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Training Program Committee in Palliative Medicine (Adult Medicine)

Criteria & Application Process for Accreditation of Palliative Medicine Advanced Training Positions

Background

Palliative Medicine has been a specialty since 2001 in New Zealand and 2005 in Australia. The Australian Medical Council requires the RACP to support and document an appropriate training program for the specialty, which it does through the Training Program Committee in Palliative Medicine (TPCPM). Site accreditation of service and educational infrastructure is one part of the process of standards documentation.

Terms of Training

The four core training terms accredited by the TPCPM are:

1. Inpatient unit/Hospice
2. Community
3. Teaching Hospital/Consultation
4. Cancer Care Setting.

The process of accreditation examines each of these areas individually. The requirements for each must be fully met in the case of trainees working concurrently in more than one. The requirements for electives will vary according to the submission but will be similar.

Trainees should refer to the handbook that corresponds to the year in which they entered the program, for guidance on their training requirements, including rules around what types of training must be undertaken in accredited positions, and location of training requirements. For any questions about training time requirements, please contact Training Services via PalliativeMedTraining@racp.edu.au.

Accreditation Criteria

Training positions are accredited as part of the approval of training programs. The main criteria assessed for training are:

A. Supervision.
B. Clinical workload.
C. Educational infrastructure.
D. Research
E. Exposure to related specialties.

A. Supervision

1. The Advanced Training Position shall have either:

   Trainees commencing pre-2026:

   - A minimum staff of two Palliative Medicine Specialists holding the FRACP (Palliative Medicine) or FAChPM able to provide direct supervision to the trainee; **OR**
   - A minimum staff of one Palliative Medicine Specialist holding the FRACP (Palliative Medicine) or FAChPM and one other medical staff member with substantial experience in palliative medicine able to directly supervise the trainee. In this case a second Palliative Medicine Specialist holding the qualifications above and approved by the TPCPM shall be appointed as a secondary supervisor and must be available to supervise the trainee and support the other medical staff member by telephone and from time to time in person.

   Trainees commencing from 2026 onwards:

   - Name 2 eligible individuals for the role of Education Supervisor, including:
     - Minimum of 1 x supervisor, who is a Fellow of the RACP in palliative medicine or a Fellow of the AChPM
     - *Recommended: wherever possible, trainees should maintain the same Education Supervisors throughout a phase of training*

   The purpose of having at least two individuals is to ensure that at least one specialist is always available to provide supervision and advice. It is recognised that much of the supervision can be provided by telephone, but the trainee must be able to call upon the specialist to provide supervision in person.

2. The Training Site must have at least 1.0 Full Time Equivalent (FTE) Palliative Medicine Specialists as staff members.

3. The two Palliative Medicine Specialists shall provide complete back-up cover for trainees involved in after-hours and on-call work.

4. Supervisors should be trained in the supervision of advanced trainees in palliative medicine. Supervisors must have attended College Supervisor Workshops at least once every 5 years.

B. Clinical Workload

The trainee shall be provided with an adequate clinical workload. Supervisors shall ensure that the trainee is involved in all aspects of the work of the Service appropriate to the training term. This includes regular sufficient numbers of new patients. Opportunity to perform appropriate procedures including paracenteses should also be available.

Inpatient unit/hospice

1.1 Should have a defined population of inpatients, preferably in a ward area devoted to palliative care.

1.2 Should have a minimum of 200 admissions per year per training position.

1.3 Should have an interdisciplinary team to manage patients.

1.4 The trainee should participate in an on-call service (where available) for Palliative Care, in conjunction with a Palliative Medicine Specialist.

Community Setting

2.1 Should be providing service to a defined geographical area and patient population.

2.2 Should be providing service to a variety of sites, including patient homes and a variety of other sites.

2.3 Should be seeing a minimum of 200 new referrals per year per training position.

Teaching Hospital/Consultation

3.1 Should be seeing a minimum of 250 new referrals per year per training position.

3.2 Should have at least 1.0 FTE Clinical Nurse Specialist or equivalent on the service.

Cancer Care Setting

4.1 At least 250 new referrals to the consultation / liaison palliative care service per year for each training position.

4.2 The site itself must be accredited to deliver Advanced Training in oncology (Medical Oncology, Radiation Oncology or Clinical Haematology.

4.3 At least 75% of the trainee's workload should be involved in the care of cancer patients.

4.4 The trainee should be involved in clinics.

4.5 The trainee must attend multidisciplinary cancer meetings/tumour boards.

4.6 The consultation / liaison service must also meet the minimum supervision requirements for core palliative medicine training, as outlined in part A above.

4.7 The trainee should have one supervisor who holds FRACP (Medical Oncology) or FRACP/FRCPA (Clinical Haematology) or FANZCR (Radiation Oncology), and one supervisor who is a Palliative Medicine Specialist holding FRACP (Palliative Medicine) or FAChPM.

C. Educational Infrastructure

The trainee shall be provided with a suitable educational infrastructure for advanced training.

