

Advanced Training in Rheumatology Accreditation Assessment Form

This form is used to collect background information of a training setting as part of the accreditation review process and should be used in conjunction with the [Criteria for Accreditation of Rheumatology Core Training Settings](#).

This form should be completed by the Head of Unit/Department and/or training supervisor. Please complete this form electronically and return as a Word document via email to accreditation@racp.edu.au.

This form has been locked from editing, please do not alter the format of this document. If you require any assistance, please contact Training Accreditation Services at accreditation@racp.edu.au.

| General Information | | | |
|---|-------------------------------------|---|--|
| Date of accreditation assessment: | / / | | |
| Accreditation assessment type: | <input type="checkbox"/> site visit | <input type="checkbox"/> paper assessment | |
| Hospital name: | | | |
| Hospital address: | | | |
| Head of Department or site contact: | | | |
| Phone number: | | Email: | |
| Training alliance or area health service (if applicable): | | | |

| Type of accreditation requested | |
|---|---|
| <input type="checkbox"/> First time accreditation | <input type="checkbox"/> Routine reaccreditation |
| <input type="checkbox"/> Request for additional training position/s | <input type="checkbox"/> Request for additional training duration |

| Current accreditation status (if applicable) | |
|--|--|
| Number of accredited training positions: | |
| Date of last accreditation assessment: | |

| Please indicate if any supporting documentation is attached separately to this form: | |
|--|--------------------------|
| 1. Weekly timetable for each trainee | <input type="checkbox"/> |
| 2. Logbook for each trainee | <input type="checkbox"/> |
| 3. Department meeting schedule highlighting each trainee's presentations | <input type="checkbox"/> |

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| 4. State of each trainee's attendance and participation in state, regional and/or national rheumatology educational activities | <input type="checkbox"/> |
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| Name of current trainee/s at the setting: Please indicate whether each trainee is appointed to an existing training position or as a supernumerary, and provide their year of entry to the Advanced Training Program. | | |
| Existing Position <input type="checkbox"/> | Supernumerary <input type="checkbox"/> | Year: |
| Existing Position <input type="checkbox"/> | Supernumerary <input type="checkbox"/> | Year: |
| Existing Position <input type="checkbox"/> | Supernumerary <input type="checkbox"/> | Year: |
| Existing Position <input type="checkbox"/> | Supernumerary <input type="checkbox"/> | Year: |
| Existing Position <input type="checkbox"/> | Supernumerary <input type="checkbox"/> | Year: |

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| Overseas Training Settings Please complete this section if you are applying for accreditation of an overseas training setting (outside of Australasia). Overseas training settings are recommended to provide a cover letter and job description in addition to this form. |
| Please detail the training programme available at the setting (including number of journal clubs, x-ray or histology and grand rounds, how often trainees are expected to present): |
| Please detail other site facilities available to trainees: |

| 1. Supervision | | | | |
|--|--|--------------------|------------------------------|---|
| RACP STANDARDS | | | | |
| <p>1.1 <i>There is a designated supervisor for each Trainee.</i></p> <p>1.2 <i>Trainees have access to supervision, with regular meetings.</i></p> <p>1.3 <i>Supervisors are RACP approved and meeting any other specialty specific requirements regarding qualifications for supervisors.</i></p> <p>1.4 <i>Supervisors are supported by the training setting or network to be given the time and resources to meeting RACP supervision requirements and criteria.</i></p> | | | | |
| MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY | | | | |
| <p>1.1.1 <i>Each trainee has two supervisors, at least one of whom is a rheumatologist.</i></p> <p>1.2.1 <i>An Advanced Trainee in rheumatology should have access to three rheumatology consultants (two in paediatrics) on clinical service, whether outpatient or inpatient, with one readily contactable at all times and available on site as required each day.</i></p> <p>1.2.2 <i>Regular independent meetings with both supervisors will occur. A meeting with at least one supervisor will occur every three months.</i></p> <p>1.3.1 <i>Supervisors will be a Fellow of the RACP in the appropriate division, or equivalent, with at least one supervisor who is a member of the Australia Rheumatology Association (ARA)/New Zealand Rheumatology Association (NZRA).</i></p> <p>1.3.2 <i>Supervisors will have attended a RACP Supervisor Workshop within the last five years or intends to attend within six months of commencing as a supervisor.</i></p> <p>1.4.1 <i>Consultants have a proportion of non-clinical administration time, part of which can be directed to the supervisor of trainees.</i></p> | | | | |
| Number of trainees/Expected number of trainees: | | | | |
| Medical Staff in Rheumatology (consultant physicians) | | | | |
| Name | Accredited rheumatology supervisor (please tick) | Total onsite FTE % | Rheumatologists onsite FTE % | Hours per weeks available for supervision |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
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| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | | | |
| Does/Will each trainee have a consultant who is readily contactable at all times? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Have the supervisors attended a RACP Supervisor Workshop within the last five years? (If you are unsure, please contact supervisor@racp.edu.au for assistance.) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If no, please detail: | | | | |
| Please detail supervision arrangements for trainees (e.g. number of ward rounds, number of patients reviewed with consultant, project time, etc.): | | | | |
| Do consultants have a proportion of paid non-clinical administration time to supervise trainees? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If yes, what is the amount of dedicated time? | | | | |

