**REHABILITATION MEDICINE**

**ACCREDITATION ASSESSMENT FORM**

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

**This form should be completed electronically and returned via email to:** **accreditation@racp.edu.au**

Any additional attachments should be sent separately.

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| Date of Submission | Click or tap to enter a date. |
| Date Site Visit - Physical/Virtual conducted | Click or tap to enter a date. |
| Hospital name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Training Setting Coordinator (TSC) Email address: | Click or tap here to enter text.Click or tap here to enter text. |
| Director of Medical/Clinical Services (DMS/DCS) /Hospital Executive Email address: | Click or tap here to enter text.Click or tap here to enter text. |
| Associated Network */* Health district | Click or tap here to enter text. |

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| **Accreditation Assessment Form Completed by:** |
| **Training Setting Coordinator (or nominee)** |
| **Name** | Click or tap here to enter text. |
| **Position Title** | Click or tap here to enter text. |
| **Signature**  | Click or tap here to enter text. | Must be signed |
| **Date**  | Click or tap to enter a date. |

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| **Nomination of Training Setting Coordinator:** |
| **Director of Rehabilitation (if not TSC)/Director of Medical Services/ Divisional Head/Hospital Executive** |
| **Name** | Click or tap here to enter text. |
| **Position Title** | Click or tap here to enter text. |
| **Signature**  | Click or tap here to enter text. | Must be signed |
| **Date**  | Click or tap here to enter text. |

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| **ACCREDITATION DETAILS** |
| **Indicate type of accreditation required** |
| First time accreditation |[ ]  Other reason for accreditation: Click or tap here to enter text. |
| Routine reaccreditation  |[ ]   |
| Date of last accreditation review | Click or tap here to enter text. |
| Total number of hospital beds | Click or tap here to enter text. |
| Total number of designated Rehabilitation beds | Click or tap here to enter text. |

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| **Please select all applicable description(s):** |

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| Public  |[ ]  Off-site to referring hospital(s)  |[ ]  Acute |[ ]
| Private  |[ ]  Part of a network  |[ ]  Rehab only  |[ ]
| Tertiary  |[ ]  Other: Click or tap here to enter text. |

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| Please provide a brief description of the hospital and Rehabilitation Unit:Click or tap here to enter text.  |

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| **SUMMARY Types of Training**  |

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| *Please tick if % of patients seen at this setting is more than 10% of the Trainees case load* |
| **Types of Training** |
| Acquired Brain Injury  |[ ]  Amputee  |[ ]  Chronic Pain  |[ ]
| Developmental |[ ]  General  |[ ]  Geriatric |[ ]
| Musculoskeletal |[ ]  Neurological  |[ ]  Neurosurgical  |[ ]
| Orthopaedic |[ ]  Paediatrics |[ ]  Spinal Cord Injury  |[ ]
| Other: Click or tap here to enter text. |

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| **Have there been any trainees working on-site in the current or preceding 6-month terms?** |
| Yes [ ]  No [ ] If Yes, how many trainee(s) currently working at this site:Click or tap here to enter text.  |

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| **List all training settings outside of the main training setting (hospital) that trainees attend as a part of their rotation:** **(e.g. other specialist clinics, community health facilities or offsite clinics at other hospitals)**  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Assessor comments on Hospital and / or Training Setting (RACP use only)**  |
| Click or tap here to enter text. |

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| **Section 1. Supervision**  |
| ***RACP STANDARD*** |
| * 1. ***There is a designated supervisor for each Trainee.***
	2. ***Trainees have access to supervision, with regular meetings.***
	3. ***Supervisors are RACP approved and meet any other specialty specific requirements regarding***

 ***qualifications for supervisors.**** 1. ***Supervisors are supported by the setting or network to be given the time and resources to meet***

 ***Faculty supervision requirements and criteria on supervision.*** |

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| ***MINIMUM REQUIREMENTS FOR REHABILITATION MEDICINE TRAINING*** |
| * + 1. ***\*****When the setting has more than one appropriate consultant, one must be nominated by the trainee as the primary Training Supervisor.*
		2. ***\* #****For an inpatient setting, the supervising Fellow(s) must be present "on site" for a minimum of 50% of the working week (at least 17.5 hours) to provide clinical supervision and be available for advice by telephone or supervision via telehealth during the remaining period of the week.*
		3. ***#****The nominated Clinical Supervisor must work directly with the trainee and be present to observe direct patient care.*
		4. *Supervisors and other trainers have allocated time each week to spend with Trainees.*
		5. ***\*****A practising Rehabilitation Medicine Physician who is a Fellow of the AFRM and who is accredited by the Faculty to act as a Training Supervisor for Training in Rehabilitation Medicine shall be available to act as a supervisor except under special circumstances when the AFRM Education Committee may agree to the provision of such supervision by a Specialist who is not a Fellow of the Faculty.*
		6. *The setting acknowledges time spent by consultants acting as Training Supervisors/trainers and provides an environment in which consultations with the Supervisors occur regularly each week.*

