

**ACCREDITATION ASSESSMENT FORM FOR**

**AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE (AFPHM)TRAINING SETTINGS**

**This form is to be completed electronically by the Training Setting Contact**

(*i.e Director, Manager or Trainee Supervisor of the Training Setting)*

Any additional attachments should be sent separately

Please do not alter the format of this document; it has been locked for editing

|  |
| --- |
| **General Information** |
| Organisation/Health Jurisdiction |       |
| Training Setting/Facility Name |       |
| Training Network (If applicable) |       |
| Training Position |       |
| Address of Training Setting |       |
| Postal Address (if different) |       |
| Phone Number |       |
| Email Address |       |

|  |  |  |
| --- | --- | --- |
| First time accreditation | [ ]  | Other reason:       |
| Routine reaccreditation | [ ]  |
| Date of last accreditation review |       |
| Additional Training Position | [ ]  |  |
| Additional Training Setting |  [ ]  |  |

|  |
| --- |
| **Form reviewed by the Training Setting Contact:** |
| Name |       |
| Title |       |
| Date |       |

# Standards required for AFPHM Training Setting Accreditation

| **RACP Standard** | **Minimum Requirements for Advanced Training in Public Health Medicine** |
| --- | --- |
| **1. Supervision** |
| * 1. ***There is a designated supervisor for each Trainee.***
 | * + 1. *The training setting will be overseen by a Supervisor who, under normal circumstances is responsible for supervising no more than two AFPHM Trainees at any time.*
 |
| * 1. ***Trainees have access to supervision, with regular meetings.***
 | * + 1. *The Supervisor assists Trainees to develop a learning contract by identifying work-based projects and strategies to achieve these that will enable attainment of the AFPHM competencies.*
		2. *The Supervisor meets regularly (either face-to-face or through telecommunications) with Trainees, at least once every 2 weeks, to review progress towards meeting the learning contract.*
 |
| * 1. ***Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.***
 | * + 1. *The Supervisor meets the AFPHM requirements for Supervisors or Co-supervisors (i.e. if the Supervisor is not a FAFPHM, then the trainee must have a co-Supervisor who is a FAFPHM).*
 |
| * 1. ***Supervisors are supported by the setting or network to be given the time and resources to meet Faculty supervision requirements and criteria on supervision.***
 | * + 1. *The Supervisor is resourced and supported by AFPHM to be a Supervisor.*
 |
| **2. Facilities and Infrastructure** |
| * 1. *There are appropriate facilities and services for the type of work being undertaken.*
 | * + 1. *Trainees are provided with the following within two weeks of commencement:*
* *Appropriate software for Public Health purposes, including statistical software when required*
* *Access to printing, fax and photocopying facilities*
* *Access to rooms for meetings*
* *Internet access to common information databases such as the Cochrane database*
 |
| * 1. *Each trainee has a designated workspace including a desk, telephone and IT facilities*
 | * + 1. *Trainees are provided with the following within two weeks of commencement:*
* *A dedicated workstation or office*
* *A dedicated desk top or laptop computer with access to software for word processing, spreadsheets and databases*
* *A work e-mail address*
* *Access to a form of telecommunication such as telephone, teleconference or videoconference facilities*
 |
| * 1. ***There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.***
 | * + 1. *Within two weeks of commencement:*
* *Trainees will have access to resources supporting remote electronic learning when required to work away from the principal training setting.*
 |

