

**ACCREDITATION ASSESSMENT FORM FOR**

**AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE (AFPHM)TRAINING SETTINGS**

**This form is to be completed electronically by the Training Setting Contact**

(*i.e Director, Manager or Trainee Supervisor of the Training Setting)*

Any additional attachments should be sent separately

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

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| --- | --- |
| **General Information** | |
| Organisation/Health Jurisdiction |  |
| Training Setting/Facility Name |  |
| Training Network (If applicable) |  |
| Training Position |  |
| Address of Training Setting |  |
| Postal Address (if different) |  |
| Phone Number |  |
| Email Address |  |

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| --- | --- | --- |
| First time accreditation |  | Other reason: |
| Routine reaccreditation |  |
| Date of last accreditation review |  | |
| Additional Training Position |  |  |
| Additional Training Setting |  |  |

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| **Form reviewed by the Training Setting Contact:** | |
| Name |  |
| Title |  |
| Date |  |

# Standards required for AFPHM Training Setting Accreditation

| **RACP Standard** | | **Minimum Requirements for Advanced Training in Public Health Medicine** |
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| **1. Supervision** | | |
| * 1. ***There is a designated supervisor for each Trainee.*** | | * + 1. *The training setting will be overseen by a Supervisor who, under normal circumstances is responsible for supervising no more than two AFPHM Trainees at any time.* |
| * 1. ***Trainees have access to supervision, with regular meetings.*** | | * + 1. *The Supervisor assists Trainees to develop a learning contract by identifying work-based projects and strategies to achieve these that will enable attainment of the AFPHM competencies.*     2. *The Supervisor meets regularly (either face-to-face or through telecommunications) with Trainees, at least once every 2 weeks, to review progress towards meeting the learning contract.* |
| * 1. ***Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.*** | | * + 1. *The Supervisor meets the AFPHM requirements for Supervisors or Co-supervisors (i.e. if the Supervisor is not a FAFPHM, then the trainee must have a co-Supervisor who is a FAFPHM).* |
| * 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.*** | | * + 1. *The Supervisor is resourced and supported by AFPHM to be a Supervisor.* |
| **2. Facilities and Infrastructure** | | |
| * 1. *There are appropriate facilities and services for the type of work being undertaken.* | * + 1. *Trainees are provided with the following within two weeks of commencement:* * *Appropriate software for Public Health purposes, including statistical software when required* * *Access to printing, fax and photocopying facilities* * *Access to rooms for meetings* * *Internet access to common information databases such as the Cochrane database* | |
| * 1. *Each trainee has a designated workspace including a desk, telephone and IT facilities* | * + 1. *Trainees are provided with the following within two weeks of commencement:* * *A dedicated workstation or office* * *A dedicated desk top or laptop computer with access to software for word processing, spreadsheets and databases* * *A work e-mail address* * *Access to a form of telecommunication such as telephone, teleconference or videoconference facilities* | |
| * 1. ***There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.*** | * + 1. *Within two weeks of commencement:* * *Trainees will have access to resources supporting remote electronic learning when required to work away from the principal training setting.* | |

| **3. Profile of work** | | |
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| * 1. ***The setting shall provide a suitable workload and appropriate range of work.*** | | * + 1. *The work placement will be responsible for public health outputs that are able to contribute to meeting the AFPHM competencies*     2. *Ensures that a variety of public health work covering a range of public health competencies is available to Trainees (for example, Trainees should have the opportunity to produce written and oral communications for the organisation)*     3. *The work placement provides opportunities for Trainees to become involved in the day-to-day public health issues, and encourages involvement.*     4. *The training setting, as well as the Supervisor, is aware that the employee is undertaking advanced training in Public Health Medicine, and supports the Trainee’s professional development by encouraging a respect for the balance of their responsibilities as both an employee and a Trainee.*     5. *The Supervisor has access to and is familiar with the AFPHM Curriculum and assessment requirements.*     6. *The Supervisor fulfils the requirements of the AFPHM Supervisor role.* |
| * 1. ***Trainees participate in quality and safety activities.*** | | * + 1. *The work placement provides Trainees with opportunities for participation in processes to review the quality of public health programs and practice.* |
| * 1. ***There is the capacity for project work (including research) and ongoing training.*** | | * + 1. *Trainees are supported in their work on the specific projects described in the learning contract* |
| **4. Teaching and Learning** | | |
| * 1. ***There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.*** | ***4.1.1*** *Trainees have access to educational activities on training setting or an opportunity to attend at an affiliated site.* | |
| * 1. ***There are opportunities to attend external education activities as required.*** | ***4.2.1*** *Trainees have the opportunity to participate in national and state based learning activities organised by the AFPHM.* | |
| * 1. ***There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.*** | * + 1. *Within two weeks of commencement, the Trainee will have access to a library facility - either a local area health service, university library or access to an e-library facility.* | |
| **5. Trainee Safety and Support Services** | | |
| * 1. ***There are workplace policies covering the safety and well-being of Trainees.*** | * + 1. *Trainees are aware of and have access to occupational health and safety resources.* | |
| * 1. *There is a formal induction/orientation process for Trainees.* | * + 1. *Within two weeks of commencement, the Trainee is provided with an orientation to the organisation and to the principle training setting.*     2. *The training setting will be overseen by an education supervisor who assists the Trainee to participate in the orientation program of the AFPHM Advanced Training Program.* | |