***\*Should this minimum requirement not be met by a training setting, it should be assessed as a “severe issue”.******#Clinical supervision must occur “on site” and term supervision can occur through telehealth. The minimum supervision criteria must still be met, and telehealth may be used to supplement.***  |

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| **Name of current AFRM Fellow(s) at the setting** | **Title or position in unit** | **Hours/week onsite and available for supervision** | **Involved in supervising AFRM Trainees?** | **RACP SPDP Workshops Completed**  | **Available by phone during the rest of the week** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Y[ ]  | Y[ ]  | N[ ]  | Y[ ]  | N[ ]  |

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| Does the Training Setting Coordinator (or appointed Term Supervisor) work directly with the Trainee(s)? Yes [ ]  No [ ]  If no, please detail: Click or tap here to enter text. |
| How often does the Trainee work directly with the Clinical Supervisor(s)?Please detail: Click or tap here to enter text. |
| Do the Clinical Supervisors have dedicated teaching time to spend with Trainees? Yes [ ]  Please provide details:Click or tap here to enter text.No [ ]  Please comment: Click or tap here to enter text. |
| Does the Training Setting Coordinator (or appointed Term Supervisor) have a formative interview time with Trainees at 2, 4 and 6 months?Yes [ ]  No [ ]  Please provide details: Click or tap here to enter text. |
| **If there is more than one (1) Clinical Supervisor at this setting who is part time, please attach a supervisor timetable indicating the on-site hours.**  |

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| **Assessor comments on Supervision (RACP use only)** |
| Click or tap here to enter text. |

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| **2. Facilities and Infrastructure**  |
| ***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.*** |

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| ***MINIMUM REQUIREMENTS FOR REHABILITATION MEDICINE TRAINING*** |
| * + 1. *There are appropriate facilities and services for the type of work being undertaken.*
		2. ***\*****Access to video and telemedicine facilities for trainees is available or within a reasonable distance.*
		3. *Personalised work e-mail addresses are provided for every trainee.*
		4. *Access to office facilities such as separate office space/share office space and computer and Internet/Intranet access should be available.*
		5. *There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.*

***\*Should this minimum requirement not be met by a training setting, it should be assessed as a “severe issue”.*** |

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| Do Trainees have access to: | **Yes** | **No** |
| Desk or study space?Computer and internet facilities (including Wi-Fi)?Study area/tutorial rooms?Teaching aides (including distance education facilities)?Medical Library with appropriate Rehabilitation Texts and Journals (online or hard copy)?Video and teleconference facilities? If yes, please specify location: Click or tap here to enter text. | [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ]  |

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| **Assessor comments on Facilities and Infrastructure (RACP use only)** |
| Click or tap here to enter text. |

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| **3. Profile of work** |
| ***RACP STANDARD*** |
| * 1. ***The setting shall provide a suitable workload and appropriate range of work.***
	2. ***Trainees participate in quality and safety activities.***
	3. ***There is the capacity for project work (including research) and ongoing training.***
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| ***MINIMUM REQUIREMENTS FOR REHABILITATION MEDICINE TRAINING*** |
| * + 1. *The training program at the setting must provide appropriate experience in medical assessment and management.*
		2. *The manager of the workplace and the supervisor are aware that the employee is undertaking advanced training in Rehabilitation Medicine and ensure a balance of service delivery and training in the Trainee’s weekly activities.*
		3. ***\*****The normal expectation is that a trainee in a purely in-patient position shall manage 10 to 20 rehabilitation beds. The maximum of solo care beds is 20 (“solo” means not supported by junior staff).*
		4. *The setting shall involve the trainee in quality assurance activities.*
		5. *If there is not a clinical or basic research program to which the Trainee can contribute in significant degree to obtain experience in research methodology, alternative access to such research opportunities should be available.*

