



# Basic Training Accreditation Requirements

**For Adult Internal Medicine**

Pursuing Training Excellence



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## Introduction

The RACP is recognised by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand.

Standards are central to an accreditation program. They articulate the expectations for workplace training and are used to measure the quality of training provided. In the Training Provider Standards for Clinical Training Programs (the Standards) the RACP has defined nine accreditation standards which describe the foundation required to deliver quality physician training. The Standards are grouped into four themes: environment and culture, training oversight, training support and curriculum implementation. Under each of the standards there are Training Provider criteria and Setting criteria which need to be met.

Supporting the Standards, the RACP has developed accreditation requirements unique to each clinical Training Program. These requirements are actions which need to be addressed for a Training Provider to offer a specific Training Program.

The variable size, structure and training offered by Training Providers requires a degree of flexibility on behalf of the RACP when applying requirements. Limited ability to address some requirements does not necessarily preclude Training Program accreditation. The RACP can classify Training Programs according to the training opportunities available and may apply discretion when making decisions about accreditation.

## Purpose and Scope

This document outlines the accreditation requirements for a Setting and Training Network delivering Basic Training in Adult Internal Medicine.

To understand the Basic Training – Adult Internal Medicine Accreditation Requirements, they are to be read in conjunction with the [RACP Training Provider Standards](#).

## Training program and rotation evaluation

The evaluation of clinical Training Programs and their rotations will include consideration of:

- The level and number of Fellows and senior staff capable of providing adequate and appropriate supervision for trainees of all levels at all times.
- An appropriate number and case-mix of patients to provide trainees with adequate clinical experiences and an appropriate level of involvement in their assessment and management.
- A specialist workforce sufficient to safely deliver care and provide effective training.
- Appropriate equipment and facilities for the provision of medical care and training.
- Access to an appropriate range of clinical support services.

# Accreditation Requirements

## Environment and Culture

### Standard 1: Safety and Quality

The environment and culture encourage safety promoting behaviours and support the delivery of high-quality patient and population-centred care.

#### Setting Requirements

- 1.1.1 An Adult Internal Medicine Basic Trainee is involved in patient safety and health quality care activities undertaken by the training setting.
- 1.3.1 The Training Setting ensures an Adult Internal Medicine Basic Trainee completes an adult advanced life support course and is oriented to the setting's life support protocols.
- 1.5.1 Consultant supported handover occurs at least daily.

#### Notes

1.1.1 Acquiring competency in patient safety and quality improvement requires experiential and social learning. A training setting provides a trainee exposure to interprofessional system-based solutions on patient safety. A setting actively involves the trainee in medical audits, morbidity and mortality conferences and patient safety event reviews.

1.3.1 A setting ensures a trainee receives training in adult advanced life support. The training provided adheres to the RACP guidelines. The training involves a theoretical and practical component. Training needs to occur before commencing in a work environment where they require this competence.

A trainee required to provide care to a neonate or child is to complete a relevant advanced life support course which adheres to the RACP guidelines before commencing their duties.

A trainee is orientated into the setting's medical emergency and cardiac arrest resources and procedures and is supported to complete their responsibilities. The setting's responses to medical emergencies and cardiac arrests are monitored to check outcomes and ensure suitable quality.

1.5.1 Handover is an important tool for patient safety and training. Handover facilitates development of good work practices and provides social learning opportunities. For a trainee on night shift, it can represent their only opportunity to interact with a consultant.

Handover occurs at least once every day. One consultant is required for each formal handover session. Where the setting has a trainee working nights, a handover occurs after each night shift. A consultant facilitates handover at least 5 days a week; an advanced trainee can facilitate handover for a maximum of two days.

The number of formal handover sessions is to be minimised. The RACP preference is for a single session across an entire setting. Settings need to demonstrate an effective system for multiple handover sessions.

# Training oversight

## Standard 3: Governance

The Training Provider has a systematic approach to training responsibilities and relationships.

