ADVANCED TRAINING IN GENERAL PAEDIATRICS

ACCREDITATION ASSESSMENT FORM

This form should be **completed electronically and returned via email** to: [accreditation@racp.edu.au](mailto:accreditation@racp.edu.au) accompanied by the relevant supporting documentation as requested.

Read below to identify sections to complete according to the type of training requested.

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| Type of training being requested | Sections to be completed |  |
| All settings must complete [General Information](#GenralInfo) | |  |
| General Paediatrics (Rural) – With a perinatal component | [1](#Section1), [2](#Section2), [3A](#Section3A), [3B](#Section3B), [3C](#Section3C), [3J](#Section3J), [4](#Section4), [5](#Section5) |  |
| General Paediatrics (Rural) – Without a perinatal component | [1](#Section1), [2](#Section2), [3A](#Section3A), [3C](#Section3C), [3J](#Section3J), [4](#Section4), [5](#Section5) |  |
| General Paediatrics – With a perinatal component | [1](#Section1), [2](#Section2), [3A](#Section3A), [3B](#Section3B), [3J](#Section3J), [4](#Section4), [5](#Section5) |  |
| General Paediatrics – Without a perinatal component | [1](#Section1), [2](#Section2), [3A](#Section3A), [3J](#Section3J), [4](#Section4), [5](#Section5) |  |
| Accreditation of other committee/ college modules of training | | |
| *Provide evidence, for example: certificate of accreditation, decision letter outlining accreditation status and period etc* | | |
| Acute Care (ED) | 3D |  |
| Acute Care (PICU) | 3E |  |
| Acute Care (NICU – Perinatal Centre) | 3F |  |
| Acute Care (NICU – Children’s Hospital) | 3G |  |
| Acute Care (NETS) |  |  |
| Community/Developmental |  |  |

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| **The following supporting documentation is required for each type of training** |  |
| For General Paediatrics:   * Roster (refer to Section 3: Profile of Work) * Weekly timetables for all positions showing a differentiation of AT and BT positions (refer to Section 3: Profile of Work) * The education program roster (refer to Section 4: Teaching and Learning) |  |
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| For Community/Developmental:  Evidence of the Advanced Training (AT) in Community Child Health (CCH), AT in Adolescent & Young Adult Medicine (AYAM), AT in Paediatric Rehabilitation Medicine, AT in Palliative Medicine (PM), Royal Australian & New Zealand College of Psychiatrists (RANZCP) accreditation status to be provided and must include accreditation period (month/year). |  |
| *MINIMUM REQUIREMENTS for Community/Developmental to be recognised in General Paediatrics training.* | |
| * + 1. *For Community/Developmental accreditation:* * *The setting must have a dedicated community education program accessible to all trainees undertaking their core Community/Developmental training* * *Community, developmental, and child protection positions must be accredited for the respective type of core training for Advanced Training in Community Child Health* * *Adolescent medicine positions must be accredited for Core Training A for Advanced Training in Adolescent and Young Adult Medicine* * *Child and adolescent psychiatry positions must be accredited by the Royal Australian and New Zealand College of Psychiatrists* * *Rehabilitation positions must be accredited for core training for Advanced Training in Paediatric Rehabilitation Medicine* * *Palliative care positions must be accredited for core paediatric palliative care training for Advanced Training in Palliative Medicine* | |
| For Acute Care (ED):  Evidence of the Australasian College of Emergency Medicine (ACEM) accreditation status to be provided and must include accreditation period (month/year). |  |
| *MINIMUM REQUIREMENTS for Acute Care (ED) to be recognised in General Paediatrics training.* | |
| * + 1. *For Acute Care (ED) accreditation:*   *The emergency department at the setting must:*   * *Be accredited as a Paediatric Emergency Department by the Australasian College for Emergency Medicine (ACEM)*   *OR*   * *Be accredited for Paediatric Logbook accreditation by ACEM and:* * *Have a specific paediatric area* * *Be staffed by a Fellow for Paediatric Emergency Departments as defined in item 1.5 of the FACEM Training Program Site Accreditation – Requirements* * *Have trainees on a specific paediatric roster, not on the general emergency department roster* * *Have a weekly paediatric emergency medicine education program* | |
| For Acute Care (PICU):  Evidence of the College of Intensive Care Medicine of Australia and New Zealand (CICM) accreditation status to be provided and must include accreditation period (month/year). |  |
| *MINIMUM REQUIREMENTS for Acute Care (PICU) to be recognised in General Paediatrics training.* | |
| * + 1. *For Acute Care (PICU) accreditation:*   *The paediatric intensive care unit at the setting must:*   * *Be accredited as a tertiary referral Paediatric Intensive Care Unit by the College of Intensive Care Medicine of Australia and New Zealand* * *Have trainees on a specific paediatric roster, not on the general/adult intensive care unit roster* | |
| For Acute Care (NICU – Perinatal Centre), Acute Care (NICU – Children’s Hospital), Acute Care (NETS):  Evidence of the Advanced Training in Neonatal Perinatal Medicine accreditation status to be provided and must include accreditation period (month/year). |  |
| *MINIMUM REQUIREMENTS for Acute Care (NICU – Perinatal Centre, NICU – Children’s Hospital, NETS) to be recognised in General Paediatrics training.* | |
| * + 1. *For Acute Care (NICU – Perinatal Centre) accreditation:*   *The neonatal intensive care unit at the setting must:*   * *Be accredited* *for core training in a perinatal centre for Advanced Training in Neonatal/Perinatal Medicine (Australian settings only)* * *Have trainees on a specific neonatal intensive care unit roster, not part of the general paediatrics roster* | |
| * + 1. *For Acute Care (NICU – Children’s Hospital) accreditation:*   *This type of accreditation is for children’s hospitals with neonatal units that are mainly surgical units and do not provide any perinatal experience.*  *The neonatal intensive care unit at the setting must:*   * *Be accredited for Advanced Training in Neonatal/Perinatal Medicine (Australian settings only)* * *Have trainees on a specific neonatal intensive care unit roster, not part of the general paediatrics roster* | |
| * + 1. *For Acute Care (NETS) accreditation:*   *The newborn emergency transport service (NETS) must be accredited for core training in neonatal retrieval services for Advanced Training in Neonatal/Perinatal Medicine.* | |