***\*Should this minimum requirement not be met by a training setting, it should be assessed as a “severe issue”.*** |

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|  | **Trainee 1** | **Trainee 2** | **Trainee 3** | **Trainee 4** |
| Position Title (e.g. in-reach or neuro rehab) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| % Full Time Equivalent | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Please specify number of beds** | **Trainee 1** | **Trainee 2** | **Trainee 3** | **Trainee 4** |
| Rehabilitation beds  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Share care beds (Rehabilitation Registrars are responsible for the rehabilitation component of management) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Are there any PGY1/PGY2 Medical Officers, or CMOs who work with the inpatient group? Yes [ ]  No [ ] Please specify the FTE dedicated to rehabilitation detail:Click or tap here to enter text. |
| **Estimated % time spent by each trainee working in each of these settings (totalling 100% for trainees)** | **Trainee 1** | **Trainee 2** | **Trainee 3** | **Trainee 4** |
| Assessment in-reach/acute rehabilitation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Inpatient | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Outpatient/ambulatory Clinics | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Community (i.e. off main campus)  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Dedicated educational Time | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Estimated % time spent by trainee in each of these subspecialty areas (minimum of 5% experience in each of these areas)** | **Trainee 1** | **Trainee 2** | **Trainee 3** | **Trainee 4** |
| Amputee rehabilitation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cardiac rehabilitation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Chronic pain | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Deconditioning | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Musculoskeletal | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Neurological | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Neurosurgical | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Occupational rehabilitation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Orthopaedic | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Spinal Cord Injury | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Traumatic Brain Injury | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (e.g. Burns):Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Are trainees involved in quality assurance activities?Yes [ ]  No [ ]  If yes, please give examples of trainee involvement in quality assurance activities: Click or tap here to enter text. |
| Please document involvement in research opportunities with this unit: Click or tap here to enter text. |
| Please provide a description to each of the training positions at this unit highlighting those aspects not covered above:Click or tap here to enter text. |

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| **Assessor comments on Profile of Work (RACP use only)** |
| Click or tap here to enter text. |

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| **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.*** |

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| ***MINIMUM REQUIREMENTS FOR REHABILITATION MEDICINE TRAINING*** |
| * + 1. *The setting will provide formal training including a lecture program, journal club, grand rounds, seminars, case presentations, research meetings etc. A university affiliation is desirable.*
		2. *The setting will provide the trainee with the opportunity to teach junior colleagues, undergraduates, and nursing and allied health staff.*
		3. ***A minimum of 1 hour of formal face-to-face teaching is provided on-site each week.*** *These are necessary to meet this criterion:*
1. #*Teaching sessions directed to the Rehabilitation Medicine trainee(s) only, rather than the Junior Medical Officers*
2. #*Teaching sessions lead by Rehabilitation Medicine Consultants, though some teaching by allied health, or consultants in other specialties is not excluded*
3. #*Teaching sessions can be in the formats of a small group tutorial (thus not strictly 1:1) or topic discussion, not necessarily a lecture*

#***Teaching sessions are usually distinct from incidental teaching which can occur during ward rounds, or in outpatient departments during clinic.**** + 1. *The setting will provide the trainee with the opportunity to attend educational activities provided by the AFRM in each state, (state based or by national video conference Bi-National Training Program).*
		2. ***\*****The setting will provide access to a medical library with current and relevant textbooks, journals and computer retrieval and search facilities (hard copy or electronic).*
		3. ***\*****Literature search training is provided to Faculty Trainees on request.*

***\*Should these minimum requirements not be met by a training setting, they should be assessed as a “severe issue”.*** |

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| **On-site Teaching (excluding State-based or Bi-National Training Program)** |
| **Educational Activity** | **Weekly** | **Fortnightly** | **Monthly** | **Duration** |
| Lecture program – including Junior Medical Staff |[ ] [ ] [ ]  Click or tap here to enter text. |
| Formal tutorials – (to Rehab Trainees) |[ ] [ ] [ ]  Click or tap here to enter text. |
| Journal club |[ ] [ ] [ ]  Click or tap here to enter text. |
| Grand rounds |[ ] [ ] [ ]  Click or tap here to enter text. |
| Seminars |[ ] [ ] [ ]  Click or tap here to enter text. |
| Case presentations |[ ] [ ] [ ]  Click or tap here to enter text. |
| Multidisciplinary Case Conferences |[ ] [ ] [ ]  Click or tap here to enter text. |
| Research meetings |[ ] [ ] [ ]  Click or tap here to enter text. |
| Radiology meetings |[ ] [ ] [ ]  Click or tap here to enter text. |
| Other: Click or tap here to enter text. |[ ] [ ] [ ]  Click or tap here to enter text. |

