

# CRITERIA FOR THE ACCREDITATION OF ADVANCED TRAINING SITES IN INFECTIOUS DISEASES

The following criteria outline the accreditation of advanced training sites for core infectious diseases, including:

- The maximum number of trainees (full time equivalent) that can be adequately trained in a department at any one time.
- The maximum duration and level of training that can be undertaken at an individual site.

#### Background

Accreditation of advanced training sites was approved as an activity of the Royal Australasian College of Physicians (RACP) in September 1999.

Training in infectious diseases is supervised by the Advanced Training Committee (ATC) in Infectious Diseases and the New Zealand Advanced Training Subcommittee (ATS) in Infectious Diseases. Training is undertaken prospectively under guidance of supervisors who provide formative and summative assessments of the trainee's program content and performance. In order to facilitate approval of training positions submitted by trainees each year, the ATC and ATS will accredit training sites and then periodically review the accreditation sites, in order to ensure that they are of acceptable quality.

#### **General Guidelines**

Site visits and site reviews are undertaken by the ATC and ATS to establish whether sites provide the range of experience needed for core clinical training and whether changes in practice are impacting 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 and ATS will use this information in order to facilitate the prospective accreditation of an advanced training site, and to facilitate approval of training programs.

All training positions will be evaluated on a 2-5 year basis. This evaluation may be by a site visit by at least two senior infectious diseases physicians, one of whom is a member of the ATC and ATS or their nominee.

If the ATC or ATS is unable to conduct a site visit before a site wishes to advertise for an advanced trainee, or similar circumstances apply, the ATC and ATS will provisionally accredit the site via a survey form. A site visit will be scheduled for the earliest opportunity, and the accreditation status will be confirmed or revised by the ATC and ATS. If the site is overseas, a similar site assessment form will need to be completed by the site. No site visit will be undertaken.

### **Site Accreditation Decision**

A list of suitable training positions will be available from the ATC and ATS.

If a site is unhappy with the decision of the accreditation process, then it has the right to request a reconsideration of the ATC's or ATS's decision. No site accreditation decision will adversely affect a trainee already training at the site.

The College's Reconsideration, Review, and Appeals Process By-law sets out the College's internal review process including time frames for making applications and applicable fees. This can be found on the RACP website: <u>http://www.racp.edu.au/page/education-policies</u>.



# **ACCREDITATION CRITERIA**

1. Supervision	• There should be a full-time infectious diseases physician or two or more part-time infectious diseases physicians with a total allocation of at least 1.0 FTE per week (i.e. full-time equivalent)
	<ul> <li>An infectious diseases physician will be in attendance to supervise all clinical activities of the trainee(s) and meet with trainee(s) for informal teaching</li> </ul>
	Trainee(s) meet with supervisors at least once a week
	<ul> <li>Supervisors are up to date with the College's requirements for supervision.</li> </ul>
	<ul> <li>Consultants will have a proportion of non-clinical administration time, part of which can be directed to supervision of trainees</li> </ul>
2. Facilities and	• The service employs most of the following in the investigation of patients
Infrastructure	with suspected or proven infections: - Clinical Microbiology
	<ul> <li>Other laboratory services including histopathology, clinical chemistry, immunopathology</li> </ul>
	<ul> <li>Imaging services including radiology, nuclear medicine, echocardiography</li> </ul>
	<ul> <li>Each trainee has a dedicated office area, readily accessible to the ward/laboratory</li> </ul>
	The trainee has a dedicated computer with access to the Pathology IT system, internet, electronic journals and text books
	There are meeting rooms and other facilities available
3. Profile of Work	A consultative service seeing at least 500 Category A consults per year
5. Prome of work	per trainee
	Category A: inpatient or outpatient consults or new admissions under the infectious diseases service
	Category A consults must include a comprehensive assessment of a new inpatient or outpatient. This includes documentation within the medical record of this assessment and the clinical plan, and discussion with a consultant.
	The following categories are typically included in the profile of work of training sites but do not meet the Category A criteria:
	Category B - Follow up inpatient or outpatient consultations
	<ul> <li>Category C</li> <li>Telephone consults</li> <li>Antimicrobial stewardship rounds</li> <li>Liaison rounds that do not meet the criteria of Category A consults</li> </ul>