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| General Information: Setting Details | | | | |
| Date of submission | | |  | |
| Training setting name | | |  | |
| Address | | |  | |
| Contact Details: | | |  | |
| Contact Type | **Name** | **Phone** | | **Email** |
| Setting contact for accreditation |  |  | |  |
| Head of Department |  |  | |  |
| Director of Medical Services (DMS) or equivalent |  |  | |  |
| Associated Training Network *(*if applicable) | | |  | |
| Network Training Director (if applicable) | | |  | |
| Number of trainees at this setting | General Paediatrics Advanced Trainees | | RACP Paediatrics & Child Health Division Basic Trainees | |

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| General Information: Indicate type of accreditation required | | |
| First time accreditation  Routine reaccreditation  Additional type of training | | |
| Other reason (please provide details below) | |  |
| Date of last accreditation review |  | |

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| General Information: List all settings where trainees will be undertaking training as part of this accreditation this includes any rural, regional, or private settings as part of STP arrangements. | |
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| General Information: Description of Training Setting |
| *For example, please include information on location, population size, etc.* |

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| General Information: Accreditor comments (RACP use only) |
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| SECTION 1 | | | | | |
| 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.*   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.* | | | | | |
| *MINIMUM REQUIREMENTS* | | | | | |
| * + 1. *Each trainee must have at least one designated supervisor.*     2. *Trainees must meet with their supervisor formally at least three times per rotation.*     3. *Trainees are supervised in ambulatory/outpatient clinic settings. Supervision should be commensurate with trainees’ level of experience. All new and complex review cases must be discussed with a consultant, preferably at the time of patient assessment. Alternatively, cases must be discussed via telephone, if not in person.*     4. *Trainees have onsite supervision and after-hours consultant access.*     5. *Supervisors must hold FRACP or equivalent specialist recognition.*     6. *Consultants have a proportion of non-clinical administration time, part of which can be directed to supervision of trainees.*     7. *Supervisors have time to meet with trainees in person three times per rotation.* | | | | | |
| 1a. Please list all staff in supervisory roles in the table below: | | | | | |
| Supervisor Name  (if more please provide on a separate sheet) | Qualification:  FRACP or equivalent (please specify below) | Attended RACP Supervisor Professional Development Program Workshops 1-3? | | | Total  FTE  (%) |
|  |  | 1 | 2 | 3 |  |
|  |  | 1 | 2 | 3 |  |
|  |  | 1 | 2 | 3 |  |
|  |  | 1 | 2 | 3 |  |
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|  |  | 1 | 2 | 3 |  |
|  |  | 1 | 2 | 3 |  |
|  |  | 1 | 2 | 3 |  |
| 1b. Are trainees allocated a specific supervisor? Yes  No | | | | | |
| 1c. How often do trainees meet with their supervisor? | | | | | |
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| 1d. Are inpatient services supervised by consultant paediatricians (including visiting medical officers (VMOs))? Please comment Yes  No | | | | | |
| 1e. Are trainees supervised in ambulatory/outpatient clinic settings? Please comment.  If yes, please detail the supervision provided: Yes  No | | | | | |
| 1f. Please detail supervision arrangements for trainees undertaking after-hours work: Please comment. | | | | | |
| 1g. Do supervisors have dedicated/protected time to supervise trainees? Yes  No  If yes, please specify hours per week: | | | | | |
| 1h. Is administrative support provided by the training setting for supervisors? Yes  No  Please provide some detail: | | | | | |
| |  |  |  | | --- | --- | --- | | **1i. Is there a nominated** | **Yes** | **No** | | Director of Advanced Training (DAT) |  |  | | Director of Paediatric Education (DPE) |  |  | | Are they located in your hospital/service? |  |  | | Are they located at the hospital seconding to your service? |  |  | | | | | | |
| 1j. Comments: | | | | | |