| Surveyor Comments (RACP use only) | | | | |
|---|----------------------------|--------------------------|---------------------------|--------------------------|
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| Please assess compliance with Standard 1 (Supervision) using the matrix below: | | | | |
| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 1 achieve? Yes <input type="checkbox"/> Needs improvement <input type="checkbox"/> | | | | |
| Action/s required: | | | To be actioned by (date): | |
| | | | | |

| 2. Facilities and Infrastructure |
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| RACP STANDARD |

2.1 *There are appropriate facilities and services for the type of work being undertaken.*

2.2 *Each trainee has a designated workspace, including a desk, telephone and IT facilities.*

2.3 *There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.*

MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY

2.1.1 *There is access to imaging facilities, such as MRI, CT scanning, nuclear medicine (including isotope bone scanning), bone mineral density scanning and diagnostic ultrasound, as appropriate to a specialised musculoskeletal service.*

2.2.1 *There is workspace with appropriate facilities in the area where the trainee spends most of their time.*

2.3.1 *There are meeting rooms and other facilities available for multidisciplinary meetings, academic meetings, rounds and journal clubs.*

| Please indicate imaging facilities available: | On Site | Off Site Access |
|--|--------------------------|--------------------------|
| MRI | <input type="checkbox"/> | <input type="checkbox"/> |
| CT Scan | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultrasound | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuclear Medicine (including isotope bone scanning) | <input type="checkbox"/> | <input type="checkbox"/> |
| Bone Mineral Densitometry (BMD) | <input type="checkbox"/> | <input type="checkbox"/> |
| X-ray | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe workspace available to trainees:

Please detail IT resources available to trainees:

Please briefly describe facilities available for teaching and learning (such as meeting rooms):

Surveyor Comments (RACP use only)

Please assess compliance with Standard 2 (Facilities and Infrastructure) using the matrix below:

| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
|----------------|-------------------------------|-------------------|-------------------------|-----------------------|
|----------------|-------------------------------|-------------------|-------------------------|-----------------------|

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|---|--|--------------------------|--------------------------|--------------------------|
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 2 achieve? Yes <input type="checkbox"/> | Needs improvement <input type="checkbox"/> | | | |
| Action/s required: | To be actioned by (date): | | | |
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3. Profile of Work

