**Advanced Training in Gastroenterology**

**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*](https://www.racp.edu.au/docs/default-source/default-document-library/gastroenterology-site-accreditation-criteria.pdf?sfvrsn=e3b351a_8) *Training Sites in Gastroenterology and Hepatology.*

*Please complete this form electronically and return as a Word document via email to* [*gastroenterology@racp.edu.au*](mailto:gastroenterology@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 the Education Officer to Gastroenterology at* [*gastroenterology@racp.edu.au*](mailto:gastroenterology@racp.edu.au)*.*

***Note:*** *for terms indicated with a \*, please refer to the table of definitions at the end of the form for more information.*

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| **General Information** | | | | |
| Date of accreditation assessment: | | /       / | | |
| Hospital name: | |  | | |
| Hospital address: | |  | | |
| Head of Department or site contact: | |  | | |
| Phone number: |  | | Email: |  |
| Training alliance or area health service (if applicable): | |  | | |

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| **Type of accreditation requested** | |
| First time accreditation | Routine reaccreditation |
| Request for additional training position/s | Request for additional training duration |

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

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| Please list any attached supporting documentation: |

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| **Training Setting Information** | | | | | | | | |
| General description of hospital: | | | |  | | | | |
| Number of beds: | | | |  | | | | |
| Major specialties represented: | | | |  | | | | |
| Major specialties not represented: | | | |  | | | | |
| Gastroenterology inpatients: | | | | | | | | |
| Own ward  Shared with other unit/s  Specify: | | | | | | | | |
| **Name of current Advanced Trainee/s** | | | | | | | | |
| Trainee | | Year of Training | | | | | Supervisor 1 | Supervisor 2 |
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| **Other training positions in related disciplines** | | | | | | | | |
| Upper GI Surgery | Yes | | No | | | Comment: | | |
| Hepatobiliary Surgery | Yes | | No | | | Comment: | | |
| Colorectal Surgery | Yes | | No | | | Comment: | | |
| **Please specify the following:** | | | | | | | | |
| Number of residents/interns: | | | | |  | | | |
| Number of Basic Physician Trainees: | | | | |  | | | |
| Number of specialized clinical fellows (e.g. hepatology, IBD, endoscopy): | | | | |  | | | |
| Number of research fellows: | | | | |  | | | |
| Number of overseas fellows: | | | | |  | | | |

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| 1. **Supervision** | | | | | | | |
| ***RACP STANDARDS*** | | | | | | | |
| * 1. ***There is a designated supervisor for each Trainee.***   2. ***Trainees have access to supervision, with regular meetings.***   3. ***Supervisors are RACP approved and meeting any other specialty specific requirements regarding qualifications for supervisors.***   4. ***Supervisors are supported by the training setting or network to be given the time and resources to meeting RACP supervision requirements and criteria.*** | | | | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GASTROENTEROLOGY*** | | | | | | | |
| * + 1. *A gastroenterologist and/or hepatologist, who is preferably holding a full-time appointment, shall be available to act as a supervisor.*     2. *At least three gastroenterologists will need to be appointed at a site seeking to have an Advanced Trainee. Two supervisors will need to be nominated for each core trainee.*     3. *Supervisors with part-time or sessional appointments are acceptable, provided full-time supervision (in person or by phone) is available for the Advanced Trainee during their working time.*   ***1.2.1*** *The nominated supervisor must work directly with the Advanced Trainee and be present to observe and participate in direct patient care.*  ***1.2.2*** *Trainees should have access at all times to consultant opinion and attendance as required.*  ***1.2.3*** *Supervisors and trainees should meet formally at least quarterly to discuss the trainee’s progress and goals. The outcome of these meetings should be documented as a series of learning objectives based on a comparison of the trainee’s current progress against the gastroenterology curriculum.*  ***1.2.4*** *Supervisors and trainees will be required to submit reports regarding the trainee’s progress and activities.*  ***1.3.1*** *A gastroenterologist and/or hepatologist, who is a Fellow of the RACP (in Australasian training sites), shall be available to act as a supervisor.*  ***1.4.1*** *Consultants have designated time directed to the supervision of Advanced Trainees.* | | | | | | | |
| Number of core gastroenterology Advanced Trainees at the site: | | | | |  | | |
| **Staff in Gastroenterology** | | | | | | | |
| Name | | Appointment FTE (at site) | FRACP | Attended Supervisor Workshop | Luminal\* | Hepatology\* | Endoscopy\* |
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| Please describe trainee access to consultant opinion and attendance: | | | | | | | |
| How often do supervisors meet formally with trainees throughout the year? | | | | | | | |
| Please provide a list of the dates these meetings occurred: | | | | | | | |
| Please provided a copy of the trainee’s learning plan.  Attached | | | | | | | |
| Do discussions take place about the trainee’s progress and goals? | | | | | | | |
| Yes | No | | | | | | |
| Please provide details: | | | | | | | |
| Does the trainee complete or review a Learning Needs Analysis prior to each visit, and document progress against these? | | | | | | | |
| Yes | No | | | | | | |
| Please provide further details and attach any necessary documentation: | | | | | | | |
| What are the strengths of the unit? | | | | | | | |
| What could be done to improve training at your site? | | | | | | | |