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| Section 1 Supervision: Accreditor comments (RACP use only) |
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| SECTION 2 | | |
| 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* | | |
| * + 1. *The setting will provide facilities and services to trainees relevant to the type of training being undertaken by trainees.*     2. *Trainees have access to video and telemedicine facilities, or they are within a reasonable distance.*     3. *Trainees have access to a designated workspace with standard administration facilities, including IT access, which is located within the hospital.*     4. *Trainees must have access to readily available study/tutorial rooms with appropriate teaching aides and other educational facilities. This must include distance education facilities as a minimum.* | | |
| *Please answer all questions (for Community/Developmental please answer 2i only)* | | |
| 2a. Does the setting have a paediatric emergency department? | Yes | No |
| 2b. If no:  Does the emergency department have a specific paediatric area? | Yes | No |
| 2c. Number of paediatric beds in the emergency department | |  |
| 2d. Does the setting have a paediatric intensive care unit? | Yes | No |
| 2e. Does the setting have a neonatal intensive care unit? | Yes | No |
| 2f. Does the setting have a special care nursery? | Yes | No |
| 2g. Does the setting have radiology services (onsite and offsite) | Yes | No |
| 2h. Does the setting have pathology services (onsite and offsite) | Yes | No |
| 2i. Do Trainees have access to:   * Desk or study space? * Computer and internet facilities (including Wi-Fi)? * Study/tutorial rooms? * Teaching aides (including distance education facilities)? | Yes | No |
| 2j. Comments: | | |

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| Section 2 Facilities and Infrastructure: Accreditor comments (RACP use only) |
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| SECTION 3 |
| 1. 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 capacity for project work (including research) and ongoing training.* |
| *MINIMUM REQUIREMENTS* |
| * + 1. *Trainees have a suitable workload and appropriate range of work determined by the General Paediatrics Advanced Training Curriculum, the Advanced Training in General Paediatrics Program Requirements Handbook and Professional Qualities Curriculum.*     2. *Trainees must have clinical involvement in a range of conditions that reflect the General Paediatrics Advanced Training Curriculum and are codified in the trainee’s Learning Needs Analysis (LNA) as such that over the three years of fulltime Advanced Training, the majority of curricular domains and learning objectives are achieved.*     3. *For General Paediatrics – Without a perinatal component accreditation:*   *The setting is expected to have a minimum of:*   * *Four designated paediatric medical inpatient beds* * *3000 paediatric emergency department presentations per annum* * *400 paediatric medical admissions to hospital via the emergency department per annum* * *At least one general paediatric outpatient clinic per week for trainee attendance*    + 1. *For General Paediatrics – With a perinatal component accreditation:*   *In addition to the minimum requirements for accreditation for General Paediatrics – Without a perinatal component (3.1.3), the setting is expected to have:*   * *Minimum 500 deliveries per annum* * *A special care nursery which:* * *Has at least four cots* * *Has trainees attending deliveries and providing aftercare for babies from 34 weeks in gestation* * *Has minimum 100 admissions per annum* * *Has trainees regularly undertaking baby checks* * *Is staffed by a general paediatrician or a dual trained general paediatrician/neonatologist* * *Is part of the general paediatrics unit, not a separate neonatal unit* * *Has trainees on the general paediatrics unit roster, not a separate roster*    + 1. *For Rural accreditation:*   *The setting:*   * *Must be 2019 Modified Monash Model (MMM) category 2-7* * *Must not be accredited as a Principal Training Program (Level 2 or Level 3) for Basic Paediatric Training* * *Must not have any subspecialty departments staffed by a subspecialist exclusively practicing in the specialty* * *Must meet the minimum requirements for General Paediatrics – With a perinatal component (3.1.4) or General Paediatrics – Without a perinatal component (3.1.3)* |