### Training Provider Requirements

3.2.1 A Training Program is led by a Director of Physician Education (DPE)<sup>1</sup>, who is an RACP Fellow.

3.3.1 The number of Basic Trainees allocated to a rotation does not exceed the rotation's capacity to train.

### Notes

3.2.1 When a Training Program is administered by a Network, there is a Director of Physician Education for at least each principal training program and the Network. A Director of Physician Education is selected according to the [Educational Leadership and Supervision Framework](#).

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<sup>1</sup> DPE: Director of Physician Education refers to both a setting and network.

## Standard 4: Training Management

The Training Provider manages staff, resources and structures to deliver best practice training.

### Training Provider Requirements

- 4.1.1 Time, funding and staff is given to a Director of Physician Education to complete their responsibility of delivering the Training Program.
- 4.1.2 The Training Provider ensures an Adult Internal Medicine Basic Trainee has Clinical Supervisors and a designated Rotation and Education Supervisor in accordance with the RACP Basic Training Learning, Teaching, and Assessment Program.
- 4.5.1 The Training Provider ensures applicants selected for the Adult Internal Medicine Basic Training Program meet the selection criteria.

### Notes

- 4.1.1 The funding, time and staff needs to enable effective delivery of the training program.  

Staff, known as Training Program Coordinators, support the delivery and improvement of the training program. In addition to administrative skills, it is desirable for the staff appointed to have educational expertise. The time allocated to a Director of Physician Education and required hours for staff support are outlined in Appendix 1.
- 4.1.2 The Clinical and Rotation Supervisor(s) are Fellows of Specialist Medical Colleges, The Education Supervisor, Setting and Network Director(s) of Physician Education are RACP Fellows.  

Supervisors are assigned to a trainee. A trainee has a level of flexibility to change a supervisor if there is not a good fit.

The Clinical and Rotation Supervisor(s) are located at the Training Setting where the trainee works.

A Trainee is assigned an Education supervisor for the duration of each Phase of the Training Program. The Education supervisor is located at the Training Setting where the trainee spends most of the training phase.

The length of time a trainee has one Fellow acting as both their Rotation and Education supervisor is minimised.
- 4.5.1 A prospective trainee meets the entry and selection criteria outlined in the Adult Internal Medicine Basic Training Learning, Teaching, and Assessment Program Requirements.

## Training support

### Standard 5: Educator Leadership, Support and Wellbeing

Educators are skilled and supported in their teaching and leadership roles.

#### Training Provider Requirements

- 5.1.1 The Training Provider ensures Educators have completed all the RACP Supervisor Professional Development Program Modules.
- 5.2.1 A Rotation Supervisor can supervise a maximum of three Basic Trainees and an Education Supervisor can supervise a maximum of five Basic Trainees at any one time. When a supervisor is both a Rotation and Education Supervisor, the maximum number of trainees supported is six.
- 5.2.2 Rotation and Education Supervisors are allocated time to complete their supervisory responsibilities.

#### Notes

- 5.1.1 Consultants and Fellows who have not been Educators previously have twelve months to complete the RACP Supervisor Professional Development Program Modules.
- 5.2.1 A Basic Trainee is registered with either the RACP Adult Internal Medicine or Paediatrics and Child Health Division.  
  
Where possible trainees in the foundation, consolidation and completion phases are equitably distributed to education supervisors.
- 5.2.2 Educators utilise RACP resources and incorporate recommendations into the Training Program. The resources recommended for the Training Program are listed in the Basic Training Learning, Teaching, and Assessment Program Requirements.

# Curriculum implementation

## Standard 7: Curriculum Delivery

The curriculum is implemented so trainees can achieve the learning outcomes and become independent, skilled physicians.