RACP STANDARD

3.1 The setting shall provide a suitable workload and appropriate range of work.

MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY

- 3.1.1** *The department will provide exposure to as many of the core training conditions listed in the Rheumatology Advanced Training Curriculum as possible and highlight, in Supervisor's/ Progress Reports for the year, those areas in which exposure needs to be increased.*
- 3.1.2** *The department shall facilitate exposure to specialised clinical situations as part of core clinical experience. These may include structured team-based rehabilitation, pain management service (inpatient and/or outpatient), metabolic bone disease clinics, soft tissue rheumatism/musculoskeletal medicine and the use of day care facilities.*
- 3.1.3** *There is access to allied health input to patient management with provision for feedback.*
- 3.1.4** *The trainee shall attend a minimum of three rheumatology outpatient clinics each week, with at least one of which will be a general rheumatology clinic, where the trainee is supervised by consultant rheumatologists.*
- 3.1.5** *Paediatric rheumatology trainees will attend a weekly adult general rheumatology clinic for a minimum of six months during the 24 months of core training time.
(This is recommended only for trainees who entered the program from 2026 onwards).*
- 3.1.6** *The trainee will be trained in the use of both conventional and biologic DMARDs, including the indications for, the measurement of response to, the risks of and the legislative requirements for prescription of all DMARDs, both as single agents and in combination.*
- 3.1.7** *The trainee will receive training in the assessment and management of patients with complex rheumatic disease, such as those requiring inpatient care.*
- 3.1.8** *The training setting can provide an educational environment to achieve the requirements of the Rheumatology Advanced Training Curriculum.*

Does the trainee have access to outpatient clinics (public or private)? Yes ☐ No ☐

If no, please detail:

Number of **general rheumatology clinics** attended by the trainee per week:

| | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|--------------------------|
| Is a consultant rheumatologist present throughout and available for supervision? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Comment: | | | | | |
| Does the trainee receive exposure to specialised clinical situations, including: | | | | | |
| 1. Inflammatory arthritis including: | | | Specific | or | General Clinic |
| Rheumatoid arthritis/JIA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Ankylosing spondylitis/ERA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Psoriatic arthritis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other inflammatory arthritis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Biologic drugs clinic | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. Autoimmune connective tissue diseases including: | | | Specific | or | General Clinic |
| SLE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Vasculitis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Scleroderma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other: | | | | | |
| 3. Other specialty multidisciplinary services in which the trainee has an active role: | | | Specific | or | General Clinic |
| Pain management clinics | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Structured team-based rehabilitation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Metabolic bone diseases clinic | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other: | | | | | |
| 4. Soft tissue rheumatism including: | | | | | |
| Fibromyalgia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Musculoskeletal medicine | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Sports medicine | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Other: | | | | | |
| 5. Use of day care facilities for: | | | | | |
| Biologic drug infusions | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Bisphosphonate infusions | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

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| Steroid/Cytotoxic drug infusions | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| Other: | | | | | |

6. Training in injection techniques:

| | | |
|--|------------------------------|-----------------------------|
| Intra-articular injections as per DOPs requirement (from 2012) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Soft tissue injections | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epidural steroid injections | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Radioisotope injections | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other:

7. Combined clinics with:

| | | |
|----------------------|------------------------------|-----------------------------|
| Orthopaedic surgeons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Plastic surgeons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dermatologists | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other:

Is there a regular **multidisciplinary team meeting**?

Yes ☐ Frequency:

No ☐ Please detail:

Attendees at multidisciplinary team meetings:

| | | | | | |
|------------------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Junior Medical Staff | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Dietician | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Physiotherapist | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Psychologist | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Rheumatology Nurse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Podiatrist | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Occupational Therapist | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Orthotist | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical Social Worker | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

Other:

Clinics with consultant supervisors:

| Name of Clinic | Frequency | Number of Patients per Clinic (total) | Number of Patients seen by Trainee | Number of Patients seen/reviewed with consultant | Name of Rheumatology Supervisor |
|----------------|-----------|---------------------------------------|------------------------------------|--|---------------------------------|
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Is each trainee responsible for inpatient care? Yes ☐ No ☐

If yes, average number per week:

Is each trainee responsible for assessing inpatient referrals? Yes ☐ No ☐

If yes, average number per week:

Does each trainee participate in after-hours work? Yes ☐ No ☐

(a) Rheumatology as first on-call (with consultant second on-call) Yes ☐ No ☐

Frequency:

(b) General Medicine Yes ☐ No ☐

Frequency:

Surveyor Comments (RACP use only)

Please assess compliance with Standard 3.1 (Profile of Work) using the matrix below:

| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
|---|-------------------------------|--------------------------|--------------------------|--------------------------|
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 3.1 achieve? Yes <input type="checkbox"/> Needs improvement <input type="checkbox"/> | | | | |
| Action/s required: | To be actioned by (date): | | | |