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| **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): |  |  |  |  |
| Standard 1 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| 1. **Facilities and Infrastructure** | | | | | |
| ***RACP STANDARD*** | | | | | |
| * 1. ***There are appropriate facilities and services for the type of work being undertaken.***   2. ***Each trainee has a designated workspace, including a desk, telephone and IT facilities.***   3. ***There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.*** | | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GASTROENTEROLOGY*** | | | | | |
| ***2.1.1*** *There should be access to infrastructure required to support a gastroenterology service include: ambulatory care and outpatient services, inpatient consultation services, emergency department or acute care services, endoscopy.*  ***2.2.1*** *Trainee should be provided with an office area that is private and quiet. Trainees should have their own desk and have access to a computer with standard office programs and internet/library access. Sites should provide adequate resident support.*  ***2.3.1*** *There are meeting rooms and other facilities available for the activities under section 4.1 below.*  ***2.3.2*** *There is access to sources of information, both physical and online, including a medical library or e- library facility appropriately equipped for physician training.*  ***2.3.3*** *The site shall provide access to a medical library with current and relevant textbooks, journals (including major GI journals) and computer retrieval and search facilities. Remote access via dial-in or web is preferable, but not an absolute requirement.* | | | | | |
| **Please list/describe the services/facilities available within the unit and hospital:** | | | | | |
| Emergency endoscopy service | | | Yes | No | Comment: |
| EMR | | | Yes | No | Comment: |
| Halo procedure | | | Yes | No | Comment: |
| ERCP | | | Yes | No | Comment: |
| EUS | | | Yes | No | Comment: |
| Double balloon enteroscopy | | | Yes | No | Comment: |
| Capsule endoscopy | | | Yes | No | Comment: |
| Oesophageal physiology studies: manometry and pH/impedance | | | Yes | No | Comment: |
| Anorectal physiology | | | Yes | No | Comment: |
| Radiology (CT, MRI, MRCP, CTIVC) | | | Yes | No | Comment: |
| Interventional radiology | | | Yes | No | Comment: |
| Nuclear medicine | | | Yes | No | Comment: |
| Fibroscan | | | Yes | No | Comment: |
| IBD service | | | Yes | No | Comment: |
| Specialist upper GI surgery unit | | | Yes | No | Comment: |
| Specialist colorectal surgery unit | | | Yes | No | Comment: |
| Nutrition service | | | Yes | No | Comment: |
| Liver transplantation | | | Yes | No | Comment: |
| Specialised nursing staff (e.g. IBD, Hepatology, PEG, nutrition, other) | | | Yes | No | Comment: |
| Dietitians | | | Yes | No | Comment: |
| Pelvic floor physiotherapy | | | Yes | No | Comment: |
| On-site pathology | | | Yes | No | Comment: |
| Day procedure ward | | | Yes | No | Comment: |
| Please describe office space and computer access (including internet) provided to trainees: | | | | | |
| Are there computer retrieval and search facilities? | | | | | |
| Yes | No | Comment: | | | |
| Is there remove access via dial-in or web? | | | | | |
| Yes | No | Comment: | | | |
| Please describe endoscopy equipment available: | | | | | |
| Age and condition: | | | | | |
| Training aids: | | | | | |