### Training Provider Requirements

- 7.1.1 The Training Provider provides experiential, social and formal learning opportunities which align to the Adult Internal Medicine Basic Training Program Curriculum.
- 7.1.2 The Training Provider ensures a trainee's rotations align to the clinical experience requirements outlined in the Adult Internal Medicine Basic Training Program Curriculum.
- 7.1.3 The Training Provider enables a trainee to complete the required and recommended formal learning courses identified for each Phase of the Adult Internal Medicine Basic Training Program Curriculum.
- 7.2.1 The Training Provider provides an induction to the Training Program to a trainee within two weeks of commencing the Foundation phase of training.

### Setting Requirements

- 7.5.1 The Training Setting is required to have the Adult Internal Medicine Basic Training rotations it offers prospectively accredited by the RACP.
- 7.5.2 The Training Setting ensures a rotation has formal learning opportunities aligned to the responsibilities required by the Department's clinical service.
- 7.7.1 The Training Setting provides a minimum of four hours of formal learning per week with two hours being protected.

### Notes

- 7.1.1 Trainee attendance at social or formal learning opportunities is not prevented by service delivery, or gaps in the roster. All trainees have access to a formal learning program. Formal Learning is organised by the Setting offering the Principal Training Program or a Training Network.
- 7.1.3 A list of the required and recommended learning courses is outlined in the Adult Internal Medicine Basic Training Learning, Teaching, and Assessment Program Requirements.
- 7.2.1 Induction is provided to all Foundation phase trainees including those who did not start their training at the beginning of a clinical year.

The induction outlines Adult Internal Medicine Basic Training Program Curriculum and requirements, the trainee's responsibility for learning, professional expectations and engagement with RACP events and activities.

- 7.5.1 A rotation is at least 10 to 11 weeks long.

Accredited rotations are to continuously align with the learning goals of the Adult Internal Medicine Basic Training Program Curriculum, RACP Training Provider Standards and Basic Training Adult Internal Medicine Accreditation Requirements.

A rotation without accreditation does not count towards a trainee's clinical experience requirements. A Training Provider is to actively minimise placing a trainee into an unaccredited rotation. If this must occur, the Training Provider is to inform the trainee prior to commencement that the rotation does not contribute to their clinical experience requirements.



7.5.2 Formal learning is a structured activity which provides a supportive framework to deliver learning outcomes. Formal learning develops an understanding of the foundations, theories and evidence which underpin and/or amplify what is learned through experience and social interaction. Examples include interprofessional meetings, journal clubs, exam preparation patient presentations and courses.

7.7.1 The RACP learning model states 10% of the learning is formal.

This is a transitional requirement which acknowledges not all settings can currently offer four hours of protected formal learning. This requirement will be modified in the next review to state a setting needs to provide four hours of protected formal time.

For a setting exceeding the requirement, the RACP expects the current protected formal learning to be maintained.

For a setting where there is a contractual or award requirement for trainee protected formal learning the RACP expects the setting to compare the contract requirements to the accreditation requirement and provide the trainee with protected formal learning which is of greatest benefit to the trainee.

The Training Setting offering a principal training program is to ensure that a trainee's formal learning and protected time averages to four and two hours per week over a year respectively.

Where the number of hours of protected time offered is less than the number of hours of formal learning offered, the setting, in consultation with the trainees, determine which formal learning activities are protected.

## Standard 8: Supervision

A high standard of supervision is always provided to trainees.

### Setting Requirements

- 8.1.1 The Training Setting provides accessible clinical supervision 100% of the time a trainee provides service.
- 8.1.2 The Training Setting ensures there is onsite clinical supervision in an ambulatory setting when a Basic Trainee provides service.

### Notes

- 8.1.1 A Basic Trainee has a clear understanding of who is providing clinical supervision and the chain of clinical supervision.

A Basic Trainee has consultant supervision 100% of the time they provide service. If a consultant is unavailable on site, they are available by phone and can be called to the setting when required. The consultant is located near the setting and can reach the setting in a reasonable timeframe. The timeframe for arrival is documented.