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| RACP STANDARD |
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| 3.2 Trainees participate in quality and safety activities. |
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| MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY |
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| <p>3.2.1 Regular clinical audit occurs as part of a quality assurance program. An annual review of clinical activity, a mortality and morbidity review or other, as directed by the supervisors, is strongly encouraged.</p> <p>3.2.2 Each trainee will keep a logbook of clinical activities in accordance with the requirements outlined in their relevant training program handbook, which will be reviewed by the supervisor and submitted to the RACP, forming part of the trainee's assessment process.</p> |
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| <p>As part of a quality assurance program, does the trainee participate in:</p> <p>Radiology review? Yes <input type="checkbox"/> Frequency: No <input type="checkbox"/></p> <p>Pathology review? Yes <input type="checkbox"/> Frequency: No <input type="checkbox"/></p> |
|---|

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| Please detail meetings and trainee involvement, and indicate frequency of meetings: |
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| <p>Has the trainee undertaken a clinical audit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details of clinical audit:</p> <p>Please detail the period in which the clinical audit was conducted:</p> <p>If no, please detail:</p> |
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| <p>Has each trainee kept a logbook (in the approved format) of all patients seen? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If yes, please detail period covered:</p> <p>Has the logbook been reviewed by a supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| Surveyor Comments (RACP use only) |
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| Please assess compliance with Standard 3.2 (Profile of Work) using the matrix below: |
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| MATRIX RANKING | 1 | 2 | 3 | 4 |
|----------------|---|---|---|---|
|----------------|---|---|---|---|

| | No Significant Issues | Minor Issues | Moderate Issues | Severe Issues |
|---|--------------------------|--------------------------|---------------------------|--------------------------|
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 3.2 achieve? Yes <input type="checkbox"/> Needs improvement <input type="checkbox"/> | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| RACP STANDARD |
| 3.3 There is capacity for project work (including research) and ongoing training. |
| MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY |
| 3.3.1 The department will have a commitment to research to which the trainee is expected to contribute. |
| Is the department involved in research? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Is each trainee able to contribute to research? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: |
| Please provide details of each trainee's involvement: |
| Please describe each trainee's project: |

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|---|-----------------------------------|--------------------------|-----------------------------|---------------------------|
| Surveyor Comments (RACP use only) | | | | |
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| Please assess compliance with Standard 3.3 (Profile of Work) using the matrix below: | | | | |
| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 3.3 achieve? Yes <input type="checkbox"/> Needs improvement <input type="checkbox"/> | | | | |

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| Action/s required: | To be actioned by (date): |
| | |

4. Teaching and Learning

RACP STANDARD

- 4.1** *There is an established training program or educational activities, such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.*
- 4.2** *There are opportunities to attend external education activities as required.*
- 4.3** *There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.*

MINIMUM REQUIREMENT FOR ADVANCED TRAINING IN RHEUMATOLOGY

- 4.1.1** *There must be ongoing weekly clinical meetings on site, including provision for journal club, case presentation, and pathology and radiology meetings.*
- 4.1.2** *Attendance and participation in hospital meetings (e.g. Department of Medicine and hospital grand rounds) is facilitated.*
- 4.1.3** *Trainees have the opportunity to teach junior colleagues, undergraduates and other health professionals, as well as contribute to educational sessions.*
- 4.2.1** *Trainees are encouraged to attend academic or other conferences/meetings.*
- 4.2.2** *Attendance at the ARA/NZRA Annual Scientific Meeting and Preceptorship (if held) is facilitated.*
- 4.2.3** *[Each trainee is supported to achieve any national and/or international meeting and conference attendance requirements outlined in their relevant training program handbook.](#)*
- 4.3.1** *The trainee shall be provided with access to information resources.*

| Session | On site | Frequency | Duration | Trainee attendance/involvement/additional information |
|---|--------------------------|-----------|----------|---|
| Rheumatology department | <input type="checkbox"/> | | | |
| Case presentation | <input type="checkbox"/> | | | |
| Journal club | <input type="checkbox"/> | | | |
| General Medicine | <input type="checkbox"/> | | | |
| Rheumatology presentation at grand rounds | <input type="checkbox"/> | | | |
| Junior medical staff teaching | <input type="checkbox"/> | | | |