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| **Surveyor Comments (RACP use only)** | | | | |
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| **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 |
| **Surveyor assessment** (please tick): |  |  |  |  |
| Standard 2 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| 1. **Profile of Work** | | | | | | | | | | | | | | | | | | | | | | | |
| ***RACP STANDARD*** | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. ***The setting shall provide a suitable workload and appropriate range of work.*** | | | | | | | | | | | | | | | | | | | | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GASTROENTEROLOGY*** | | | | | | | | | | | | | | | | | | | | | | | |
| *The workload of a site shall encompass a broad range of patient contacts:*   * + 1. *Inpatient care including acute and chronic gastrointestinal and hepatological disease (e.g. haematemesis and melaena, inflammatory bowel disease, enteric infection, acute and chronic liver disease, portal hypertension). There should be an average of at least five active inpatients per trainee on ward service. Trainees should attend the emergency department regularly to assess patients.*     2. *Trainees should attend an average of two gastroenterology/hepatology clinics per week over the year and have the opportunity to follow the same patients throughout the year.*     3. *Gastrointestinal endoscopic services including upper gastrointestinal endoscopy, oesophageal dilatation, colonoscopy and preferably ERCP should be available (trainees are not expected to perform ERCP but need to be familiar with the technique and attend ERCP lists. Paediatric trainees will attend ERCPSs performed on their patients in adult units, but this is not mandatory for accreditation). The actual number of procedures being performed must be assessed, taking into the account the requirements of the conjoint committee for training in gastrointestinal endoscopy. Trainees should be supernumerary on lists and not attend an average of more than three lists per week over the year to allow sufficient time for other aspects of training.*     4. *Trainees should have adequate opportunity to be involved in and perform emergency endoscopic procedures in and out of hours (appropriate to their stage of training).*     5. *Trainees should be actively involved in receiving referrals from other departments in the hospital, assessing patients and reviewing these patients with consultants.* | | | | | | | | | | | | | | | | | | | | | | | |
| **Indictive weekly trainee workload and roster** | | | | | | | | | | | | | | | | | | | | | | | |
| **Position #1** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of rotation: | | | | | | | | | | | | |  | | | | | | | | | | |
| Duration of rotation to this position: | | | | | | | | | | | | |  | | | | | | | | | | |
| Time in this position per year: | | | | | | | | | | | | |  | | | | | | | | | | |
| Average number of inpatients: | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general gastroenterology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general hepatology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Specialised clinics: | | | | | | | | | | | | |  | | | | | | | | | | |
| Number of endoscopy lists attended: | | | | | | | | | | | | |  | | | | | | | | | | |
| Any other special aspects to this position | | | | | | | | | | | | |  | | | | | | | | | | |
| **Weekly Timetable** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Monday | | | | | | Tuesday | | | | Wednesday | | | | | | Thursday | | | | | Friday |
| AM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
| PM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
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| **Position #2** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of rotation: | | | | | | | | | | | | |  | | | | | | | | | | |
| Duration of rotation to this position: | | | | | | | | | | | | |  | | | | | | | | | | |
| Time in this position per year: | | | | | | | | | | | | |  | | | | | | | | | | |
| Average number of inpatients: | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general gastroenterology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general hepatology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Specialised clinics: | | | | | | | | | | | | |  | | | | | | | | | | |
| Number of endoscopy lists attended: | | | | | | | | | | | | |  | | | | | | | | | | |
| Any other special aspects to this position | | | | | | | | | | | | |  | | | | | | | | | | |
| **Weekly Timetable** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Monday | | | | | | Tuesday | | | | Wednesday | | | | | | Thursday | | | | | Friday |
| AM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
| PM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
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| **Position #3** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of rotation: | | | | | | | | | | | | |  | | | | | | | | | | |
| Duration of rotation to this position: | | | | | | | | | | | | |  | | | | | | | | | | |
| Time in this position per year: | | | | | | | | | | | | |  | | | | | | | | | | |
| Average number of inpatients: | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general gastroenterology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general hepatology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Specialised clinics: | | | | | | | | | | | | |  | | | | | | | | | | |