A second consultant is available to take on the supervision responsibilities when the primary consultant is unavailable. A minimum of two consultants is preferred. A second consultant offers:

- another opinion of a trainee's performance and progress ensuring robust feedback
- can be an alternate consultant when there are issues between a trainee and their designated consultant.

A Basic Trainee has ready access to clinical supervision which aligns to their level of competence. A supervisor actively assesses the level of supervision a trainee requires: direct supervision, indirect supervision or supervision at distance.

During work hours a clinical supervisor is available on site most of a Basic Trainee's working day. A consultant can have an Advanced Trainee provide some clinical supervision, when they have been assessed as competent to provide supervision required.

A Basic Trainee is expected to be the most senior doctor on site by the end of Basic Training. It is important the clinical supervision during this transition supports and keeps a trainee and their patients safe.

A Basic Trainee in their PGY2 year is not to be the most senior doctor on site. They require accessible clinical support for emergencies and critical care from a senior doctor on site who is competent to manage the situation. This can include an Advanced Trainee or a Career Medical Officer where there is a clear chain of command back to the consultant.

A Basic Trainee beyond their PGY2 year is assessed to ensure they are competent to manage emergencies and provide critical care with supervision at a distance prior to being the most senior doctor on site. The assessment and outcome are documented.

- 8.1.2 A clinical supervisor is available in the ambulatory setting to review all new and complex patients. Ambulatory settings can include clinics, outpatient departments and consultant offices.

## Standard 9: Feedback and Assessment

Trainees receive effective feedback and robust assessment.

### Training Provider Requirements

- 9.1.1 The Training Provider facilitates trainee completion of their Rotation Plans, Phase Plans Learning Captures, Observation Captures, Rotation Report and Progress Reports.
- 9.3.1 The Training Provider provides examination preparation activities for a trainee eligible to sit the RACP Written and Clinical Examinations.
- 9.3.2 The Training Provider offers clinical examination placements equal to or greater than the number of trainees it has who are eligible for the clinical examination.
- 9.4.1 The Training Provider ensures sufficient meetings are undertaken between a trainee and their supervisors to accurately determine the trainee's learning goals and to measure their performance and progress.
- 9.4.2 The Training Provider uses Progress Review Panels to monitor a trainee's performance, determine a trainee's progression status and their completion of the Training Program.

### Notes

- 9.1.1 A trainee is responsible for completing the curriculum's assessment requirements. Successful completion of these activities are dependent on the Training Setting providing time and opportunities for these interactions, ensuring staff fulfil their responsibilities and encouraging staff to identify work experiences suitable for completion of work-based assessments.

The Training Provider is to ensure:

- learning captures and observation captures are completed monthly
- rotation and phase progress reports are completed.

- 9.3.1 Examination preparation activities include study groups, trial examinations and study leave (including leave to complete the examination).
- 9.3.2 A Training Provider of a principal training program is required to host the Clinical Examination. A Training Provider at a minimum, has the same number of examination places as examination candidates. A Training provider can achieve this by working with other training providers.
- 9.4.1 Meetings between a supervisor and trainee is an opportunity to evaluate wellbeing, outline expectations, provide advice, complete learning plans, give feedback on performance and progression, and complete reports.

A Rotation Supervisor is to meet three times with a trainee to discuss:

- and finalise the rotation plan
- a trainee's progress midway during the rotation
- and finalise the rotation report

An Education supervisor is to meet five times with a trainee to discuss:

- and finalise the Phase Plan;
- a trainee's progress during each rotation;
- and finalise the phase report.

