

## **CRITERIA FOR ACCREDITATION OF NEONATAL-PERINATAL MEDICINE TRAINING SETTINGS**

*Mapped to draft standards, with amendments, suggested additional criteria and recommendations*

### **Preamble**

Over the years it has evolved that a paediatrician spending several years in the practice of neonatal medicine (spending the majority of time in this area) has been recognised as a neonatologist.

The Royal Australasian College of Physicians recognises a neonatologist as a paediatrician whose professional activity is mainly in the care of the sick newborn, but encompasses care of the newborn infant at all levels of care including the well newborn and those requiring special and intensive care, as well as counselling parents of the fetus at significant risk.

To acquire the requisite skills and experience to practice neonatology, it is necessary to spend some years working in an established tertiary (or higher) care unit that provides both neonatal – and perinatal – clinical and research training opportunities.

There are now many units in Australia and New Zealand where adequate skills and experience in neonatology can be acquired. In order for each of these units to provide appropriate training (i.e., adequate clinical experience in both neonatology and perinatology, formal education, research opportunities, consultative experience) it has been necessary to set standards. This led to the establishment of the Advanced Training Committee in Neonatal-Perinatal Medicine (ATC NPM) to oversee advanced training and accredit neonatal units in Australia and New Zealand.

### **Accreditation Procedure for Centres**

The duration of training allowed in each neonatal unit is determined by the ATC in Neonatal/Perinatal Medicine for each individual unit.

Each centre desiring accreditation will need to complete an approved questionnaire of neonatal-perinatal facilities, staffing, equipment and services. Each centre will be visited by two independent paediatricians (at least one of whom will be a member of the ATC). The completed questionnaire and information gathered during the site visit will be used to assess the suitability of each centre and to determine the maximum period of accredited training for each centre.

Accreditation in the first instance will be for up to 5 years and thereafter by review by a further site visit.

### **Current units accredited for neonatal/perinatal training**

The complete and up-to-date version of the list of units accredited for neonatal/perinatal training is available on the RACP website at:  
<https://www.racp.edu.au/docs/default-source/default-document-library/neonatal-perinatal-site-accreditation-list.pdf?sfvrsn=2>

The duration for training of which each unit is currently accredited varies from 6 months to 2 years.

RACP Standards	Minimum Requirements (set by each accrediting group)	Indicators for assessment (set by each accrediting group)
<b>1. Supervision</b>		
1.1 There is a designated supervisor for each trainee.	1.1.1 There will be one or more Neonatologists to supervise Trainees 1.1.2 The ratio of trainees to neonatologist FTEs must not exceed 1.	Potential supervisors, with FTE and qualifications, listed on site survey form
1.2 Trainees have access to supervision, with regular meetings.	1.2.1 Trainees meet with supervisors at least every 3 months. 1.2.2 There is supervision available that is sufficient to enable an advanced trainee to complete a project (that would meet the college guidelines) in 12 months.	Sites agree to this on site survey form. Verified by trainee/s
1.3 Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors	1.3.1 Supervisors will have FRACP or equivalent and be a neonatologist with at least a 0.5 FTE appointment.	As per 1.1
1.4 Supervisors are supported by the setting or network to be given the time and resources to meet RACP Supervision requirements and criteria on supervision.	1.4.1 Neonatologists have a proportion of non-clinical administration time, or other protected time, part of which can be directed to supervision of Trainees.	Sites agree to this on site survey form. Verified by trainee/s