1. The trainee should be provided with:
    - A medical library including access to general and palliative care specific journals
    - Internet access to clinical literature and research databases
    - A personal space appropriate to study

2. The trainee should attend:
    - At least weekly interdisciplinary palliative care clinical meetings.
    - Peer-review meetings and correlative imaging meetings
    - Regular journal clubs

D. Research

1. The trainee should be provided with opportunities to undertake research including clinical trials, audits, QA activities, and/or continuing professional development during advanced training.

2. The trainee shall be encouraged to be involved in one project annually. Supervision is to be provided by the staff in the Department or other competent person.

3. Trainees shall be supported generally and with time to attend and present at scientific meetings of local, national and international societies.

E. Exposure to related specialties

The trainee will have access to services such as medical oncology, haematology, radiation oncology, pain or anaesthetic service.

Application Process

Training sites must apply for accreditation, which depends on fulfilment of the requirements and completing the process of accreditation. Certification of training will not be granted to trainees if the site is not accredited. Current training sites wishing to increase the number of accredited training positions must also complete the accreditation documentation and process. Sites with more than one trainee must ensure that the requirements for supervision and clinical experience are met for each concurrent trainee.

Step 1

Download and complete the application form for accreditation from the RACP website. Once the forms are completed, they should be returned to Training Accreditation Services via accreditation@racp.edu.au.

Step 2

The application form will be reviewed by the member of the TPCPM with the portfolio of Site Accreditation. Any deficiencies in the information will be communicated to the site involved.

Step 3

When all the information provided is sufficient, the TPCPM will acknowledge the application by letter and invite the director of the service to communicate with the Training Accreditation Services to arrange a time for a teleconference and/or a site accreditation visit.

Step 4

Representatives of the TPCPM will conduct a visit or teleconference. The accreditation panel will need to meet or talk with:

- The Director of the Palliative Care Service
- Staff Specialists of the Palliative Care Service
- Any current registrars of the Palliative Care Service
- The Senior Palliative Care Nurse (or Manager) of the Service
- The Director of the Program that oversees Palliative Care/or the Director of Medical/Clinical Services of the hospital (20 minutes)

It is expected that all interviews would be completed in one half-day period. The accreditation panel may provide informal feedback to the Director of Palliative Care Service at the end of the interviews.

Step 5

A draft report will be prepared by the site accreditation panel and will be sent to the Director of the Palliative Care Service for feedback. The final report will be presented to the TPCPM for ratification. After ratification, the report will be forwarded to the Director of the Palliative Care Service. The report will also indicate when the next accreditation will take place, which is usually 5 years time. Information about the accreditation of the site will be uploaded onto the RACP website.

Types of Accreditation

The TPCPM accredits rotations for the following types of professional experience:

- Term 1 / Inpatient/Hospice (core)
- Term 2 / Community (core)
- Term 3 / Teaching Hospital/Consultation (core)
- Term 4 / Palliative Medicine Variable (core; for pre-2017 trainees only)
- Term 4 / Cancer Care Setting (core; for post-2017 trainees only)
- Term 5 / Oncology (core; for pre-2017 trainees only)

Professional experience requirements differ depending on the year in which a trainee commenced the training program. Trainees are therefore advised to refer to the handbook that corresponds to the year in which they entered the program for guidance on their training time/professional experience requirements and location of training requirements.

Non-core training must be undertaken in positions 'approved' by the TPCPM, however those positions do not need to be 'accredited'. Trainees are also advised to refer to the handbook that corresponds to the year in which they entered the program for guidance on non-core training.

For any questions about training time requirements, please contact Training Services via PalliativeMedTraining@racp.edu.au.

Provisional Accreditation

Provisional accreditation may be granted to sites that are waiting to be reviewed and accredited by the TPCPM through the normal accreditation process. This is to ensure that existing trainees at the site are not disadvantaged. Sites that are accepting trainees for the first time will be prioritised for a site visit during the year of that first year of training.

Clinical Foundation of Palliative Medicine Trainees

Sites must be specifically accredited for Clinical Foundation training. Sites wishing to take only Clinical Foundation of Palliative Medicine trainees still need to apply for accreditation, but a teleconference or site visit may not be required. The site will be accredited for a maximum of five years.

Overseas Advanced Training Positions

Training obtained overseas is acceptable, provided the proposed training position meets accreditation criteria. Overseas training positions will be assessed and approved based on information provided by the trainee's supervisor and/or Head of Department in the form of a letter and completion of application forms for site accreditation. The supervisor will also receive the RACP handbook *Requirements for Physicians Training* or *Chapter Training Manual* includes the requirements of advanced training in palliative care for information. A site visit will not normally be considered.

For any questions about overseas training time requirements, please contact Training Services via PalliativeMedTraining@racp.edu.au.

Accreditation Cycle

Sites accredited for advanced training are reviewed every five years. The TPCPM may also undertake to review a site at its discretion before the end of the cycle.