| **3. Profile of work** |
| --- |
| * 1. ***The setting shall provide a suitable workload and appropriate range of work.***
 | * + 1. *The work placement will be responsible for public health outputs that are able to contribute to meeting the AFPHM competencies*
		2. *Ensures that a variety of public health work covering a range of public health competencies is available to Trainees (for example, Trainees should have the opportunity to produce written and oral communications for the organisation)*
		3. *The work placement provides opportunities for Trainees to become involved in the day-to-day public health issues, and encourages involvement.*
		4. *The training setting, as well as the Supervisor, is aware that the employee is undertaking advanced training in Public Health Medicine, and supports the Trainee’s professional development by encouraging a respect for the balance of their responsibilities as both an employee and a Trainee.*
		5. *The Supervisor has access to and is familiar with the AFPHM Curriculum and assessment requirements.*
		6. *The Supervisor fulfils the requirements of the AFPHM Supervisor role.*
 |
| * 1. ***Trainees participate in quality and safety activities.***
 | * + 1. *The work placement provides Trainees with opportunities for participation in processes to review the quality of public health programs and practice.*
 |
| * 1. ***There is the capacity for project work (including research) and ongoing training.***
 | * + 1. *Trainees are supported in their work on the specific projects described in the learning contract*
 |
| **4. Teaching and Learning** |
| * 1. ***There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.***
 | ***4.1.1*** *Trainees have access to educational activities on training setting or an opportunity to attend at an affiliated site.* |
| * 1. ***There are opportunities to attend external education activities as required.***
 | ***4.2.1*** *Trainees have the opportunity to participate in national and state based learning activities organised by the AFPHM.*  |
| * 1. ***There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.***
 | * + 1. *Within two weeks of commencement, the Trainee will have access to a library facility - either a local area health service, university library or access to an e-library facility.*
 |
| **5. Trainee Safety and Support Services** |
| * 1. ***There are workplace policies covering the safety and well-being of Trainees.***
 | * + 1. *Trainees are aware of and have access to occupational health and safety resources.*
 |
| * 1. *There is a formal induction/orientation process for Trainees.*
 | * + 1. *Within two weeks of commencement, the Trainee is provided with an orientation to the organisation and to the principle training setting.*
		2. *The training setting will be overseen by an education supervisor who assists the Trainee to participate in the orientation program of the AFPHM Advanced Training Program.*
 |

*For* ***individual training site****, please complete* ***Parts A, C and D****.*

*For* ***networked training sites or training consortia****, please complete* ***Parts B, C and D****. Please indicate the number of sites as appropriate to your situation; if there are more than six sites in the network/training consortia, please complete a second Survey Form and attach.*

# PART A – Training Setting demographic information

|  |  |  |
| --- | --- | --- |
| **Individual site** | **Trainee name** |  |
| **Training position** |  |
| **Address of Training Setting** |  |
| **Training Setting contact person**  | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:   |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email: |

# PART B – Training Setting demographic information

|  |  |
| --- | --- |
| **Training Network or Consortia** |  |
| **Network contact person** | Name:  |
| Phone:  |
| Email:  |
|  |  |  |
| **Training Setting 1** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email:  |

|  |  |  |
| --- | --- | --- |
| **Training Setting 2** **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email:  |

|  |  |  |
| --- | --- | --- |
| **Training Setting 3** **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email:  |

|  |  |  |
| --- | --- | --- |
| **Training Setting 4** **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email: |

|  |  |  |
| --- | --- | --- |
| **Training Setting 5** **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor** **(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email:  |

|  |  |  |
| --- | --- | --- |
| **Training Setting 6****(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name:  |
| Phone:  |
| Email:  |
| **AFPHM Education Supervisor** **(must be an AFPHM Fellow)** | Name:  |
| Phone:  |
| Email:  |
| **Co-Supervisor****(if applicable)** | Name:  |
| AFPHM Fellow: Yes/No  |
| Phone:  |
| Email:  |

#

# PART C - Education and training information

*Please provide a brief description of the likely Public Health Medicine training available within the position (max 200 words).*

|  |
| --- |
| **Individual Training Setting/Training Setting 1**  |
| **Position Description –**  |
| **Training Setting 2 (if applicable)** |
| **Position Description –** |
| **Training Setting 3 (if applicable)** |
| **Position Description –**  |
| **Training Setting 4 (if applicable)** |
| **Position Description –** |
| **Training Setting 5 (if applicable)** |
| **Position Description –** |
| **Training Setting 6 (if applicable)**  |
| **Position Description -** |

