**Advanced Training Subcommittee in Medical Oncology (Paediatrics)**

**Accreditation Site Survey Form**

*This form is used to collect background information of a training site and should be used in conjunction with the Criteria for the Accreditation of Advanced Training in Medical Oncology (Paediatrics). Please complete this form electronically and return to the College as a Word document via email to:* *accreditation@racp.org.nz*

*This form has been locked from format editing. If you require any assistance, please contact the Executive Officer for Site Accreditation at the above email address.*

*If any significant changes occur prior to the next accreditation review, the site must inform the ATC of the changes as soon as applicable and submit an updated site survey form.*

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| **General Information** |
| Date of site visit/review |       /       /       |
| Hospital name |       |
| Head of Unit/Director of Training |       |
| Phone number |       | Email |       |
| Training alliance (if applicable) |       |
| Advanced Trainee(s) currently at site |       |
| Date of last accreditation review (if applicable) |       /       /       |
| **Current accreditation status (if applicable):** |
| Number of accredited training positions |       |
| Maximum accredited **core clinical** training time at site |       |
| Maximum accredited **total** training time (core and non-core training) at site |       |
| **Type of accreditation requested:** |
| New training site | ☐ | Reaccreditation review | ☐ |
| Request for accreditation upgrade | ☐ |  |
| Upgrade requested (if applicable):       |

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| Please provide a brief summary of what has changed at your site since your last accreditation visit. (e.g. change in the number of full-time equivalent medical oncologists, change in scope of clinical activity, change in facilities). |
|       |
| Documents attached (list any appendices, such as trainee timetables, rosters, job description forms).**Note: requests for increased trainee number(s) must include proposed new timetables/rosters.** |
|       |

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| **1. Supervision**  |
| ***RACP STANDARDS*** |
| ***1.1 There is a designated supervisor for each Trainee.******1.2 Trainees have access to supervision, with regular meetings.******1.3 Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.******1.4 Supervisors are supported by the setting or network to be given the time and resources to meet RACP requirements and criteria on supervision.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY***  |
| * + 1. *Designated consultant paediatric medical oncologists with FRACP shall be available on a full-time basis and be able to supervise trainees at all times.*
		2. *For diversity of practice and experience, the department should have at least two full-time medical oncologists (or equivalent) on staff.*
		3. *A consultant paediatric medical oncologist shall provide backup cover for trainees involved in after- hours work on-call.*
		4. *A paediatric medical oncologist shall ensure that the trainee is involved in all aspects of the running of the department during the training period, including inpatient and outpatient medical management, student and postgraduate teaching, quality assurance, etc.*
		5. *A consultant paediatric medical oncologist who has met RACP defined supervisor requirements shall supervise the trainee. The nominated supervisor should be at least three years post obtaining their FRACP.*
		6. *Nominated supervisors are recommended to have completed the RACP supervisor workshops within the last 5 years.*
 |
| 1. Number of trainees/expected number of trainees:
 |
| **Medical Oncology Consultant staff** |
| Name | Sub-specialty | Onsite FTE % | Year obtained FRACP  | Nominated Supervisor | SPDP course/s completedi.e. 1, 2, 3 | Year/s completed RACP SPDP Supervisor course/s\* |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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| \*Please provide copies of SPDP workshop certificates completed in the last 5 years(Staff can obtain by emailing: SPDP@racp.org.nz ) |
| 1. Does/will each Trainee have one supervisor that is readily contactable?

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| 1. Please comment generally on Supervision arrangements for Trainees:

      |
| 1. Please comment on backup cover for Trainees working after-hours work and on-call

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| **Surveyor Comments (RACP use only)** |
|       |
| Standards 1.1 to 1.4 achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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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.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***2.1.1*** *The hospital has access to an intensive care unit which also accepts paediatric patients, acute care and pharmacy service.****2.1.2*** *There is an oncology day unit (infusion centre) on site.****2.2.1*** *There is office space for the use of the Trainee including IT facilities.* ***2.2.2*** *There is clinic space available for the Trainee to review outpatients.****2.3.1*** *There are meeting rooms and other facilities available for the activities under criterion 4.1.* |
| **Facility** | **Yes** | **No** | **Comment** |
| 1. Does the hospital have:
 |
| PaediatricIntensive Care Unit | ☐ | ☐ |       |
| Emergency Department | ☐ | ☐ |       |
| Pharmacy Service | ☐ | ☐ |       |
| 1. Does the oncology unit have:
 |
| An oncology specific pharmacist | ☐ | ☐ |       |
| Electronic prescribing system for oncology drugs | ☐ | ☐ |       |
| 1. Do trainees have access to:
 |
| Typing and secretarial support | ☐ | ☐ |       |
| 1. Please describe the office and IT facilities provided for Trainees