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| Is a formalised written Learning Needs Analysis (learning contract) completed within the first two weeks of each term? Yes [ ]  No [ ]  Comment: Click or tap here to enter text. |
| Is the training setting affiliated with a university? Yes [ ]  No [ ] If yes, please specify: Click or tap here to enter text. |
| Does the trainee have the opportunity to teach the following?Junior colleagues [ ]  Undergraduates [ ]  Nursing and allied health staff [ ]  |
| How do trainees attend the Bi-National Training Program?In person [ ]  Via videoconference [ ]  Not attended [ ] If not attended, please provide an explanation: Click or tap here to enter text. |
| Do trainees attend supplementary teaching sessions provided by the AFRM in each State/New Zealand in addition to the Bi-National Training Program?Yes [ ]  No [ ]  Comment: Click or tap here to enter text. |
| **Please attach a working or proposed weekly timetable which should include information on clinical activities, time spent with direct supervisor, learning and teaching opportunities and/or research opportunities.**  |

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| **Assessor comments on Teaching and Learning (RACP use only)** |
| Click or tap here to enter text. |

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| **5. Support Services for Trainees** |
| ***RACP STANDARD*** |
| ***5.1 There are workplace policies covering the safety and well-being of Trainees******5.2 There is a formal induction/orientation process for Trainees*** |

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| ***MINIMUM REQUIREMENTS FOR REHABILITATION MEDICINE TRAINING*** |
| * + 1. *Trainees are aware of and have access to work health and safety resources.*

***5.2.1*** *\*Within two weeks of commencement the Trainee is provided with an orientation to the organisation and to the training site in particular overseen by the training setting coordinator.* ***\*Should this minimum requirement not be met by a training setting, it should be assessed as a “severe issue”*** |
| Do Trainees have access to work health and safety resources?Yes [ ]  No [ ]  |
| Do trainees receive an up-to-date orientation/induction within their first week of training? Please provide details:Yes [ ]  No [ ]  Comment: Click or tap here to enter text. |
| Do trainees have the opportunity to undertake cultural safety training? Please provide details:Yes [ ]  No [ ]  Comment: Click or tap here to enter text. |
| Are there support services available for Trainees’ safety? Please outlineYes [ ]  No [ ]  Comment: Click or tap here to enter text. |
| Are there support services available for Trainees’ Wellbeing? Please outlineYes [ ]  No [ ]  Comment: Click or tap here to enter text. |

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| **Assessor comments on Support Services for Trainees (RACP use only)** |
| Click or tap here to enter text. |

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| **Checklist**  |

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| * Have you completed all sections of the Accreditation Assessment Form?
 | [ ]  |
| * Attached Supervisor Timetable for all Clinical Supervisors

(Section 1: Supervision)   | [ ]  |
| * Attached actual/proposed weekly timetable for each Trainee position

(Section 4: Teaching and Learning) | [ ]  |
| * An indicative weekly teaching program for Trainees listing topics covered for a 10-week period (prospective or retrospective) (Section 4: Teaching and Learning 4.2.1)
 | [ ]  |
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| **ACCREDITATION DECISION (RACP use only)**  |
| 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
 |[ ] [ ] [ ] [ ]

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| **Accreditor comments on trainee interview** |
| Click or tap here to enter text. |

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| **Accreditor comments on previous report recommendations (if applicable)** |
| Click or tap here to enter text. |

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| **Overall recommendations *(note: the AFRM Accreditation Subcommittee is responsible for the final decision)*** |
| Click or tap here to enter text. |

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| **Action/s required** | **To be actioned by** |
| Click or tap here to enter text. | Click or tap to enter a date. |

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| **Accreditation Decision *(to be determined by the AFRM Accreditation Subcommittee)*** |
| Accredited |[ ]
| Provisional |[ ]
| Conditional *(action/s required)* |[ ]
| Not accredited |[ ]
| Max number of training positions accredited | Click or tap here to enter text. |

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| **RACP accreditor one** | Click or tap here to enter text. |
| **RACP accreditor two** | Click or tap here to enter text. |
| **RACP observer**  | Click or tap here to enter text. |
| **Reviewed by Subcommittee Member** | Click or tap here to enter text. |
| **Reviewed by Subcommittee Member** | Click or tap here to enter text. |

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| **Date Site Visit Physical/ Virtual conducted**  | Click or tap to enter a date. |
| **Date report completed** | Click or tap to enter a date. |