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<b>2. Teaching and Learning</b>		
<p><b>2.1</b> There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, journal clubs.</p>	<p><b>2.1.1</b> Trainees are able to attend the majority of the following types of meetings:</p> <ul style="list-style-type: none"> <li>• Perinatal Mortality/Morbidity meetings</li> <li>• Neonatal Mortality/Morbidity meetings</li> <li>• Case conferences</li> <li>• Journal reviews</li> <li>• X-ray meetings</li> <li>• Registrar/Fellow tutorials</li> <li>• Neonatal Grand Rounds</li> </ul> <p><b>2.1.2</b> The duties of Trainees includes teaching:</p> <ul style="list-style-type: none"> <li>• Junior trainees</li> <li>• Medical students</li> <li>• Neonatal nurses, and</li> <li>• In a neonatal resuscitation program.</li> </ul>	<p>Meetings and frequency of other education activities described on site survey form. Trainees verify that they are able to attend.</p> <p>Teaching duties of trainee are agreed to on site survey form. Trainees verify their teaching duties.</p>
<p><b>2.2</b> There are opportunities to attend external education activities as required.</p>	<p><b>2.2.1</b> Each trainee has provision for study leave to attend external education activities as required.</p>	<p>Site agrees to this on site survey form, and provides information on study leave provision and attendance at external activities.</p>
<p><b>2.3</b> There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.</p>	<p><b>2.3.1</b> There are meeting rooms and other facilities available for the activities under section 2.1, above.</p>	<p>Facilities described on site survey form. Verified on site visit.</p>
<p><b>2.4</b> There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.</p>	<p><b>2.4.1</b> There is an on-site medical library providing basic and clinical resource material, plus support services such as title-search capability, and electronic access to major paediatric, neonatal and perinatal journals; internet access and Medline database searches.</p> <p><b>2.4.2</b> There should be dedicated computers available for trainee-use only 24 hours within the Neonatal Unit</p> <p><b>2.4.3</b> There should be 24 hour internet and e-mail access within the Neonatal Unit</p> <p><b>2.4.4</b> There should be 24 hour availability of standard and neonatal and obstetric reference texts within the Neonatal Unit.</p>	<p>Resources described on site survey form. Trainees verify access. Verified on site visit.</p>

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<b>3. Profile of work</b>		
<p><b>3.1</b> The setting shall provide a suitable workload and appropriate range of work.</p>	<p><b>3.1.1</b> The setting should be one of the two main types of neonatal unit:</p> <ul style="list-style-type: none"> <li>• Neonatal unit in a tertiary perinatal centre (Perinatal Centre): <ul style="list-style-type: none"> <li>- The obstetric and neonatal-perinatal training program must be closely associated.</li> <li>- These units may or may not provide experience in the care of neonates with surgical conditions.</li> </ul> </li> <li>• Neonatal unit in children’s hospitals: <ul style="list-style-type: none"> <li>- These units mainly care for neonates with surgical conditions.</li> <li>- They do not provide any perinatal experience.</li> </ul> </li> </ul> <p><b>3.1.2</b> In a perinatal centre:</p> <ul style="list-style-type: none"> <li>• The unit must have an intensive care nursery.</li> <li>• The number of births within the region from which the centre receives referrals should be at least 8,000 per year.</li> <li>• The Level 3 facility should have at least 2,500 births per year.</li> <li>• The number of infants needing airway support should be at least 100 per year.</li> <li>• The unit must provide experience with follow-up activities (short-term follow-up, long-term neurodevelopmental follow-up, discharge planning)</li> </ul> <p><b>3.1.3</b> In a Neonatal unit in a children’s hospital:</p> <ul style="list-style-type: none"> <li>• The unit must have an intensive care nursery.</li> <li>• Most of the following conditions should receive pre-op and post-op care in the unit: <ul style="list-style-type: none"> <li>- Gut problems (e.g. NEC, gut atresias, volvulus, malrotation);</li> <li>- Chest problems (e.g. TOF, oesophageal fistula, CCAM, biopsy);</li> <li>- Diaphragmatic hernia;</li> <li>- Exomphalos/gastroschisis;</li> <li>- Neurosurgical problems (e.g. ventricular shunt/drain, repair spina bifida);</li> <li>- PDA requiring ligation;</li> <li>- ROP requiring laser</li> </ul> </li> </ul>	<p>Type of unit specified and experience available listed on site survey.</p> <p>Annual case numbers provided on site survey form.</p> <p>Example roster/s attached with site survey form.</p> <p>Clinics, frequency, patient numbers and Trainee involvement described on site survey form.</p>