| Number of endoscopy lists attended: | | | | | | | | | | | | |  | | | | | | | | | | |
| Any other special aspects to this position | | | | | | | | | | | | |  | | | | | | | | | | |
| **Weekly Timetable** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Monday | | | | | | Tuesday | | | | Wednesday | | | | | | Thursday | | | | | Friday |
| AM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
| PM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
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| **Position #4** | | | | | | | | | | | | | | | | | | | | | | | |
| Name of rotation: | | | | | | | | | | | | |  | | | | | | | | | | |
| Duration of rotation to this position: | | | | | | | | | | | | |  | | | | | | | | | | |
| Time in this position per year: | | | | | | | | | | | | |  | | | | | | | | | | |
| Average number of inpatients: | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general gastroenterology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Attendance at a general hepatology clinic? | | | | | | | | | | | | |  | | | | | | | | | | |
| Specialised clinics: | | | | | | | | | | | | |  | | | | | | | | | | |
| Number of endoscopy lists attended: | | | | | | | | | | | | |  | | | | | | | | | | |
| Any other special aspects to this position | | | | | | | | | | | | |  | | | | | | | | | | |
| **Weekly Timetable** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Monday | | | | | | Tuesday | | | | Wednesday | | | | | | Thursday | | | | | Friday |
| AM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
| PM | |  | | | | | |  | | | |  | | | | | |  | | | | |  |
| **Inpatient Care** | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify the (average) approximate mixture of inpatient load: | | | | | | | | | | | | | | | | | | | | | | | |
| Liver disease:       % | | | | | | | | | | | | | | | | | | | | | | | |
| GI bleeding:       % | | | | | | | | | | | | | | | | | | | | | | | |
| Malignancy:       % | | | | | | | | | | | | | | | | | | | | | | | |
| Inflammatory bowel disease:       % | | | | | | | | | | | | | | | | | | | | | | | |
| Other:       % | | | | | | | | | | | | | | | | | | | | | | | |
| Does the trainee have general medical responsibilities? | | | | | | | | | | | | | | | | Yes | | No | | | | | |
| If yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | |
| Do trainees attend the emergency department to assess patients? | | | | | | | | | | | | | | | | | Yes | | | No | | | |
| If yes, how often? | | | | | | | | | | | | | | | | | | | | | | | |
| How many current inpatients are there (day of site visit)? | | | | | | | | | | | | | | | | | | | | | | | |
| General categories of current inpatients (as per above): | | | | | | | | | | | | | | | | | | | | | | | |
| Number of multi-day stay patients per year: | | | | | | | | | | | | | | | | | | | | | | | |
| Average length of stay: | | | | | | | | | | | | | | | | | | | | | | | |
| **Ambulatory care and outpatient services** | | | | | | | | | | | | | | | | | | | | | | | |
| **Clinics available for trainees to attend:** | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic Type | | | | | | | | | Number per Week | | | | | | New Patient/Clinic | | | | | | Review Patients/Clinic | | |
| General Gastro | | | | | | | | |  | | | | | |  | | | | | |  | | |
| Hepatology | | | | | | | | |  | | | | | |  | | | | | |  | | |
| IBD | | | | | | | | |  | | | | | |  | | | | | |  | | |
| Other: | | | | | | | | |  | | | | | |  | | | | | |  | | |
| Other: | | | | | | | | |  | | | | | |  | | | | | |  | | |
| Do trainees have the opportunity to follow the patients throughout the year? | | | | | | | | | | | | | | | | | | | Yes | | | No | |
| Please detail how this is organised: | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a clinical audit held at the end of the clinics to review/discuss patients of interest? | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | No | | | | Comment: | | | | | | | | | | | | | | | | |
| **Please describe the trainee’s outpatient workload, including the following gastrointestinal endoscopic services:** | | | | | | | | | | | | | | | | | | | | | | | |
| Number of endoscopy lists available for trainees to attend: | | | | | | | | | | | | | | | | | | | | | | | |
| Number of endoscopy rooms used: | | | | | | | | | | | | | | | | | | | | | | | |
| Is fluoroscopy available? | | | | | | | | | Yes | No | | | | | | | | | | | | | |
| Is an anaesthetist available for all lists? | | | | | | | | | | | Yes | | | No | | | | | | | | | |
| If no, please specify which lists: | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency endoscopy arrangements: | | | | | | | | | | | | | | | | | | | | | | | |
|  | Theatre | | | | Endoscopy unit | | | | | Other: | | | | | | | | | | | | | |
|  | Anaesthetist available? | | | | | | | | Yes | No | | | | | | | | | | | | | |
| Are trainees supernumerary on lists? | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | No | | Comment: | | | | | | | | | | | | | | | | | |
| **Please describe trainee involvement in:** | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving/Assessing referrals from other departments in the hospital: | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing patients referred with consultants: | | | | | | | | | | | | | | | | | | | | | | | |