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| SECTION 3A  Please complete this section only if you are requesting accreditation for:   * *General Paediatrics (Rural) – With a perinatal component* * *General Paediatrics (Rural) – Without a perinatal component* * *General Paediatrics – With a perinatal component* * *General Paediatrics – Without a perinatal component* | | | | |
| 3Ai. Number of designated paediatric medical inpatient beds | | | |  |
| ii. Average number of paediatric emergency department presentations per annum | | | |  |
| iii. Average number of paediatric medical admissions to hospital via the emergency department per annum | | | |  |
| iv. Number of paediatric medical admissions per annum | | | |  |
| v. Are trainees responsible for other paediatric admissions (e.g. surgical cases)?  If yes, please detail: | | | Yes | No |
| vi. Number of acute paediatric transfers (retrieved) per annum | | | |  |
| vii. Number of acute neonatal transfers (retrieved) per annum | | | |  |
| viii. Number of outpatient clinics attended by trainees per week? | | | |  |
| ix. On average, how many patients are seen by each trainee at each clinic? | | | |  |
| x. Clinic name and type: | Onsite access | Offsite access | Clinic duration | Clinic frequency |
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| xi. Comments: | | | | |

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| Section 3A: Accreditor comments (RACP use only) |
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| SECTION 3B  Please complete this section only if you are requesting accreditation for:   * *General Paediatrics (Rural) – With a perinatal component* * *General Paediatrics – With a perinatal component* | | |
| 3Bi. Number of deliveries per annum | |  |
| ii. Number of cots in the special care nursery | |  |
| iii. Do trainees attend deliveries and provide aftercare for babies from 34 weeks in gestation? | Yes | No |
| iv. Number of admissions to the special care nursery per annum | |  |
| v. Do trainees regularly undertake baby checks in the special care nursery? | Yes | No |
| vi. Is the special care nursery staffed by a general paediatrician and/or a dual trained general paediatrician/neonatologist? | Yes | No |
| vii. Is the special care nursery part of the general paediatrics unit?  viii. If no, what unit is it part of? | Yes | No |
| ix. Are trainees in the special care nursery on the general paediatrics unit roster?  If no, what roster are they on? | Yes | No |
| x. Comments: | | |

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| Section 3B: Accreditor comments (RACP use only) |
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| SECTION 3C  Please complete this section only if you are requesting accreditation for:   * *General Paediatrics (Rural) – With a perinatal component* * *General Paediatrics (Rural) – Without a perinatal component* | | | | |
| 3Ci. Please indicate your setting’s 2019 MMM classification:  If you are unsure of your classification, please refer to the [Health Workforce Locator](https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator). | Metropolitan Areas (MM 1) | | |  |
| Regional Centres (MM 2) | | |  |
| Large Rural Towns (MM 3) | | |  |
| Medium Rural Towns (MM 4) | | |  |
| Small Rural Towns (MM 5) | | |  |
| Remote Communities (MM 6) | | |  |
| Very Remote Communities (MM 7) | | |  |
| STP Funded | | |  |
| iii. Is the setting accredited for a Principal/Adjunct Training Program for Basic Paediatric Training? | | Principle:  Level 3 |  | |
| Level 2 |  | |
| Adjunct:  Secondment |  | |
| iv. Does the setting have any subspecialty departments staffed by a subspecialist exclusively practicing in the specialty? | | Yes | No | |
| v. Comments: | | | | |

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| Section 3C: Accreditor comments (RACP use only) |
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| *Section 3 Profile of Work contd.*  *MINIMUM REQUIREMENTS* |
| * + 1. *Trainees will participate in quality assurance programs including morbidity and mortality reviews and audits.*     2. *Trainees have access to evidence-based medicine activities such as research, clinical trials, and audits.* |