# Part D - Accreditation checklist

# *For RACP Standards required for AFPHM Training Setting Accreditation, please refer to pages 2 & 3 of this Assessment Form. For details on Learning Objectives, please refer to the* [*AFPHM Advanced Training Curriculum (p.11 – 17)*](https://www.racp.edu.au/docs/default-source/default-document-library/at-afphm-public-health-medicine-advanced-training-curriculum.pdf?sfvrsn=2)*; the* [*RACP Professional Practice Framework – Professional Standards*](https://www.racp.edu.au/docs/default-source/default-document-library/ppf-booklet.pdf?sfvrsn=4) *is also available for reference.*

## Section 1: Supervision

|  |
| --- |
| **For each training setting, please write either Yes/No to indicate if the training setting meets the criteria.** Note: For individual training positions only complete column 1 (setting 1); and for networks please complete column 1 (setting 1) and additional columns as applicable. |
|  | **Training Setting 1** | **Training Setting 2****(if applicable)** | **Training Setting 3****(if applicable)** | **Training Setting 4****(if applicable)** | **Training Setting 5****(if applicable)** | **Training Setting 6****(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -**  | **Name:**   | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       |
| 1.1.1 | The Trainee will be overseen by a Supervisor who is responsible for supervising no more than two AFPHM Trainees at any time. |       |       |       |       |       |       |
| 1.2.1 | The Supervisor will assist the Trainee to develop a learning contract by identifying work-based activities and projects that will enable attainment of the AFPHM competencies. |       |       |       |       |       |       |
| 1.2.2 | The Supervisor will meet regularly (either face-to-face or through telecommunications) with the Trainee, at least once every 2 weeks, to review progress towards meeting the learning contract. |       |       |       |       |       |       |
| 1.4.1\* | The Supervisor (i.e the education/workplace supervisor who is a FAFPHM or Co-supervisor who is a FAFPHM) has completed the Supervisor Professional Development Program (SPDP 1 and 2) and Work-based Learning and Assessment Public Health Medicine (SPDP 3 PHM workshops (or for 2022, must complete the SPDP 3 PHM workshop).***Note: All Supervisors with a FAFPHM must complete SPDP 3 by end 2022 and complete or be*** [***exempt***](https://www.racp.edu.au/fellows/supervision/supervisor-professional-development-program) ***from SPDP 1 and 2 in line with their accreditation cycle, Workplace supervisors who are not Fellows of the AFPHM are not required to complete these workshops.*** | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 | [ ]  SPDP 1[ ]  SPDP 2[ ]  SPDP 3 |

|  |
| --- |
| **If you have any additional comments for Section 1, please provide here:** |
|  |

**Section 2: Facilities and Infrastructure**

|  |
| --- |
| **For each site, please write either Yes/No to indicate if the setting meets the criteria.**Note: For individual training positions only complete column 1 (setting 1); and for networks please complete column 1 (setting 1) and additional columns as applicable. |
|  | **Training Setting 1** | **Training Setting 2** **(if applicable)** | **Training Setting 3****(if applicable)** | **Training Setting 4****(if applicable)** | **Training Setting 5****(if applicable)** | **Training Setting 6****(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -**  | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       |
| 2.1.1 | The Trainee will be provided with the following within two weeks of commencement:  |  |  |  |  |  |  |
| * Software for public health purposes, including statistical software when required
 |       |       |       |       |       |       |
| * Access to printing, fax and photocopying facilities
 |       |       |       |       |       |       |
| * Access to rooms for meetings
 |       |       |       |       |       |       |
| * Internet access to common information databases such as the Cochrane database
 |       |       |       |       |       |       |
| 2.2.1 | The Trainee will be provided with the following within two weeks of commencement:  |  |  |  |  |  |  |
| * A dedicated workstation or office
 |  |  |  |  |  |  |
| * A dedicated desk top or laptop computer with access to software for word processing, spreadsheets and databases
 |       |       |       |       |       |       |
| * A work e-mail address
 |       |       |       |       |       |       |
| * Access to a telephone, teleconferencing or videoconferencing facilities
 |       |       |       |       |       |       |
| 2.3.1 | When the Trainee is working away from the principal site, the trainee will have access to resources supporting remote electronic learning. |       |       |       |       |       |       |