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| **Surveyor Comments (RACP use only)** | | | | |
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| **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): |  |  |  |  |
| Standard 3.1 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| ***RACP STANDARD*** | | |
| * 1. ***Trainees participate in quality and safety activities.*** | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GASTROENTEROLOGY*** | | |
| ***3.2.1*** *The site shall involve the trainee in quality assurance activities.* | | |
| Is the trainee involved in quality assurance activities? | Yes | No |
| Please specify: | | |

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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:** | | | | |
| **MATRIX RANKING** | **1**  No Significant Issues | **2**  Minor Issues | **3**  Moderate Issues | **4**  Severe Issues |
| **Surveyor assessment** (please tick): |  |  |  |  |
| Standard 3.2 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| ***RACP STANDARD*** | | | | |
| * 1. ***There is capacity for project work (including research) and ongoing training.*** | | | | |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN GASTROENTEROLOGY*** | | | | |
| ***3.3.1*** *The site shall involve the trainee in research and QA projects. It is expected that trainees will complete one project within each year of training, preferably leading to poster or oral presentation at a national or international conference and publication.* | | | | |
| Please describe the research that trainees are involved in: | | | | |
| Please provide a list of departmental publications over the past 3 years. Indicate publications that involve advanced trainees. | | | | |
| Year | | Trainee/s Involved | | Reference |
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| Are trainees able to undertake a project or audit within each year of training? | | | | |
| Yes | No | | Comment: | |

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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): |  |  |  |  |
| Standard 3.3 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| 1. **Teaching and Learning** | | | | | | | | | | |
| ***RACP STANDARD*** | | | | | | | | | | |
| * 1. ***There is an established training program or educational activities, such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.***   2. ***There are opportunities to attend external education activities as required.***   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 GASTROENTEROLOGY*** | | | | | | | | | | |
| ***4.1.1*** *At least two teaching ward rounds\* per week. Teaching rounds should have dedicated time and involved in-depth consideration of each patient’s problems, differential diagnosis and management options.*  ***4.1.2*** *The site shall provide formal training, which may include a lecture program, journal club, grand rounds, seminars, case presentations, x-ray conferences and histology meetings. Histopathology presentation meetings should be held weekly. Trainees are expected to attend and actively participate in the formal training program including preparation of case studies, seminars and presentations, Trainees should present at these meetings at least twice per month. Departments should present at hospital grand rounds on a regular basis.*  ***4.1.3*** *The site shall provide the trainee with the opportunity to teach junior colleagues, medical students, nursing and allied health staff.*  ***4.1.4*** *There should be regular interdisciplinary meetings with GI surgeons.*  ***4.2.1*** *The shite shall provide the trainee with the opportunity to attend Australian Gastroenterology Week or an international conference (e.g. DDW, AASLD, UEGW) each year and encourage the trainee to attend other educational activities. In one of their core training years, the trainee should attend AGW.* | | | | | | | | | | |
| How many teaching ward rounds are there per week? | | | | | | | | | | |
| Do the teaching ward rounds involve in-depth consideration of each patient’s problems, differential diagnosis and consideration of management options? | | | | | | | | | | |
| Yes | No | Comment: | | | | | | | | |
| **Does the site provide the following formal training?** | | | | | | | | | | |
|  | | | | Yes | No | Frequency  (e.g. weekly) | | Duration  (e.g. 1 hour) | Trainee Participation | |
| Journal club | | | |  |  |  | |  | Yes | No |
| Multidisciplinary meetings | | | |  |  |  | |  | Yes | No |
| Grand rounds | | | |  |  |  | |  | Yes | No |
| Interaction with surgical trainees | | | |  |  |  | |  | Yes | No |
| General departmental education meetings (topic/case) | | | |  |  |  | |  | Yes | No |
| Pathology review | | | |  |  |  | |  | Yes | No |
| Radiology review | | | |  |  |  | |  | Yes | No |
| Audit/morbidity/mortality review | | | |  |  |  | |  | Yes | No |
| **Do trainees have the opportunity to teach:** | | | | | | | | | | |
| Junior colleagues | | | Yes | | No | | Comment: | | | |
| Medical students | | | Yes | | No | | Comment: | | | |
| Nursing and allied health staff | | | Yes | | No | | Comment: | | | |
| Are trainees able to attend Australian Gastroenterology Week? | | | | | | | | | | |
| Yes | No | Comment: | | | | | | | | |
| Are trainees able to attend international conferences (e.g. DDW, AASLD, UEGW)? | | | | | | | | | | |
| Yes | No | Comment: | | | | | | | | |
| What other educational activities do the trainees attend? | | | | | | | | | | |