	<ul style="list-style-type: none"> <li>• The unit must provide experience with follow-up activities (short-term follow-up, long-term neurodevelopmental follow-up, discharge planning)</li> </ul> <p><b>3.1.4</b> The unit must provide transition to consultant skills experience. The duties of the trainee must include regular planned episodes of the majority of the following:</p> <ul style="list-style-type: none"> <li>• Leading ward rounds</li> <li>• Planning retrievals</li> <li>• Leading discharge planning</li> <li>• Leading antenatal counselling sessions</li> <li>• Leading difficult discussions with parents (e.g. withdrawal of care, consent to treatment etc.)</li> <li>• Unit/hospital committee work</li> <li>• Develop protocols and guidelines</li> <li>• Assessing performance of peers and juniors</li> <li>• Administration/management duties (e.g. rosters).</li> </ul>	<p>Site agrees to provide trainee experience in these areas on site survey form and Trainees verify exposure.</p>
<p><b>3.2</b> Trainees participate in quality and safety activities.</p>	<p><b>3.2.1</b> Trainees participate in quality assurance/audit evaluations of clinical management.</p> <p><b>3.2.2</b> The unit has clinical practice guidelines and the Trainees' duties involve creation and updating of these when needed.</p>	<p>Meetings and frequency described on site survey form. Trainee verifies attendance.</p> <p>Trainee involvement listed on site survey and trainee verifies involvement.</p>
<p><b>3.3</b> There is the capacity for project work (including research) and ongoing training.</p>	<p><b>3.3.1</b> The trainee has some protected research time</p>	<p>Protected research time specified. Trainee verifies protected time.</p>



	<ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Staff with special skills in newborn care and follow-up assessment</li> <li>• Biomedical Engineering</li> <li>• Epidemiology and Statistics</li> </ul> <p><b>4.1.3 Essential facilities</b></p> <ul style="list-style-type: none"> <li>• Blood gas estimations available 24 hours, with 15 minutes response when needed;</li> <li>• Microchemical laboratory with 24 hour capacity, and 60 minute availability of basic determinations;</li> <li>• Haematology laboratory with 24 hour capacity for complete blood picture, platelet count, and coagulation studies;</li> <li>• Radiology service, able to provide portable x-rays within the nursery, with 30 minute response when needed;</li> <li>• Blood bank and blood serology facilities;</li> <li>• Pharmacy able to provide parenteral nutrition solutions;</li> <li>• Bacteriology/virology diagnostic laboratory;</li> <li>• ECG;</li> <li>• EEG;</li> <li>• Ultrasound facilities, both for cardiac and central nervous system investigations;</li> <li>• Perinatal diagnostic laboratory which performs current tests of fetal well-being;</li> <li>• A cytogenetic laboratory;</li> <li>• Facilities for training in neonatal resuscitation programs</li> </ul> <p><b>4.1.4 Neonatal nursing staff with leadership by trained nurses specialising in newborn care. At least half of the nursing staff should be neonatal intensive care qualified.</b></p>	<p>Facilities and services listed on site survey form</p> <p>Staff listed on site survey form</p>
<p><b>4.2 Each trainee has a designated workspace including a desk, telephone and IT facilities.</b></p>	<p><b>4.2.1 The trainees have their own designated offices with desk, telephone and IT facilities.</b></p>	<p>Trainee's access to office space described on site survey form and verified by Trainee/s. Verified on site visit.</p>

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<b>5. Trainee Safety and Support Services</b>		
<p><b>5.1</b> There are workplace policies covering the safety and well-being of Trainees.</p>	<p><b>5.1.1</b> There are a range of policies dealing with health and safety issues including but not limited to:</p> <ul style="list-style-type: none"> <li>• Infection control/needle stick injury</li> <li>• Manual handling</li> <li>• Aggression management</li> </ul>	<p>Policies listed on site survey form. Trainees verify awareness of these.</p>
<p><b>5.2</b> There is a formal induction/orientation process for Trainees.</p>	<p><b>5.2.1</b> Supervisors or designees provide an orientation/induction into training at the setting to new Trainees within the first week of commencement of training.</p>	<p>Site agrees to this on site survey form and Trainees verify</p>