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|---|--------------------------|--|--|--|
| Undergraduate teaching | <input type="checkbox"/> | | | |
| Lab interface learning | <input type="checkbox"/> | | | |
| Clinical trials and statistics learning | <input type="checkbox"/> | | | |

Are trainees able to attend academic or other conferences/meetings?

ARA/NZRA ASM: Yes ☐ No ☐

State or regional scientific ARA/NZRA meetings: Yes ☐ No ☐

State or regional and national clinical meetings and teaching sessions: Yes ☐ No ☐

Other:

International rheumatology conferences: Yes ☐ No ☐

Does the trainee receive financial support for attendance at regional, national or international meetings? Yes ☐ No ☐

By whom?

Surveyor Comments (RACP use only)

Please assess compliance with Standard 4 (Teaching and Learning) using the matrix below:

| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
|---|-------------------------------|--------------------------|--------------------------|---------------------------|
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard 4 achieve? Yes <input type="checkbox"/> Needs improvement <input type="checkbox"/> | | | | |
| Action/s required: | | | | To be actioned by (date): |
| | | | | |

5. Support Services for Trainees

RACP STANDARD

5.1 There are workplace policies covering the safety and wellbeing of trainees.

5.2 There is a formal induction/orientation process for trainees.

MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN RHEUMATOLOGY

5.1.1 Sites must ensure that there is compliance with state and/or hospital health and safety policies and procedures in place.

5.1.2 The workplace has an occupational health and safety policy appropriate to the activities and environment of its service.

5.2.1 Supervisors or designees provide an induction/orientation into training at the setting to new trainees within the first week of commencement of training.

Are trainees aware of relevant health and safety policies and procedures? Please describe any policies other than those required by legislation:

Do trainees receive an induction/orientation within their first week of training? Yes ☐ No ☐

Comment:

Surveyor Comments (RACP use only)

Please assess compliance with Standard 5 (Support Services for Trainees) using the matrix below:

| MATRIX RANKING | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
|---|-----------------------------------|--------------------------|-----------------------------|---------------------------|
| Surveyor assessment (please tick): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Standard 5 achieve? Yes ☐ Needs improvement ☐

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| Action/s required: | To be actioned by (date): |
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| Accreditation Decision (RACP use only) | | | | |
|--|---|--|---------------------------|--------------------------|
| Hospital name: | | | | |
| Head of Department: | | | | |
| Lead in Accreditation: | | | | |
| Type of accreditation review: | Site visit <input type="checkbox"/> Paper assessment <input type="checkbox"/> | | | |
| Please assess the compliance with the RACP standards using the matrix below: | | | | |
| RACP Standard | 1 No Significant Issues | 2 Minor Issues | 3 Moderate Issues | 4 Severe Issues |
| 1. Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Facilities and Infrastructure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Profile of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Teaching and Learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Support Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall recommendations <i>(These are the recommendations determined by the accreditation assessors. The Advanced Training Committee (ATC) in Rheumatology is responsible for the final accreditation decision.)</i> | | | | |
| | | | | |
| Accreditation status | | | | |
| Not accredited | <input type="checkbox"/> | Accredited | <input type="checkbox"/> | |
| Provisional accreditation (pending trainee feedback/further assessment) | <input type="checkbox"/> | Conditional accreditation (action/s required) | <input type="checkbox"/> | |
| Accreditation duration (maximum three years): | | | | |
| Maximum number of trainees: | | | | |
| Maximum core training at the site: | | | | |
| Year of next review: | | | | |
| Type of next review: | Site visit <input type="checkbox"/> Paper assessment <input type="checkbox"/> | | | |
| Action/s required: | | | To be actioned by (date): | |

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| | | |
| Accreditation assessor one: | | |
| Accreditation assessor two: | | |
| Date report completed: | | |