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| **Surveyor Comments (RACP use only)** | | | | |
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| **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): |  |  |  |  |
| Standard 4 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| 1. **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 GASTROENTEROLOGY*** | | |
| ***5.2.1*** *Sites must ensure that there is compliance with state and/or hospital health and safety policies and procedures in place.*  ***5.2.2*** *The workplace has an occupational health and safety policy appropriate to the activities and environment of its service.*  ***5.2.3*** *Supervisors or designees provide an induction/orientation into training at the site to new trainees within the first week of commencement of training.* | | |
| What policies are in place that relate to the safety and wellbeing of trainees? | | |
| Do trainees receipt an orientation within their first week of training? | Yes | No |
| Please provide details: | | |

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| **Surveyor Comments (RACP use only)** | | | | |
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| **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): |  |  |  |  |
| Standard 5 achieve? Yes  Needs improvement | | | | |
| Action/s required: | | | To be actioned by (date): | |
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| **Other Information** | | | | |
| Recommendations from previous site visit: | | N/A | | |
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| Improvements made since previous site visit: | | N/A | | |
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| Which trainees were interviewed during the site visit? | | | | |
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| **Trainee comments:** | | | | |
| Strengths of the position | Areas for improvement | | | Other comments |
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| **Definitions** | |
| Hepatologist | Hepatology as a significant clinical focus. Higher degree or post-FRACP fellowship in Hepatology. Recognised within the center as a clinical leader in hepatology. Significant role in supervision of Hepatology within the gastroenterology advanced training curriculum. |
| Luminal Gastroenterologist | Luminal Gastroenterology as main clinical focus. Higher degree or post-FRACP fellowship in Luminal GI. Spending 40% of time in luminal GI clinical practice. Hospital/health service appointment at 0.4 FTE or above. |
| Interventional Endoscopist | Active member of GEA, Interventional Endoscopy as main clinical focus. Higher degree or post-FRACP fellowship in Interventional Endoscopy. Spending 40% of time in endoscopy practice with strong interventional component. Hospital/health service appointment at 0.4 FTE or above. |
| Academic Gastroenterologist/Hepatologist | University appointment at A/Professor level or higher. Academic Gastroenterology/Hepatology as main work focus. Higher degree in Gastroenterology/Hepatology. Active research program. Hospital/health service/University appointment at 0.8 FTE or above. |
| Teaching ward round | A ward round with dedicated time, conducted in hours, during which each patient’s problems are considered and discussed in depth. Note that a 'paper round' or 'whip around' before or after an endoscopy list is not considered as a teaching ward round. |

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| **Accreditation Decision (RACP use only)** | | | | | | | | |
| **Hospital name:** | |  | | | | | | |
| **Head of Department:** | |  | | | | | | |
| 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 | | |  | |  |  |  | |
| 1. Facilities and Infrastructure | | |  | |  |  |  | |
| 1. Profile of Work | | |  | |  |  |  | |
| 1. Teaching and Learning | | |  | |  |  |  | |
| 1. Support Services | | |  | |  |  |  | |
| **Overall recommendations**  *(These are the recommendations determined by the accreditation assessors. The Advanced Training Committee (ATC) in Gastroenterology is responsible for the final accreditation decision.)* | | | | | | | | |
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| **Accreditation status** | | | | | | | | |
| Not accredited | | | |  | Accredited | | |  |
| Provisional accreditation  (pending trainee feedback/further assessment) | | | |  | Conditional accreditation  (action/s required) | | |  |
| **Accreditation duration (maximum five years):** | | | |  | | | | |
| **Maximum number of trainees:** | | | |  | | | | |
| **Maximum core training at the site:** | | | |  | | | | |
| **Year of next review:** | | | |  | | | | |
| **Action/s required:** | | | | | | **To be actioned by (date):** | | |
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| **Accreditation assessor one:** |  | | | | | | | |
| **Accreditation assessor two:** |  | | | | | | | |
| **Date report completed:** |  | | | | | | | |