      |
|  |
| **Surveyor Comments (RACP use only)** |
|       |
| Standard 2.1 to 2.3 achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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| **3. Profile of work** |
| **RACP STANDARD** |
| ***3.1 The setting shall provide a suitable workload and appropriate range of work.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***3.1.1*** *The trainee shall have a suitable workload and appropriate range of work determined by the Medical Oncology Advanced Training Curriculum and Medical Oncology Advanced Training Program Requirement Handbook (available from the RACP website). The range of work will include:** *Regular weekly outpatient clinics (including day treatment clinics, new referrals, long-term follow up)*
	+ *Trainees should attend a minimum of 3 clinics per week (averaged over 12 months)*
	+ *Consultant must be on-site and available to supervise trainee during clinic sessions*
	+ *Should include a mix of new patients and follow-up consultations (reviews while on treatment and patients in long-term follow up)*
* *Sufficient number of new patients with a variety of common malignancies*
	+ *Minimum of 1 new patient per week* averaged over 12 months *(outpatients or inpatient consults)*
* *Care of inpatients*
* *Inpatient consultations*
* *Unplanned review of patients in the oncology day unit*
* *Exposure to appropriate procedures including prescribing chemotherapy, lumbar punctures with intrathecal chemotherapy, bone marrow biopsies, long-term follow up and transition planning*
* *Attendance at multidisciplinary team (MDT) meetings*

***3.1.2*** *The institution shall provide linked services with a department of haematology, radiation oncology or palliative medicine, headed by an accredited specialist (FRACP, FRCPA, FRACR, FAChPM).* |
| 1. Total number of new cases per year
 |
| New In-patients (approx. no./week): |       |
| New Out-patient (approx. no./week):  |       |
| 1. Unit profile
 |
| Number of day oncology chairs/beds:  |       |
| Average/usual number of inpatients admitted under medical oncology  |       |
| 1. Yearly case numbers of
 |
|       Central Nervous System tumours      Soft tissue sarcoma      Acute leukaemia      Hodgkin Lymphoma      Non-Hodgkin Lymphoma      Allogeneic stem cell transplant      Autologous stem cell transplant      Cellular therapy |       Bone tumours      Retinoblastoma      Neuroblastoma      Germ cell tumours      Renal tumours      Hepatic tumours      Other/rare cancers, please specify |
| 1. How many occasions of service occur in the oncology day unit per week?
 |
| 1. Are the Trainees involved in reviewing patients in the day unit?
 |
| 1. Who is responsible for Trainee rostering? Are supervisors consulted in rostering decisions?

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| 1. Does your site perform allogeneic stem cell transplants?
 |
| 1. Does your site perform autologous stem cell transplants?
 |
| 1. Does your site perform cellular therapies?
 |
| **Indicative weekly trainee workload** |
| Please complete a timetable as per below for each trainee on site showing typical weekly activities. Please attach rosters/time tables if there are more than 3 Trainees on site. **Trainee #1** |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM      |       |       |       |       |
| PM      |       |       |       |       |
| **Trainee #2** |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM       |       |       |       |       |
| PM      |       |       |       |       |
| **Trainee #3** |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM      |       |       |       |       |
| PM      |       |       |       |       |
| **Outpatient clinics attended by trainees** |
| Clinic name/type | Supervising Consultant/s | Frequency  | Patients per clinic | Number of new and review patients |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
|       |       |       |       | **new**     **review**      |
| **Chemotherapy prescribing and procedures** |
| 1. Are the trainees involved in prescribing oncology drugs/protocols?
 |
| 1. Do trainees prescribe treatment for new patients?
 |
| 1. Do trainees make dose adjustments for patients already on treatment?
 |
| 1. Are trainees supervised with procedures including paracenteses, pleurodeses, lumbar punctures, bone marrow biopsies, etc?
 |
| **Multidisciplinary team meetings** |
| ☐Schedule attached (if no, please complete below) |
| Name of MDT Meeting | Frequency | Attended by trainee |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Linked services** |
| 1. Does the hospital have a Haematology unit?

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| 1. Is the unit accredited for advanced training?

      |
| 1. Please describe trainee involvement:

      |
| 1. Does the hospital have a Radiation oncology unit?

      |
| 1. Is the unit accredited for Advanced Training?

      |
| 1. Please describe trainee involvement:

      |
| 1. Does the hospital have a Palliative Medicine Service unit?

      |
| 1. Is the unit accredited for advanced training?

      |
| 1. Please describe trainee involvement:

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| **Surveyor Comments (RACP use only)** |
|       |
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| Standard 3.1 Achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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| ***RACP STANDARD*** |
| ***3.2 Trainees participate in quality and safety activities.***  |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***3.2.1*** *Active quality assurance program to support assessment of quality and safety.* |
| **Program** | **Trainee involved** | **Frequency** |
| Morbidity/mortality audits/meetings | ☐ |       |
| Quality assurance/audit | ☐ |       |
| Evaluations of clinical management of common conditions | ☐ |       |
| Other quality assurance activities (please describe below) | ☐ |       |
| 1. Further comment on Trainee involvement in these activities:

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| **Surveyor Comments (RACP use only)** |
|       |
| Standard 3.2 Achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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| ***RACP STANDARD*** |
| ***3.3 There is the capacity for project work (including research) and ongoing training.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***3.3.1*** *The department shall provide opportunities for research in clinical or laboratory aspects of medical oncology and clinical trials for each trainee.****3.3.2*** *The trainee will need to conduct at least one research project during their Advanced Training.* |
| 1. Is the trainee(s) involved in a research project during the course of their training at this site?