EDUCATE ADVOCATE INNOVATE

	• The trainee has an appropriate range of work determined by the Infectious Diseases Advanced Training Curriculum and Infectious Diseases Advanced Training Program Requirement Handbook.
	<ul> <li>Selection of antimicrobial and other relevant drugs</li> <li>Broad case mix exposure to infectious diseases patients</li> <li>Infections in immune-compromised hosts (e.g. burns, HIV/AIDS, pregnancy, neonates and young infants, oncology patients, solid organ transplant recipients)</li> <li>Infection control and immunisation</li> <li>Healthcare associated infections (including surgical infections)</li> <li>Collaboration with public health services</li> <li>Involvement with diagnostic microbiology laboratory</li> <li>Outpatient and community infectious diseases management (including sexually transmitted diseases)</li> </ul>
	• The trainee will have clinical involvement in a range of conditions that reflect the <i>Infectious Diseases Advanced Training Curriculum</i> as such that over 3 years of full time Advanced Training the majority of curricular domains and learning objectives are achieved.
	<ul> <li>Experience in being "on-call" for consultation regarding infectious diseases problems.</li> </ul>
	• Formative assessments of trainees are conducted throughout the period to aid learning and cover the majority of curricula domains.
	<ul> <li>Quality assurance activities could include participation in morbidity/mortality audits or meetings and quality assurance/audit evaluations of clinical management of common conditions</li> </ul>
	• The service will have, or participate in an active research program (through meetings, journal clubs etc.) where trainees will be encouraged to participate in critical appraisal of research papers.
	The trainee will be involved in at least one research project during the course of his/her training
4. Teaching and Learning	<ul> <li>Appropriate core training should be within a tertiary teaching hospital with regular clinical infectious diseases meetings designed for teaching and consultation with related disciplines</li> </ul>
	<ul> <li>Trainees are expected to attend teaching sessions in important relevant areas:</li> </ul>
	<ul> <li>Clinical epidemiology and public health</li> <li>Immunisation</li> <li>Infection control</li> <li>Antibiotic resistance</li> <li>Infections in immune-compromised hosts (e.g. burns, HIV/AIDS, pregnancy, neonates and young infants, oncology patients, solid organ transplant recipients)</li> <li>Tropical medicine and parasitology</li> <li>Microbiology (bacteriology, virology; and mycology)</li> <li>Sexually transmitted diseases</li> </ul>



	• Trainee attendance at the Annual Scientific Meeting of the Australasian Society of Infectious Diseases (ASID) and the lectures conducted during Registrars' Day is encouraged. Attendance at courses covering at least six of the eight major topics should be documented in the Trainee Logbook and reviewed by supervisors.
	<ul> <li>Library facilities with ready access to all major infectious disease journals and texts, and literature search facilities.</li> </ul>
5. Support Services for Trainees	<ul> <li>There are a range of policies dealing with health and safety of trainee(s), and trainees are aware of these policies</li> </ul>
	• Supervisors or designees provide an orientation/induction into training at the setting to new trainees within the first week of commencing training

## **Accreditation Outcomes**

- Sites that meet the above accreditation criteria will be generally granted 12 months maximum accreditation for core infectious diseases training per trainee for a specified number of full-time equivalent trainee positions.
- Sites that either (a) have some deficiencies in some of the accreditation criteria *but* substantially meet most of the others or (b) provide trainees with a training exposure that covers a more limited breadth and depth of the curriculum may be granted 6 *months maximum accreditation for core infectious diseases training per trainee* for a specified number of full-time equivalent trainee positions.
- Sites that are able to demonstrate a training exposure that extensively covers the breadth and depth of the curriculum, that provides exposure to a diverse range of consultant opinions, and that provides an in-depth programme of teaching and learning, may be eligible for 24 months maximum accreditation for core infectious diseases training per trainee for a specified number of full-time equivalent trainee positions. The ATC however recognises that trainees generally benefit from exposure to more than one training site for their core infectious diseases training period.
- The ATC may decide upon certain mandatory or highly desirable recommendations that will be followed up in a specified period of time that will inform further site accreditation decisions.