

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](mailto: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](mailto:endocrinology@racp.edu.au) or call +61 2 8247 6280.

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| **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) | |  | |

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| **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: *Core training* |  | |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | |
| Position type: *Non-Core Training* |  |  |  |

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| **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 (%)** |
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| **2.** Number of inpatient beds with acute endocrine and diabetes admissions, which are/will be managed by the advanced trainee: | | |
| **3.** Does the site have an inpatient consultation service in endocrinology?  Yes No  Please provide details: | | |
| **4.** 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: | | |

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

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| **5.** 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** |
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| Comments: | | | | | | |
| **6.** Will the advanced trainee have exposure to current diagnostic testing? Yes No  Please provide details: | | | | | | |
| **7.** Does the site have facilities for: | | | | | | |
| **Facilities** | **Yes** | **No** | | **Comment** | | |
| Paediatric intensive care unit |  |  | |  | | |
| Neonatal intensive care unit |  |  | |  | | |
| Nuclear Medicine studies |  |  | |  | | |

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| Radioactive Iodine therapy |  |  |  |
| Radiology |  |  |  |
| Endocrine Surgery |  |  |  |
| **8.** Does the site provide trainees with exposure to post-operative pituitary care? Yes No  Please provide details: | | | |
| **9.** Does the site provide trainees with exposure to growth hormone prescribing? Yes No  Please provide details: | | | |
| **10.** Does the site have a diabetes centre with diabetes education staff, exposure to insulin pump therapy/ CGM and involvement in inpatient/outpatient stabilisation? Yes No | | | |
| **11.**Does the site have an identified endocrinology department with office space for the use of the advanced trainee? Yes No  Please provide details: | | | |
| **12.** Does the advanced trainee have access to a well-equipped library/online access containing core endocrine reference materials and journals and current general reference material? Yes No  Please provide details: | | | |
| **12.**Please outline the regular clinical, research and journal club meetings in endocrinology: | | | |

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| **13**. Does the advanced trainee have access to infrastructure to support research, eg statistician, HREC support, clinical trials unit |
| **14.** Does the advanced trainee attend formal clinical handover sessions at the site? Yes No  Please provide details: |

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| **Surveyor Comments (RACP use only)** | |
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| Action(s) Required | To be actioned by (date) |
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| **14.** 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** |  |  |  |  |  |
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| **Position 2** | | | | | |
| **AM** |  |  |  |  |  |
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| **PM** |  |  |  |  |  |
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| **Position 3** | | | | | |
| **AM** |  |  |  |  |  |
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| **PM** |  |  |  |  |  |
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| **Please detail facilities provided for training in the following areas:** | | | | | |
| Type 1 Diabetes | |  | | | |
| Type 2 Diabetes | |  | | | |
| Thyroid disorders | |  | | | |
| Adrenal | |  | | | |
| Metabolic bone disease | |  | | | |
| Pituitary disorders | |  | | | |
| Growth disorders | |  | | | |
| DSD | |  | | | |
| Puberty | |  | | | |

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| Adult endocrinology |  |
| Obesity |  |
| Late effects of oncology treatment |  |
| I131 therapy |  |
| Lipids |  |
| Endocrine dynamic testing |  |
| Bone density interpretation |  |
| Other specialised clinics eg Turner, PWS |  |

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 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:**

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

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