

The Advanced Training Committee (ATC) in Gastroenterology

#### Criteria for Accreditation of Training Sites in Gastroenterology and Hepatology

#### Background

All Advanced training in Gastroenterology and Hepatology is approved and accredited by the Advanced Training Committee (ATC) of the Royal Australasian College of Physicians. Training is undertaken prospectively under the guidance of supervisors who provide formative and summative assessments of the trainee's performance. In order to ensure that sites provide training at an acceptable standard, the ATC accredits and periodically reviews the accreditation of training sites.

Advanced Training in Gastroenterology and Hepatology requires 2 years of core training and one year of non-core training. It is expected that trainees cover the Gastroenterology Curriculum within the 2 core years of training, so the requirements for approved core training sites will different to non-core training sites. The Gastroenterology Curriculum is a document produced by the Australian Gastroenterology Community, coordinated by the ATC in Gastroenterology and the RACP. It describes the knowledge, skills and attitudes expected of a newly qualified Gastroenterologist. The Curriculum provides the basis for formative and summative assessments and successful completion of the training program.

It is recommended that trainees spend at least one year of their advanced training in a hospital accredited for 2 years of core training, as these hospitals provide the greatest degree of diversity and specialised experience. It is also important that trainees experience 'bread and butter' gastroenterology for 6-12 months during their training.

The overriding criterion as to whether a site is accredited for two years of core training is whether an advanced trainee who spent two years at that site would be able to cover the knowledge required in the gastroenterology curriculum, and be exposed to a sufficiently wide range of views and methods of managing patients. This should include the management of patients with complex problems requiring multidisciplinary input, as well as quality assurance projects and research studies.

Sites may be accredited for one or more positions, depending on the amount of clinical work available. This determination will be made on an individual basis, following review of the provided proposed timetables. The overriding consideration is that there is sufficient exposure to clinical material to allow core training.

# Site criteria for accreditation to provide core training in Gastroenterology and Hepatology

#### Adult Gastroenterology/Hepatology

A site seeking accreditation to supervise core trainees in Gastroenterology and Hepatology must demonstrate to the ATC that it has suitable staff, clinical activities, case load, facilities, interdisciplinary teaching activities (e.g. radiology, histology), and academic/ research activity to support advanced training. Each criterion will be examined by the ATC to determine if a satisfactory standard has been achieved. The ATC believes it is beneficial for trainees to

rotate between sites during Core training years. This increases diversity of opinions, methods of management, patient interaction and techniques that the trainee is exposed to.

Some sites may be able to demonstrate that they can provide 2 core years of training and where the criteria for supporting 2 core training years differ from those required for a single core year these are detailed below.

# Paediatric Gastroenterology

The accreditation of sites for Advanced Training in Paediatric Gastroenterology differs from adult medicine sites. In 3 states there is only a single site and in the other 2 states there are 2 sites. It is therefore likely that trainees in each site will be exposed to the full range of Paediatric GE disorders, under the supervision of several Consultants with a varied background and expertise. In most cases, this training should be sufficient to guarantee completion of core training requirements at a single site, but this will need to be demonstrated to the ATC.

Trainees are also strongly encouraged to gain experience at other sites, however, the ATC is aware of difficulties securing recurrent hospital funding. To increase training options for Paediatric Trainees the ATC is looking to prospectively accredit key overseas sites of recognised excellence for a maximum of one year core training.

#### General principles

- Documentation for each criterion will be required.
- The site should preferably be affiliated with a university teaching hospital.
- In general a site must be able to provide 12 or 24 months of training in order for it to be considered suitable for accreditation. A smaller site may be accredited to provide 6 months of training as a rotation from a larger centre, provided supervision and clinical caseload is adequate and trainees retain access to academic activities at the larger centre. Sites are encouraged to integrate training programs to increase the diversity of exposure of trainees.
- Accredited sites must notify the ATC of any substantial change of circumstances. Notification should occur within one month of changed circumstances. Failure to notify the ATC of changes in training circumstances may lead to loss of accreditation until a review can be conducted. In order to track changes effectively, sites will be required to submit an annual report of their training activities and facilities. These reports will be available online to prospective trainees and will provide background for site visits.
- If a site undergoes sufficient change that accreditation is not granted/ renewed, trainees will be given the opportunity to construct a 'one-off' program for approval by the ATC to complete their training year without disadvantage. This program may involve moving to a different site.

#### Continuing accreditation

Existing accredited sites will undergo a site visit, by members of the ATC, at least every five years and at other times as determined by the ATC if required. For example, changes in personnel or training circumstances, trainee concerns, or as requested by the site.

#### Accreditation of new sites for training

A site seeking accreditation must notify the ATC at least six months in advance of advertising of an training position, in order to allow for accreditation procedures to be completed. Once a site satisfies accreditation standards, accreditation will be given from the year after the site visit, even if a registrar is already working at the site.

