



## Advanced Training Committee in Endocrinology

### Criteria for the Accreditation of Advanced Training Sites in Endocrinology

#### General Guidelines

Site visits are undertaken by the Advanced Training Committee (ATC) in Endocrinology to establish whether sites provide the range of experience needed for the Required Clinical Year (RCY) and core clinical training and whether changes in practice are having an impact on training positions. They are designed to gather and verify information regarding the facilities for training, supervision of training, number of patients, educational opportunities and infrastructure. The ATC will use this information to facilitate the accreditation of an advanced training site, and to facilitate prospective approval of training programs.

There are many training positions that offer valuable experience in clinical endocrinology and the ATC encourages trainees to choose appropriate positions to broaden their endocrine training.

**The priority of RCY training is to gain experience in tertiary level endocrinology, including less common conditions which may be encountered infrequently in smaller centres.**

The RCY is to be undertaken in a major endocrine unit that provides a broad spectrum of experience supervised by an experienced endocrinologist with a substantial fractional appointment of at least 0.5 FTE clinical, supported by other consultant colleagues. Not all positions will be able to offer this. If training positions are able to deliver some, but not all of the elements of an RCY, they will be accredited for core training. As diabetes admissions policies differ substantially between Australia and New Zealand, an acute inpatient service is a requirement in Australia only.

A position accredited as core but not RCY is still viewed as a valuable training experience. In particular, much of a trainee's experience in common conditions such as diabetes, thyroid and endocrinology of pregnancy (including gestational diabetes) may be more likely obtained in such a position. Thus the RCY and core training years should be viewed as complementary. Trainees and state-based selection systems should take into account the mix of experience across the 2 years when applying for and allocating positions.

The site visit will determine the duration and level of training that can be undertaken at an individual site, the number of trainees that can be adequately trained in a department at any one time, and may make some recommendations for improving the training at the site.

Trainees are required to identify a suitably qualified endocrinologist to act as supervisor for each core year of advanced training. The supervisor should have attended an RACP supervision workshop.

The supervisor has the responsibility for overseeing the suitability of the training program during the year; for providing educational opportunities for the trainee; and for completing an appraisal report at the end of each year of training.

## Application for Accreditation

Training sites that wish to apply for accreditation for advanced training in endocrinology must complete a [Site Survey Form](#) for consideration by the ATC. Members of the ATC will then conduct an assessment by site visit to verify the suitability of the site for advanced training.

## Accreditation Cycle

The ATC undertakes visits to all accredited sites on a five-yearly cycle. Sites should report to the ATC on any changes during the cycle. On occasions, site accreditation may be given for shorter periods, or be subject to an interim review.

If the ATC is unable to conduct a site visit before a site wishes to advertise for an advanced trainee, or similar circumstances apply, the ATC may conditionally accredit the site via a site survey form. A site visit will be scheduled for the earliest opportunity, and the accreditation status will be confirmed or revised by the ATC. If the site is overseas, a similar site survey form will need to be completed by the site.

## Criteria for Accreditation to Provide Required Clinical Year Training

Training sites at which the RCY in Endocrinology can be undertaken should have the following:

- Senior consultant endocrinology staff equivalent to a minimum of 2.0 FTE.
- Maximum of one RCY position per 1.0 FTE endocrinologist. Each required clinical trainee should have a primary and secondary supervisor and the primary supervisor should supervise only 1 RCY trainee.
- In-patient beds with acute endocrine and diabetes admissions which are managed by the trainee (Australia only).
- An in-patient consultation service in endocrinology (Australia and New Zealand);
- Structure and policies to permit direct involvement by the trainee in the management of acute endocrine emergencies e.g. diabetic ketoacidosis (Australia only).
- Endocrinology out-patient facilities in which the trainee will assess and make management decisions about patients, and at which there is at least one supervising consultant endocrinologist in attendance. The trainee should have at a minimum of 4 outpatient clinics per week, averaged over the 12 months. The trainee should see a minimum of 5 new patients per week of clinics attended.
- These clinics must include both diabetes and non-diabetes endocrinology, with at least half the outpatient exposure in non-diabetes endocrinology.
- The clinics may be made up of general diabetes and endocrinology clinics or include a combination of the following specialty clinics, ensuring a balance of clinical exposure across the specialty areas. It is recognised that a given site will not provide every aspect of endocrinology.
  - Gestational diabetes / Obstetric medicine
  - Insulin pump / Type 1 diabetes
  - Pituitary / Neuroendocrine
  - Bone / Osteoporosis
  - Thyroid
  - Specialist reproductive endocrinology (male and/or female)
  - Late effects of cancer therapy
  - Obesity / Metabolic medicine
- Minimum monthly specialist clinic in Pituitary disease OR evidence of significant exposure to outpatient management of pituitary disease in general endocrinology clinic (5 outpatient cases per month minimum). Peri-operative management of pituitary disease preferred but not essential.
- First hand exposure to dynamic tests of endocrine function, including opportunity for supervised interpretation of the results.

