

Advanced Training Committee in Endocrinology

Criteria for the Accreditation of

Advanced Training Sites in Paediatric 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 core clinical training. They are designed to gather and verify information regarding the facilities for training, supervision of training, number of inpatients and outpatients reviewed by the trainee each week, educational and research opportunities and support infrastructure. The site assessors use this information to determine accreditation of an advanced training site and provide prospective approval of training and number of trainees that may undertake core training at an individual site. Non-core training positions currently may be undertaken in non-accredited training sites.

Site visits for the purpose of accreditation determine if core training can be undertaken at an individual site and make recommendations for improving the training at the site.

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.

Core training in paediatric endocrinology is to be undertaken in a major endocrine unit that provides a broad spectrum of experience supervised by experienced endocrinologist(s) with a total substantial appointment of 2.0 FTE Endocrinologists at the training site. The site must have the ability to manage endocrine emergencies in a paediatric and neonatal intensive care unit. Sites with only paediatric or neonatal intensive care units (but not both) may be considered for 6 months core training if other criteria are met. Core trainees are required to be on call 1 in every 6 weeks (minimum) — specifically first on call with appropriate support for second on call. At least 50% of training time proportionate to FTE is to be dedicated to clinical endocrinology in each core training year.

Trainees are required to identify a suitably qualified endocrinologist to act as primary supervisor for each core year of advanced training. All trainee supervisors must have completed the SPDP workshops x 3 to be a nominated supervisor. 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 period of training. Trainees who spend both core years at the one hospital should have a different primary supervisor for each year and ideally the 2 years should have a different mix of clinical experience.

Application for Accreditation

Training sites that wish to apply for accreditation for advanced training in endocrinology must complete a college Site Survey Form for consideration by the ATC. Members of the ATC will then conduct an assessment by site visit to ensure core accreditation training criteria are met.

All existing “core” training sites will be “grandfathered” as accredited training sites with a two-year grace period from accreditation to site visit. Current “core” training positions

may not be able to meet the core training requirements outlined. If training positions are able to deliver some, but not all of the elements of core training, they may be suitable for non-core training.

Accreditation Cycle

Site accreditation visits will commence from 2025 onwards and the accreditation team will ideally include at least one Paediatric Endocrinologist.

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 which might impact accreditation as a core training site. 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 for core accreditation but is not currently required for non-core training.

Criteria for Accreditation to Provide Core Clinical Training

Training sites at which core paediatric endocrinology can be undertaken should have the following:

- Senior consultant endocrinology staff equivalent to a minimum of 2.0 FTE.
- Maximum of one core position per 1.0 FTE endocrinologist. Each trainee should have a primary and secondary supervisor and the primary supervisor should supervise only 1 core trainee.
- Inpatient beds with acute endocrine and diabetes admissions which are managed by the trainee. • An inpatient consultation service in endocrinology.
- Structure and policies to permit direct involvement by the trainee in the management of acute endocrine emergencies e.g. diabetic ketoacidosis.
- 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 attend a minimum of 3 outpatient clinics (at least 2 endocrinology and 1 diabetes) per week, averaged over the 12 months. The trainee should see a minimum of 1-2 new patients and 2-4 review per clinic.
- The clinics may be made up of general diabetes and endocrinology clinics or may 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.
 - Insulin pump/Type 1 diabetes
 - Endocrinology and Growth
 - Metabolic/Endocrine bone disease
 - Late effects of cancer therapy
 - Obesity/Type 2 diabetes/PCOS
 - DSD
 - Turner Syndrome Clinics
 - Prader Willi Syndrome Clinics

Evidence of significant exposure to both inpatient and outpatient management of neonatal and childhood pituitary disease including, but not limited to, management of emergency/stress situations, management of diabetes insipidus, perioperative management, growth hormone prescribing.

- 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.
- A diabetes centre/clinic with diabetes educator staff, exposure to diabetes technology including insulin pump therapy and continuous glucose monitoring and involvement in inpatient and/or outpatient stabilisation.
- An identified endocrinology department with office space for the use of the trainee.
- Online 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. Examples include:
 - Clinical patient review eg. post clinic review, inpatient case discussion
 - 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.

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 (Australia)
accreditation@racp.org.nz (New Zealand)

Last amended: November 2025