#### Accreditation standards

# Standard 1

# A site shall have adequate staff to provide supervision of each advanced trainee.

#### Criteria

- •A gastroenterologist and/or hepatologist who is a fellow of the RACP (in Australasian training sites) and preferably holding a full-time appointment should be available to act as a supervisor.
- Supervisors with part-time or sessional appointments are acceptable, provided full-time supervision is available for the advanced trainee during their working time.
- The nominated supervisor must work directly with the advanced trainee and be present to observe and participate in direct patient care
- •At least three gastroenterologists will need to be appointed at a site seeking to have an advanced trainee. Two supervisors will need to be nominated for each core trainee
- Supervision requirements
  - At least two teaching ward rounds per week. Teaching rounds should have dedicated time and involve in-depth consideration of each patient's problems, differential diagnosis and management options. A 'paper round' or quick round between lists or at the end of the day is not considered to be a teaching round.
  - Trainees should have access at all times to consultant opinion and attendance as required.
  - Supervisors and trainees should meet formally at least quarterly to discuss the trainees progress and goals. The outcomes of these meetings should be documented as a series of learning objectives based on a comparison of the trainee's current progress against the gastroenterology curriculum.
  - Supervisors and trainees will be required to submit two annual reports regarding the trainee's progress and activities.

#### Requirements for a site to be accredited for supervision of 2 core years

- To be accredited for 2 core years the site must demonstrate that a diversity of experience and opinion is available.
- In adult sites, this will normally include full-time, academic and VMO staff including a hepatologist, luminal gastroenterologist and interventional endoscopist.
- Paediatric Sites should preferably have a full time Gastroenterologist with an academic appointment and at least 2 other Gastroenterologists, including a hepatologist. Sites should also have access to an interventional endoscopist, usually from a linked adult Gastroenterology unit.
- Two of the gastroenterologists must be accredited supervisors and the trainee must have a different primary supervisor for each of the 2 core years.

### Standard 2

# The site shall have sufficient patients attending for outpatient and inpatient clinical and gastrointestinal endoscopic services to conduct advanced training.

#### Criteria

- The workload of a site shall encompass a broad range of patient contacts.
- Inpatient care including acute and chronic gastrointestinal and hepatological disease e.g. haematemesis and melaena, inflammatory bowel disease, enteric infection, acute and chronic liver disease, portal hypertension. There should be an average of at least 5 active inpatients per trainee on ward service. Trainees should attend the emergency department regularly to assess patients
- •Ambulatory care and outpatient services- Trainees should attend an average of 2 gastroenterology/hepatology clinics per week over the year and have the opportunity to follow the same patients throughout the year.
- •Gastrointestinal endoscopic services including upper gastrointestinal endoscopy, oesophageal dilatation, colonoscopy and preferably ERCP should be available (*Trainees are not expected to perform ERCP, but need to be familiar with the technique and attend ERCP lists. Paediatric Trainees will attend ERCPs performed on their patients in adult units, but this is not mandatory for accreditation).* The actual number of procedures being performed must be assessed taking into account the requirements of the conjoint committee for training in gastrointestinal endoscopy. Trainees should be supernumerary on lists and not attend an average of more than 3 lists per week over the year to allow sufficient time for other aspects of training.
- Trainees should have adequate opportunity to be involved in and perform emergency endoscopic procedures in and out of hours (appropriate to their stage of training).
- Trainees should be actively involved in receiving referrals from other departments in the hospital, assessing patients and reviewing these patients with consultants.

#### Requirements for 2 core years of training

In their second core year of training,

- •trainees should be first on call for ward and emergency calls at least 1 in 4 for the duration of the year.
- Specialised clinics should be available and conducted under the supervision of an expert in the area.
- The hospital should offer tertiary medical and surgical services with complex patients requiring multidisciplinary care.
- The site must be able to demonstrate that all aspects of the Gastroenterology Curriculum will be covered by the trainee within the two year program. If a particular service is not available at the hospital (eg motility, liver transplantation), the site must specify how trainees will be exposed to those aspects of training.
- A site providing 2 core years of training will need to demonstrate that the position the trainee is offered in the second year is sufficiently different from that in the first year to increase the range of experience (ie it is not acceptable to do the same job for 2 years). The second year position should involve more responsibility and clinical (ward and consultative) work with specialised patients who have complex and multisystem problems. An 'endoscopy year' is not a suitable second year position.
- In Paediatrics both years may be conducted at the same site provided the supervisor and trainee can demonstrate that they are gaining access to the full spectrum of clinical disorders, although the level of responsibility and complexity of consultation will increase in the second year.

