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Advanced Training Subcommittee in Medical Oncology

Criteria for the Accreditation of Advanced Training in Medical Oncology (Paediatrics)

Background

Accreditation of advanced training sites was approved as an activity of the Royal Australasian College of Physicians (RACP) in September 1999.

Advanced training in paediatric medical oncology in New Zealand is supervised by the Advanced Training Subcommittee (ATS) in Medical Oncology of the RACP. Training is undertaken prospectively under the guidance of supervisors who provide formative and summative assessments of the trainees' program content and performance. To facilitate approval of training programs submitted by trainees annually, the ATS will accredit the training sites and then periodically review the accreditation of sites, to ensure that they are of acceptable quality and of an adequate standard.

Purpose of Accreditation of Sites

1. To facilitate approval of training programs
2. To determine:
   i) the appropriateness of supervision for advanced training;
   ii) the level of clinical workload for advanced training;
   iii) the suitability of infrastructure for advanced training;
   iv) opportunities for research during advanced training;
   v) availability of training in the allied components of medical oncology;
   vi) recommendations for improving training at the sites.
3. To assist trainees to select the site suitable to their current training needs.

Applying for Accreditation

Departments who wish to apply for accreditation for advanced training in medical oncology must complete a Site Survey Form and submit it to the ATS in Medical Oncology. Members of the ATS will then conduct a site visit/review to verify the adequacy of the site for advanced training.

After the site visit/review, the site's representative will be sent a copy of the draft site visit report and asked to verify that the information it contains is accurate. The final report will be considered by the ATS at its next meeting and the accreditation decision will be conveyed to the site as soon as possible.

For each training site, the ATS will determine:

i) whether the site should be able to provide suitable core training in medical oncology;
ii) what proportion of each 12-month period may be accredited for core training in medical oncology;
iii) the maximum amount of time that may be spent in core training at the site by any one trainee;
iv) the maximum number of trainees that may be approved for core training at the site at any one time;
v) when the accreditation status of the site will next be reviewed.

Accreditation Cycle

The ATS reviews the accreditation status of each site every five years, unless otherwise specified (see “Conditional Accreditation” below). The process for a site review is the same as the process for a new application for accreditation (see "Applying for Accreditation" above). Sites will be asked to complete a new Site Survey Form and host a site visit/review during the final year of their five-yearly cycle.

The ATS may also undertake review of a site at its discretion before the end of the cycle (see "Conditional Accreditation" below).

Conditional Accreditation

Conditional accreditation may be granted to sites which are waiting to be reviewed and accredited by the ATS through the normal accreditation process. This is to ensure that existing trainees at the site are not disadvantaged.

Conditional accreditation may also be granted to sites which are undergoing substantial change or when the ATC has determined that a review must take place before the end of the standard five-yearly cycle.

Accreditation of Overseas Advanced Training Sites

The ATS may approve training overseas if the proposed training site meets the accreditation criteria. Overseas training sites will be assessed and approved based on information provided by the trainee’s supervisor/Head of Department, in the form of a letter, official job description and/or completed Site Survey Form, and the trainee's *Annual Application for Approval of Advanced Training*. The supervisor will also receive the RACP handbook *Requirements for Physician Training* which includes the requirements for advanced training in medical oncology. A site visit will not be considered.

Appeals Process

If a training site is dissatisfied with the accreditation decision determined by the ATC, please refer to the College’s Reconsideration, Review and Appeals By-laws. If the site plans to lodge an application, it must be received within 28 days of notification of the accreditation decision.

Contact

For any enquiries regarding the accreditation process, please contact the NZ Accreditation team on accreditation@racp.org.nz

Accreditation Criteria

The following criteria will be considered in accreditation of a site.

1. Supervision	
The paediatric medical oncology department shall provide appropriate supervision for Advanced Training.	
RACP STANDARD	**MINIMUM REQUIREMENTS**
1.1 There is designated supervisor for each Trainee.	**1.1.1** Designated consultant paediatric medical oncologists with FRACP shall be available on a fulltime basis and be able to supervise trainees at all times.
	1.1.2 For diversity of practice and experience, the department should have at least two full time medical oncologists (or equivalent) on staff.
1.2 Trainees have access to supervision, with regular meetings.	**1.2.1** A consultant paediatric medical oncologist shall provide backup cover for trainees involved in after-hours work on-call.
	1.2.2 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.
1.3 Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.	**1.3.1** 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.
	1.3.2 Nominated supervisors are recommended to have completed the RACP supervisor workshops within the last 5 years.
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.	

2. Facilities and Infrastructure	
The paediatric medical oncology department shall provide a suitable infrastructure for Advanced Training.	
RACP STANDARD	**MINIMUM REQUIREMENTS**
2.1 There are appropriate facilities and services for the type of work being undertaken.	**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 Each trainee has a designated workspace, including a desk, telephone and IT facilities.	**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 There are facilities and equipment to support educational	**2.3.1** There are meeting rooms and other facilities available for the activities under criterion 4.1.

activities, such as study areas and tutorial rooms.	

3. Profile of Work

The paediatric medical oncology department shall provide a sufficient workload of clinical material for Advanced Training.

RACP STANDARD	MINIMUM REQUIREMENTS

3.1 The setting shall provide a suitable workload and appropriate range of work.	**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).
3.2 Trainees participate in quality and safety activities.	**3.2.1** Active quality assurance program to support assessment of quality and safety.
3.3 There is the capacity for project work (including research) and ongoing training.	**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.

4. Teaching and Learning	
The paediatric medical oncology department should provide encouragement for trainees to undertake research during Advanced Training.	
RACP STANDARD	**MINIMUM REQUIREMENTS**
4.1 There is an established training program or educational activities, such as multidisciplinary meetings, academic meetings, rounds, journal clubs, etc.	**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 There are opportunities to attend external education activities as required.	**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 There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.	**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.

5. Support Services for Trainees	
RACP STANDARD	**MINIMUM REQUIREMENTS**
5.1 There are workplace policies covering the safety and well-being of Trainees.	**5.1.1** There are support services for trainees including; policies relevant to the safety and wellbeing of Trainees.
5.2 There is a formal induction/orientation process for 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.