**Advanced Training Committee in Endocrinology**

**Site Survey Form**

This form is used to collect background information of a training site. It should be used in conjunction with the [*Criteria for Accreditation of Training Sites in Endocrinology*](http://www.racp.edu.au/docs/default-source/pdfs/at-criteria-accreditation-endocrinology.pdf?sfvrsn=4).

Please complete this form electronically and return to the College as a Word document via email to endocrinology@racp.edu.au prior to an accreditation assessment. Please do not alter the format of this document; it has been locked from editing.

If you have any questions or require assistance, please contact the Education Officer to Endocrinology at endocrinology@racp.edu.au or call +61 2 8247 6280.

|  |
| --- |
| **General Information** |
| Date of accreditation assessment | **/** **/**  |
| Hospital name |  |
| Address |  |
| Phone number |  | Fax number |  |
| Head of Department/Service (HOD/HOS) |  |
| Medical Co-Director |  |
| Director of Medical Services (DMS) or equivalent |  |
| Associated Network *(*if applicable) |  |

|  |
| --- |
| **Accreditation Information** |
| Current accreditation status (if applicable) |  |
| Number and type of current approved positions |  |
| Date of last accreditation review (if applicable) |  |
| **Indicate type of accreditation required** |
| New proposed training position  | [ ]  | Routine reaccreditation  | [ ]  |
| Request for accreditation upgrade | [ ]  |  |  |
| Position type: *Required Clinical training (RCY)* | [ ]  | Position type: *Core training* | [ ]  |
| Position type: *Non-Core Training* | [ ]  |  |  |

|  |
| --- |
| 1. Please specify the name and number of endocrinologists (visiting, academic, full-time or proportion of full-time) at the site.
 |
| **Name** | **Type of Position**  | **Proportion of FTE (%)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| 1. Number of inpatient beds with acute endocrine and diabetes admissions, which are/will be managed by the advanced trainee:
 |
| 1. Does the site have an inpatient consultation service in endocrinology? Yes [ ]  No [ ]

Please provide details:       |
| 1. Has the site established policies to permit direct involvement by the advanced trainee in the management of acute endocrine emergencies? Yes [ ]  No [ ]

Please provide details:       |

|  |
| --- |
| **Surveyor Comments (RACP use only)** |
|       |
| Action(s) Required | To be actioned by (date) |
|       |       |

|  |
| --- |
| 1. Describe the outpatient facilities in endocrinology available at the site:

      |
| What clinics will the new/additional advanced trainee be involved in? |
| **Clinic** | **Clinic duration** | **No. of patients seen by trainee** |
| **New** | **Review** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Comments:       |
| 1. Will the advanced trainee have exposure to current diagnostic testing protocols and an opportunity for reporting endocrine diagnostic tests? Yes [ ]  No [ ]

Please provide details:       |
| 1. Does the site have facilities for:
 |
| **Facilities** | **Yes** | **No** | **Comment** |
| Nuclear Medicine studies | **[ ]**  | **[ ]**  |       |
| Radioactive Iodine therapy | [ ]  | [ ]  |       |
| Radiology | [ ]  | [ ]  |       |
| Endocrine Surgery | [ ]  | [ ]  |       |
| 1. Does the site provide trainees with exposure to post-operative pituitary care? Yes [ ]  No [ ]

Please provide details:       |
| 1. Does the site have a diabetes centre with diabetes education staff, exposure to insulin pump therapy and involvement in outpatient stabilisation? Yes [ ]  No [ ]

Please provide details:       |
| 1. Does the site have an identified endocrinology department with office space for the use of the advanced trainee? Yes [ ]  No [ ]

Please provide details:       |
| 1. Does the advanced trainee have access to a well-equipped library containing core endocrine reference materials and journals and current general reference material? Yes [ ]  No [ ]

Please provide details:       |
| 1. Please outline the regular clinical, research and journal club meetings in endocrinology:

      |
| 1. Does the advanced trainee attend formal clinical handover sessions at the site? Yes [ ]  No [ ]

Please provide details:       |

|  |
| --- |
| **Surveyor Comments (RACP use only)** |
|       |
| Action(s) Required | To be actioned by (date) |
|       |       |

|  |
| --- |
| 1. Please provide a weekly timetable for each trainee. The timetable should outline what each trainee is doing each day (*attach if necessary)*
 |
| **Position 1** |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **PM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **Position 2** |
| **AM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **PM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **Position 3** |
| **AM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **PM** |       |       |       |       |       |
|  |       |       |       |       |       |
| **Please detail facilities provided for training in the following areas:** |
| Type 1 Diabetes |       |
| Type 2 Diabetes |       |
| Gestational Diabetes |       |
| Hyperthyroidism |       |
| Other thyroid diseases |       |
| Adrenal |       |
| Metabolic bone disease |       |
| Pituitary adenomas |       |
| Growth disorders |       |
| Paediatric endocrinology |       |
| Menopause |       |
| Androgen replacement |       |
| Pituitary replacement |       |
| Obesity |       |
| Fertility |       |
| I131 therapy |       |
| Lipids/CV risk |       |
| Thyroid biopsy |       |
| Endocrine stimulation |       |
| Insulin pump |       |
| Medical management of pituitary and perioperative patients |       |
| Bone density reporting |       |

|  |
| --- |
| I confirm that the proposed position does not impact upon the quality of clinical exposure and supervision of any current advanced trainees in any accredited RCY and/or core training positions at the included site.I confirm that this is a true and accurate record at the time of signature and if any changes are made in future that impact on the quality of training accredited, I will advise the ATC in Endocrinology of these changes.*Form completed and submitted by:***Name:**       **Date:**       |

|  |
| --- |
| **Surveyor Comments (RACP use only)** |
|       |
| Action(s) Required | To be actioned by (date) |
|       |       |

|  |
| --- |
| **Accreditation Decision (RACP use only)** |
| **Overall recommendations:** |
|  |
| **Accreditation Status** |
| Accredited | [ ]  | Conditional (action/s required) | [ ]  |
| Not accredited | [ ]  |  |
| **Action(s) required** | **To be actioned by (date)** |
|  |  |
| **Accreditation length** |  |
| **Year of next review** |  |

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