#### Standard 3 Formal training shall be provided in Gastroenterology and Hepatology.

#### Criteria

- •The site shall provide formal training, which may include a lecture program, journal club, grand rounds, seminars, case presentations, x-ray conferences and histology meetings. Histopathology and radiology teaching should occupy at least 1 hour per fortnight. Departmental education/case presentation meetings should be held weekly. Trainees are expected to attend and actively participate in the formal training program including preparation of case studies, seminars and presentations. Trainees should present at these meetings at least twice per month. Departments should present at Hospital Grand Rounds on a regular basis.
- •The site shall provide the advanced trainee with the opportunity to teach junior colleagues, medical students, nursing and allied health staff.
- •The site shall provide the advanced trainee with the opportunity to attend Australian Gastroenterology Week or an international conference (eg DDW, AASLD, UEGW) each year and encourage the trainee to attend other educational activities. In one of their core training years, the Trainee should attend AGW.
- The site shall involve the trainee in research and QA projects. It is expected that trainees will complete one project within each year of training, preferably leading to a poster or oral presentation at a national or international conference and publication.
- There should be regular interdisciplinary meetings with GI surgeons

#### Requirements for 2 core years of training

- Sites must demonstrate that they can cover the Gastroenterology Curriculum over a 2 year training program.
- •Trainees should have access to specialised procedures including interventional endoscopy and patients undergoing specialised upper and lower GI surgery. Exposure to the principles of capsule endoscopy, oesophageal physiology investigations and a drug and alcohol service should be available either on site or by arrangement. Paediatric Trainees are exempted from the necessity to participate in a drug and alcohol service.
- The site should have a clinical school, with medical students based at the hospital. Basic physician trainees should be based at the hospital. Advanced trainees should be actively involved in teaching both medical students and basic physician trainees.

#### Standard 4

#### The site shall provide a suitable infrastructure for advanced training.

#### Criteria

The site shall provide access to a medical library with current and relevant textbooks, journals and computer retrieval and search facilities. Remote access is preferable, but not an absolute requirement.

- Trainees should be provided with an office/study area that is private and quiet.
- Trainees should have access to a computer facilities.
- Sites should provide adequate resident support.

### **Provisional Accreditation**

Provisional accreditation may be granted to sites which are waiting to be reviewed and accredited by the ATC through the normal accreditation process.

### Accreditation Cycle

Sites are reviewed at least every five years. The ATC may also undertake to review a site at its discretion before the end of the cycle.

#### Appeals Process

If a site is not satisfied with the decision or the accreditation process, then it has the right to request that the ATC reconsider its decision, via the College <u>Reconsideration</u>, review and <u>Appeal policy</u>. If the ATC upholds its original decision, the applicants may request a review of the decision by the Adult Medicine Education Committee (AMDEC) of the RACP.

#### Format for site visit

- Site visitors will be provided with the annual reports and most recent site visit report to identify past issues and ensure these have been dealt with.
- Trainees will need to complete an activity diary for 2 weeks prior to the visit and have this available for the site visitors.
- •The unit should provide current data regarding inpatient load and casemix, outpatient clinics, endoscopic lists and the involvement of trainees in these, as well as a written response detailing how the Standards above are being addressed.

Site visitors will interview:

- •Head of Department, supervisors and any other relevant consultant staff
- Advanced trainees
- Any other appropriate staff (administrators, residents, nursing staff etc)

The site visitors will conduct a tour of facilities available including ward areas, office accommodation, endoscopy suite, library. The site visitors will also meet with advanced trainees, heads of department and additional consultants.

Site visitors will complete a report which will be sent to the Head of Department for comment before it is finalised.

Recommendations will be made as to the

- Adequacy of the site for core advanced trainees and any changes required
- Duration of core training permitted at the site
- Date of next review

#### Site criteria for non-core training in Gastroenterology and Hepatology

Non-core training in Gastroenterology and Hepatology is approved on a case-by case basis. As trainees are expected to complete their supervised training in the central elements of Gastroenterology during the core years, no specific training criteria needs to be fulfilled. Adequate supervision must be available, however, only a single supervisor is required.

As trainees are expected to gain exposure to a variety of styles of patient management and to complete the Gastroenterology Curriculum, the ATC may require any elements of training that have not been covered in the first 2 years be addressed in the elective year.

Non-core training may be used to further a trainee's experience in general Gastroenterology or to focus on a specific aspect, and a wide variety of training experiences will be approved. Trainees are encouraged to discuss their plans with the Chair of the ATC if clarification of the status of a particular training plan is required.

Examples of acceptable elective years include:

- A further year of general Gastroenterology training
- Research Fellow
- •General or Senior Medical (Adult or Paediatric) Registrar
- •Focussed Gastroenterology/Hepatology training (eg Endoscopy fellow, Hepatology fellow)
- Overseas training in Gastroenterology/Hepatology
- Educational or Medical Administrative positions

The requirements for supervision of non-core year training are:

- •At least one supervisor is required
- The supervisor should be a fellow of a specialist college (not necessarily RACP)
- •The supervisor should be available to the trainee for advice and personally involved in the trainees activities on a regular basis.
- •The supervisor should meet with the trainee at least quarterly to evaluate progress and submit mid and end of year reports to the SAC.