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| *3J.* Please complete this section only if you are requesting accreditation for *General Paediatrics and Community/Developmental* |
| 3Ji. Please describe any evidence-based activities that trainees are involved in (e.g. audits, clinical trials, research): |

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| Section 3J: Accreditor comments (RACP use only) |
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| SECTION 4 | | | | |
| 1. Teaching and Learning | | | | |
| *RACP STANDARD* | | | | |
| * 1. *There is an established training program or educational activities, such as multi-disciplinary meetings, academic meetings, rounds and journal clubs.*   2. *There are opportunities to attend external educational 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 REQUIREMENTS* | | | | |
| * + 1. *Consultant led handover must occur a minimum of five days per week.*     2. *Consultant or senior Advanced Trainee led ward rounds must be conducted a minimum of five days per week.*     3. *Trainees have teaching responsibilities as part of their role.*     4. *Trainees have access to a formal education program. This will include at least two of the following – journal club, lecture program, supervision sessions. There must at least one educational activity per week.*     5. *Trainees are provided opportunities to attend relevant education activities.*     6. *Trainees have access to a computer, library or online library resource.* | | | | |
| *Please answer all questions (for Community/Developmental please answer 4e only)* | | | | |
| 4a. How often does clinical handover occur?  Once per day  Every shift change  Other  - please provide details | | | | |
| 4b. Are clinical handovers supervised by a senior medical officer or senior registrar?  Yes  No  If ‘No’, please provide details: | | | | |
| 4c. How many ward rounds do trainees undertake per week? | | | | |
| 4d. How often are ward rounds supervised by a consultant? | | | | |
| 4e. Are trainees responsible for teaching and/or training other staff? Yes  No  If ‘Yes’, please provide details: | | | | |
| 4f. Please list the educational activities available to trainees. Please attach educational activity timetable as evidence. | | | | |
| Educational activity  (if more please attach separately) | **Weekly** | **Fortnightly** | **Monthly** | **Duration** |
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| 4g. Please provide further details of educational activities available to trainees: | | | | |
| 4h. What practices are in place to enable trainees to attend educational activities (e.g. protected time, cover for pager, leave to attend external courses, etc.)? | | | | |
| 4i. How much protected time do trainees have to undertake formal education activities on a weekly basis? | | | | |
| 4j. Do trainees receive paediatric resuscitation training at this setting? Yes  No  Please describe arrangements: | | | | |
| 4k. Comments: | | | | |

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| Section 4 Teaching and Learning: Accreditor comments (RACP use only) |
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| SECTION 5 |
| 1. Support Services for Trainees |
| *RACP STANDARD* |
| * 1. *There are workplace policies covering the safety and well-being of trainees.*   2. *There is a formal induction/orientation process for trainees.* |
| *MINIMUM REQUIREMENTS* |
| * + 1. *There are policies relevant to the safety and wellbeing of trainees.*     2. *The setting will provide induction/orientation into training within the first week of commencement of training.* |
| *Please answer all questions* |
| 5a. Are the trainee safety and well-being policies readily accessible to trainees? Yes  No |
| 5b. Are there processes in place to manage trainees with training related grievances or trainees in difficulty? Yes  No |
| 5c. Do trainees receive an induction/orientation within their first week of training? Yes  No |
| 5d. Comments: |

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| Section 5 Support Services for Trainees: Accreditor comments (RACP use only) |
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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 |  |  |  |  |
| Accreditor comments on trainee interview | | | | |
|  | | | | |
| Accreditor comments on previous report recommendations (if applicable) | | | | |
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| Action/s required by Training Setting | | | **Date to be actioned by** | |
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| Overall recommendations (note: the training committee is responsible for the final decision) | | | | |
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| Accreditors Accreditation Recommendation: | | | | | |
| Type of accreditation | | **Duration of accreditation** | **Total number of accredited positions** (if applicable) | **Maximum training duration at setting** | **Next setting review due** |
| Full Accreditation |  |  |  |  |  |
| Conditional Accreditation |  |  |  |  |  |
| Provisional Accreditation |  |  |  |  |  |
| Not Accredited |  | N/A | N/A | N/A | N/A |

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| Site Visit Details | |
| RACP Accreditor one |  |
| RACP Accreditor two |  |
| Date of site visit (Physical/ Virtual) |  |
| Date of report completed |  |