|  |
| --- |
| **If you have any additional comments for Section 2, please provide here:** |
|  |

**Section 3: Profile of Work**

|  |
| --- |
| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. |
|  | **Training Setting 1** | **Training Setting 2****(if applicable)** | **Training Setting 3****(if applicable)** | **Training Setting 4****(if applicable)** | **Training Setting 5****(if applicable)** | **Training Setting 6****(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -**  | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       |
| 3.1.1 | The public health outputs from a placement at this training setting align with the AFPHM Curriculum.  |       |       |       |       |       |       |
| 3.1.2 | The trainee will be able to undertake projects covering a range of public health competencies.  |       |       |       |       |       |       |
| 3.1.3 | In addition to completing larger projects, the Trainee will have the opportunity to become involved in day-to-day public health issues.  |       |       |       |       |       |       |
| 3.1.4a | The manager of the workplace (if not the Supervisor) is aware that the employee is undertaking advanced training in Public Health Medicine.  |       |       |       |       |       |       |
| 3.1.4b | The manager of the workplace is supportive of the Trainee’s professional development. |       |       |       |       |       |       |
| 3.1.5a | The Supervisor has access to the AFPHM Curriculum and assessment guidelines. |       |       |       |       |       |       |
| 3.1.5b | The Supervisor is familiar with the AFPHM Curriculum and assessment requirements. |       |       |       |       |       |       |

|  |
| --- |
| **If you have any additional comments for Section 3, please provide here:** |
|  |

**Section 4: Teaching and Learning**

|  |
| --- |
| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. |
|  | **Training Setting 1** | **Training Setting 2****(if applicable)** | **Training Setting 3****(if applicable)** | **Training Setting 4****(if applicable)** | **Training Setting 5****(if applicable)** | **Training Setting 6****(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -**  | **Name:**      | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       |
| 4.1.1 | The Trainee has access to educational activities on training setting or opportunities to attend at other appropriate training settings. |       |       |       |       |       |       |
| 4.2.1 | The Trainee has the opportunity to participate in national and state based learning activities organised by the AFPHM. |       |       |       |       |       |       |
| 4.3.1 | Within two weeks of commencement, the Trainee has access to a library facility - either a local area health service, university library or access to an e-library facility. |       |       |       |       |       |       |

|  |
| --- |
| **If you have any additional comments for Section 4, please provide here:** |
|  |

## Section 5: Trainee Safety and Support Services

|  |
| --- |
| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. |
|  | **Training Setting 1** | **Training Setting 2****(if applicable)** | **Training Setting 3****(if applicable)** | **Training Setting 4****(if applicable)** | **Training Setting 5****(if applicable)** | **Training Setting 6****(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -**  | **Name:**      | **Name:**       | **Name:**       | **Name:**       | **Name:**       | **Name:**       |
| 5.1.1 | The Trainee will have access to occupational health and safety support if required. |       |       |       |       |       |       |
| 5.2.1 | Within two weeks of commencement, the Trainee will be provided with an orientation to the organisation and to the principal training setting. |       |       |       |       |       |       |
| 5.2.2 | The Trainee will be able to attend the National Training Days.  |       |       |       |       |       |       |

|  |
| --- |
| **If you have any additional comments for Section 5, please provide here:** |
|  |

**Thank you for completing the Public Health Medicine Accreditation Assessment Form.**

**Please return via email to**: accreditation@racp.edu.au