## Appendix 1: Time allocation for educational leadership and support roles<sup>2</sup>

### Adult Internal Medicine Basic Training Setting Director of Physician Education (no network)

Basic Trainees Per Training Setting	FTE – Setting Director of Physician Education
>105	0.8 (may be a shared role)
90 -105	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

### Adult Internal Medicine Basic Training Setting Director of Physician Education (part of a network)

Basic Trainees Per Training Setting	FTE – Setting Director of Physician Education
>105	0.5 (may be a shared role)
90 -105	0.4
75-90	0.3
50-74	0.25
30-49	0.2
<30	0.1

### Adult Internal Medicine Basic Training Network Director of Physician Education

Basic Trainees Per Network	FTE – Network Director of Physician Education
>105	0.8 (may be a shared role)
90 -105	0.7 (may be a shared role)
75-90	0.6 (may be a shared role)
50-74	0.5 (may be a shared role)
30-49	0.4
<30	0.2

### Setting Training Program Coordinator (no network)

Basic Trainees Per Network	FTE –Support Officer
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

<sup>2</sup> Where a setting has a Full Time Equivalency greater than outlined in these tables, the RACP expects it to be maintained. The tables represent a transitional arrangement to support setting with Full Time Equivalency lower than outlined in the tables.

Setting Training Program Coordinator (part of network)

<b>Basic Trainees Per Network</b>	<b>FTE –Support Officer</b>
>90	0.5
75-85	0.4
50-74	0.3
30-49	0.2
<29	0.1

Network Training Program Coordinator

<b>Basic Trainees Per Network</b>	<b>FTE –Support Officer</b>
>90	1.0
75-85	0.8
50-74	0.6
30-49	0.4
<29	0.2

## Glossary

<b>Ambulatory care</b>	Care provided to individuals who visit, but are not admitted to the hospital, such as patients of emergency departments and outpatient clinics. Also includes care provided to patients of community-based health-care services. Otherwise known as out-patient care.
<b>Accreditation</b>	Accreditation is a cyclic system-wide, multi-staged evaluation process, which uses a set of standards and an independent review to identify the level of congruence between practice and standards. Accreditation provides assurance that the Training Provider has met the Standards and provides quality training.
<b>Assessment</b>	A systematic process for measuring a trainee's progress or level of achievement against the curriculum learning objectives.
<b>Basic Trainee</b>	A trainee registered with the RACP to complete the first stage of training within either the Adult Internal Medicine or Paediatrics and Child Health Division.
<b>Clinical Supervisor</b>	A supervisor who observes and oversees a trainee's work at the point of care.
<b>Completion phase</b>	This training program phase confirm a trainee's achievement of the curriculum standards and completion of Basic Training, and support their transition to Advanced Training
<b>Consolidation phase</b>	This training program phase supports a trainee's professional development in the workplace
<b>Consultant</b>	A senior doctor who has fellowship with a College accredited by the Australian or New Zealand Medical Council. Examples include...
<b>Curriculum</b>	A statement of expected learning outcomes that identifies the knowledge and skills to be acquired to achieve competence. It includes a description of the structure and expected methods of learning, teaching, feedback and supervision.
<b>Educators</b>	A collective term used by the RACP to embrace supervisors and Director of Physician Education. In most cases, educators are Fellows of the RACP.
<b>Education supervisor</b>	A supervisor who observes and oversees the completion of Training Program requirements, trajectory of learning and longitudinal progression.
<b>Experiential learning</b>	Learning and developing through real or on-the-job experience, including day-to-day tasks, new and challenging experiences, helping to solve problems and reflective practice. Also known as experience.
<b>Formal learning</b>	Learning and developing through structured courses and programs. For example, lectures, simulation, journal clubs, or conferences.
<b>Foundation phase</b>	This training program phase orients a trainee to and confirms their readiness to progress in the Basic Training program
<b>Governance</b>	<p>The set of relationships and responsibilities established by a health service between its executive and workforce. Governance incorporates laws, directives, policy, processes, customs and conventions that determine how an organisation is directed and administered.</p> <p>Governance arrangements provide the structure through which the corporate objectives, such as training, are set and how the objectives are to be achieved. They also specify the mechanisms for monitoring performance.</p>
<b>Handover</b>	The process of providing a patient update to the incoming doctor when there is a transition of patient care. This occurs between shifts, when responsibility for a patient changes between consultants, when patients are transferred or discharged, as well as at the end of a rotation.
<b>Health service</b>	An organisation responsible for the governance, administration and delivery of healthcare, e.g. a hospital, private practice or community health setting.

