology* |

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| **ACTIVITY** | **FREQUENCY** (e.g. weekly) | **DURATION** (e.g. 1 hour) |
| Lecture Programmes |  |  |
| Journal Clubs |  |  |
| Seminars |  |  |
| Case Presentations |  |  |
| Histology Meeting |  |  |
| Do trainees have the opportunity to attend the annual New Zealand Dermatological Society meeting: | Yes [ ]  | No [ ]  |
| Please describe other external educational activities that trainees are encouraged to attend: |
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| **Surveyor Comments (RACP use only)** |
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| Please assess compliance with Standard 4 (Teaching and Learning) using the Matrix below: |
| **MATRIX RANKING** | **1** No Significant Issues | **2** Minor Issues | **3** Moderate Issues | **4** Severe Issues |
| Surveyor assessment (please tick) | [ ]  | [ ]  | [ ]  | [ ]  |
| Is standard 4 achieved? (please tick) | Yes [ ]  | Needs Improvement [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| 1. **Trainee Safety and Support Services**
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| **RACP Standard** |
| 5.1 | There are workplace policies covering the safety and wellbeing of trainees |
| 5.2 | There is a formal induction/orientation process for trainees |
| **Minimum Requirements** |
| *5.1.1* | *The setting has an occupational health and safety policy appropriate to the activities and environment of its service*  |
| *5.2.1* | *The Supervisors or designees provide an orientation/ induction into training at the setting to new trainees within the first week of commencement of training*  |

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| 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 provide further details:* |

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| **Surveyor Comments (RACP use only)** |
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| Please assess compliance with Standard 5 (Trainee Safety and Support Services) using the Matrix below: |
| **MATRIX RANKING** | **1** No Significant Issues | **2** Minor Issues | **3** Moderate Issues | **4** Severe Issues |
| Surveyor assessment (please tick) | [ ]  | [ ]  | [ ]  | [ ]  |
| Is standard 5 achieved? (please tick) | Yes [ ]  | Needs Improvement [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| **Accreditation Decision (RACP use only)** |
| **Overall recommendations** |
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| **Accreditation status** (please tick) |
| Not accredited | [ ]  | Provisional (pending Trainee(s) feedback) | [ ]  |
| Accredited | [ ]  | Conditional (action/s required) | [ ]  |
| **Recommendations** | **To be actioned by (date)** |
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| **Areas of training accredited:** |
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| **Maximum number of Trainees** |  |
| **Maximum total core time (months)** |  |
| **Accreditation length (years)**  |  |
| **Year of next review** |  |

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| **RACP Assessor One** |  |
| **RACP Assessor Two** |  |
| **Date report completed** |  |