Yes ☐ No ☐ Comment:       |
| 1. Please describe research activities of current Trainees or potential activities for future Trainees

      |
| 1. Does the site participate in clinical trials?

Yes ☐ No ☐ Comment:       |
| 1. Is the trainee(s) involved in the conduct of clinical trials/review patients on clinical trials?

Yes ☐ No ☐ Comment:       |
| 1. Is your site Children's Oncology Group (COG) and/or International Society of Paediatric Oncology (SIOP) accredited?

If yes, average number of patients enrolled per year: |
| 1. Does the trainee(s) have contact with Clinical Research Assistants:

Yes ☐ No ☐ Comment: |
|  |
| **Surveyor Comments (RACP use only)** |
|       |
| Standard 3.3 Achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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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, journal clubs, etc.******4.2 There are opportunities to attend external education activities as required.******4.3 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***4.1.1*** *The trainee should be an active member of regularly scheduled interdisciplinary clinical meetings, medical oncology clinical meetings and MDT meetings.****4.1.2*** *The department shall provide an appropriate academic environment for advanced training, through direct teaching, journal clubs, or other methods which can be documented.****4.1.3*** *Trainees should be involved in teaching medical students and basic trainees, if present.****4.2.1*** *Trainees shall be supported to attend scientific meetings of local, national and international societies, and to submit abstracts to such meetings.****4.3.1*** *The department shall provide actual or online access to a medical library with current relevant journals and computer facilities including desk, telephone and IT services.* |
| **Activity** | **On site** | **Off site** | **Number per week** |
| Lecture program/Seminars | ☐ | ☐ |       |
| Journal club | ☐ | ☐ |       |
| Grand rounds | ☐ | ☐ |       |
| Case presentations | ☐ | ☐ |       |
| Radiology meetings | ☐ | ☐ |       |
| Pathology meetings | ☐ | ☐ |       |
|  |  Psychosocial meetings     | ☐ | ☐ |       |
| Other |       | ☐ | ☐ |       |
| Other |       | ☐ | ☐ |       |
| 1. Are Trainees supported to attend scientific meetings? Yes ☐ No ☐
 |
| 1. Please list other activities attended:

      |
| 1. Is there the opportunity for Trainees to feedback/disseminate learnings (or alternatively hear from colleagues) from these scientific meetings?

Yes ☐ No ☐ Comment:       |
| 1. Explain how Trainees are guided/supported to attend scientific meetings and submit abstracts.

      |
| 1. Is it possible to access the library or full-text journals online?

Yes ☐ No ☐ Comment:       |
| 1. Are trainees involved in teaching?

Yes ☐ No☐ Please provide further details:       |
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| **Surveyor Comments (RACP use only)** |
|       |
| Standard 4.1 to 4.3 Achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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| **5. Support Services for Trainees** |
| ***RACP STANDARDS*** |
| ***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.*** |
| ***MINIMUM REQUIREMENTS FOR ADVANCED TRAINING IN MEDICAL ONCOLOGY*** |
| ***5.1.1*** *There are**support services for trainees including; policies relevant to the safety and wellbeing of Trainees.****5.2.1*** *Supervisors or designees provide a site specific medical oncology orientation/induction into training at the setting to new Trainees within the first week of commencement of training.* |
| 1. Please list any policies in place relevant to the safety and wellbeing of trainees:

      |
| 1. Do Trainees receive an orientation/induction within their first week of training? Yes ☐ No ☐
 |
| 1. What does this orientation involve? Does it include orientation into prescribing oncology drugs?

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| **Surveyor Comments (RACP use only)** |
|       |
| Standard 5.1, 5.2 Achieved? Yes ☐ Needs Improvement ☐ |
| Action Required | To be actioned by (date) |
|       |       |

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| **Accreditation Decision (RACP use only)** |
| **Accreditation information** |
| Hospital name: |       |
| Accreditation visitors were able to meet with current trainee(s):Yes ☐ No ☐ |
| **Accreditation Status** |
| Accredited | ☐ | Number of training positions: |       |
| Not accredited | ☐ | Maximum **core** training time: |       |
| Conditional (action/s required) | ☐ | Maximum **total** training time (core and non-core) at site: |       |
| **Accreditation length (years)** |       |
| **Year of next review** |       |

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| **Overall recommendations** |
|       |
| Strengths:       |
| Weaknesses:       |
| **Action/s**  | **To be actioned by (date)** |
|       |       |

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| **RACP Assessor One** |  |
| **RACP Assessor Two** |  |
| **Date report completed** | **/       /** |