<b>Network</b>	A Network delivers an integrated Training Program (the entire curriculum) across multiple Training Settings.
<b>Network training program</b>	A Training Program which encompasses the entire curriculum. It offers a full range of training experiences and assesses a trainee's increasing independence and preparedness for independent practice. It is delivered by a Training Network.
<b>Network Director of Physician Training</b>	Provides educational leadership and oversight for one or more Training Programs within a Training Setting and/or across multiple Training Settings or a Training Network. There are Setting and Network Director of Physician Education.
<b>Physician</b>	A doctor who has completed further training in a medical specialty to diagnose and manage complex medical problems. A paediatrician is a physician who specialises in the treatment of infants, children and adolescents.
<b>Principal training program</b>	A Training Program which delivers a substantial part of the curriculum. In addition to experiential and social learning opportunities, these settings provide training program management, formal learning for the training program and manage trainee progression.
<b>Progression</b>	Monitoring of a trainee's knowledge, skills and behaviours over more than one rotation to ascertain their progress towards completing their Training Program.
<b>Protected time</b>	Time away from clinical duties during work hours which is taken by educators and trainees to deliver and manage training. It can be used for formal learning activities, research and examination preparation. It requires clinical duties to be covered by peers or senior colleagues
<b>Progress review panel</b>	The panel reviews a trainee's progression. They assess a trainee at each phase and determining whether they can progress to the next phase. The panel provides a recommendation to the RACP about a trainee's completion of the training program.
<b>Rotation</b>	Placement of a trainee with a service for a fixed period for the purposes of training.
<b>Rotation Supervisor</b>	A supervisor who oversees trainee teaching, learning and assessment on a rotation.
<b>Setting</b>	A separately constituted health service that coordinates and delivers the workplace components of a Training Program.
<b>Social learning</b>	Learning and developing with and through others. It includes sharing, coaching, mentoring and feedback, utilising communities and personal networks and other collaborative and cooperative actions. Also known as exposure.
<b>Standard</b>	A broad statement describing the desired and achievable level of performance.
<b>Supervision</b>	An active relationship between a supervisor and a trainee. In the context of patient care, the trainee is provided with monitoring, guidance and feedback on their professional development. The supervisor engages with the trainee, assesses the trainee's strengths and weaknesses, and responds to their needs to maintain patient safety and to enable the trainee to progress and take on more responsibility.
<b>Supervisor</b>	Includes advanced training, educational, rotation and assistant supervisors. Their combined function is to directly observe, support and oversee individual trainee teaching, learning, assessment and progression.
<b>Support staff</b>	The support staff assist the Setting and Network Basic Director of Physician Education with the administration and improvement of the training program.

<b>Training</b>	Workplace-based experiences, social learning, and formal learning activities and assessments that align to the Training Program's curriculum and requirements.
<b>Training network</b>	A Network delivers an integrated Training Program (the entire curriculum) across multiple Training Settings.
<b>Training program</b>	A formal alignment of work-based experiential (rotations or modules), social and formal learning activities that delivers a curriculum. For example, Basic Training in Adult Internal Medicine, Cardiology, Addiction Medicine.
<b>Director of Physician Education</b>	Provides educational leadership within a Training Setting for a Training Program. They plan, implement, manage and advocate for their Training Program. A physician who oversees a defined Training Program within a Training Setting.
<b>Training provider</b>	A Training Setting or Training Network that coordinates and delivers the workplace components of a Training Program.
<b>Training setting</b>	A separately constituted health service that coordinates and delivers the workplace components of a Training Program.





## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The RACP offers 61 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.



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