- On-site facilities for radiology and endocrine surgery. Evidence of regular radiology meetings, and direct liaison with the endocrine surgeons (multi-disciplinary meeting and/or combined clinic).
- Close liaison with a nuclear medicine service and bone densitometry, either on site (preferred) or if off site, evidence of a meaningful interaction with the department over and above simply requesting scans and viewing reports. Access to outpatient radioactive iodine for benign thyroid disease. Inpatient radioactive iodine therapy for thyroid cancer preferred but not essential.
- A diabetes centre/clinic with diabetes educator staff, exposure to insulin pump therapy and involvement in outpatient stabilisation;
- An identified endocrinology department with office space for the use of the trainee;
- On line access to core endocrine reference materials including journals and current general reference material;
- Clinical and research meetings in endocrinology. Minimum of 2 formal weekly sessions. These should include:
  - Clinical patient review
  - Journal club
  - Registrar presentations, including a literature review
- Supervisors capable of designing and supervising to completion, research projects of a standard required by the RACP.

### **Criteria for Accreditation to Provide Core Clinical Training**

Training sites at which the core training year in Endocrinology can be undertaken should have the following:

- Senior consultant endocrinology staff equivalent to a minimum of 1.0 FTE, and at least 2 individual consultant appointments.
- Inpatient assessment and management role preferred but not essential (Australia only). Endocrinology outpatient facilities in which the trainee will assess and make management decisions about patients, and at which there is an endocrinologist in attendance. The trainee should have at a minimum of 3 outpatient clinics per week or 2 per week and an inpatient load equivalent to one outpatient clinic per week, averaged over the 12 months. The trainee should see a minimum of 5 new patients per week of clinics attended.
- Clinics for a core year may be more focused than for the RCY – for example a specialised Diabetes core year may only include Diabetes clinics, (e.g. Young Adult Diabetes, Gestational Diabetes and Metabolic Medicine clinics).
- On site facilities for radiology.
- On site endocrine surgery OR regular (at least monthly) multi-disciplinary meeting with offsite endocrine surgeons.
- Readily accessible pathway for referral of patients with pituitary disease requiring tertiary centre management. Experience in pre-operative and post-operative work-up of patients with pituitary disease through general endocrinology clinic (not required in a specialty year, e.g. Diabetes).
- Readily available access to nuclear medicine, including outpatient administration of radioactive iodine and bone densitometry if not on site.
- An identified endocrinology department with office space for the use of the trainee;
- On line access to core endocrine reference materials including journals and current general reference material;
- Clinical and research meetings in endocrinology. Minimum of 2 formal weekly sessions, one of which may be off site in case of shared hospital rotations.

## **Appeal Process**

If a training site is dissatisfied with the decision of the ATC, it should refer to the College's [Reconsideration, Review and Appeals By-laws](#). If the site plans to lodge an application, it must be received within 28 days of notification of the accreditation decision.

## **Contact**

For any questions regarding the accreditation process or criteria, please contact:

[accreditation@racp.edu.au](mailto:accreditation@racp.edu.au) (Australia)  
[accreditation@racp.org.nz](mailto:accreditation@racp.org.nz) (New Zealand)

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