*For* ***individual training site****, please complete* ***Parts A, C and D****.*

*For* ***networked training sites or training consortia****, please complete* ***Parts B, C and D****. Please indicate the number of sites as appropriate to your situation; if there are more than six sites in the network/training consortia, please complete a second Survey Form and attach.*

# PART A – Training Setting demographic information

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| --- | --- | --- |
| **Individual site** | **Trainee name** |  |
| **Training position** |  |
| **Address of Training Setting** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

# PART B – Training Setting demographic information

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| **Training Network or Consortia** | |  |
| **Network contact person** | | Name: |
| Phone: |
| Email: |
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| **Training Setting 1** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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| **Training Setting 2**  **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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| **Training Setting 3**  **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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| **Training Setting 4**  **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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| **Training Setting 5**  **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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| **Training Setting 6**  **(if applicable)** | **Trainee name** |  |
| **Training position** |  |
| **Address** |  |
| **Training Setting contact person** | Name: |
| Phone: |
| Email: |
| **AFPHM Education Supervisor**  **(must be an AFPHM Fellow)** | Name: |
| Phone: |
| Email: |
| **Co-Supervisor**  **(if applicable)** | Name: |
| AFPHM Fellow: Yes/No |
| Phone: |
| Email: |

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# PART C - Education and training information

*Please provide a brief description of the likely Public Health Medicine training available within the position (max 200 words).*

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| **Individual Training Setting/Training Setting 1** |
| **Position Description –** |
| **Training Setting 2 (if applicable)** |
| **Position Description –** |
| **Training Setting 3 (if applicable)** |
| **Position Description –** |
| **Training Setting 4 (if applicable)** |
| **Position Description –** |
| **Training Setting 5 (if applicable)** |
| **Position Description –** |
| **Training Setting 6 (if applicable)** |
| **Position Description -** |

# Part D - Accreditation checklist

# *For RACP Standards required for AFPHM Training Setting Accreditation, please refer to pages 2 & 3 of this Assessment Form. For details on Learning Objectives, please refer to the* [*AFPHM Advanced Training Curriculum (p.11 – 17)*](https://www.racp.edu.au/docs/default-source/default-document-library/at-afphm-public-health-medicine-advanced-training-curriculum.pdf?sfvrsn=2)*; the* [*RACP Professional Practice Framework – Professional Standards*](https://www.racp.edu.au/docs/default-source/default-document-library/ppf-booklet.pdf?sfvrsn=4) *is also available for reference.*

## Section 1: Supervision

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| **For each training setting, please write either Yes/No to indicate if the training setting meets the criteria.**  Note: For individual training positions only complete column 1 (setting 1); and for networks please complete column 1 (setting 1) and additional columns as applicable. | | | | | | | |
|  | | **Training Setting 1** | **Training Setting 2**  **(if applicable)** | **Training Setting 3**  **(if applicable)** | **Training Setting 4**  **(if applicable)** | **Training Setting 5**  **(if applicable)** | **Training Setting 6**  **(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** |
| 1.1.1 | The Trainee will be overseen by a Supervisor who is responsible for supervising no more than two AFPHM Trainees at any time. |  |  |  |  |  |  |
| 1.2.1 | The Supervisor will assist the Trainee to develop a learning contract by identifying work-based activities and projects that will enable attainment of the AFPHM competencies. |  |  |  |  |  |  |
| 1.2.2 | The Supervisor will meet regularly (either face-to-face or through telecommunications) with the Trainee, at least once every 2 weeks, to review progress towards meeting the learning contract. |  |  |  |  |  |  |
| 1.4.1\* | The Supervisor (i.e the education/workplace supervisor who is a FAFPHM or Co-supervisor who is a FAFPHM) has completed the Supervisor Professional Development Program (SPDP 1 and 2) and Work-based Learning and Assessment Public Health Medicine (SPDP 3 PHM workshops (or for 2022, must complete the SPDP 3 PHM workshop).  ***Note: All Supervisors with a FAFPHM must complete SPDP 3 by end 2022 and complete or be*** [***exempt***](https://www.racp.edu.au/fellows/supervision/supervisor-professional-development-program) ***from SPDP 1 and 2 in line with their accreditation cycle, Workplace supervisors who are not Fellows of the AFPHM are not required to complete these workshops.*** | SPDP 1  SPDP 2  SPDP 3 | SPDP 1  SPDP 2  SPDP 3 | SPDP 1  SPDP 2  SPDP 3 | SPDP 1  SPDP 2  SPDP 3 | SPDP 1  SPDP 2  SPDP 3 | SPDP 1  SPDP 2  SPDP 3 |

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| **If you have any additional comments for Section 1, please provide here:** |
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**Section 2: Facilities and Infrastructure**

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| **For each site, please write either Yes/No to indicate if the setting meets the criteria.**  Note: For individual training positions only complete column 1 (setting 1); and for networks please complete column 1 (setting 1) and additional columns as applicable. | | | | | | | |
|  | | **Training Setting 1** | **Training Setting 2**  **(if applicable)** | **Training Setting 3**  **(if applicable)** | **Training Setting 4**  **(if applicable)** | **Training Setting 5**  **(if applicable)** | **Training Setting 6**  **(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** |
| 2.1.1 | The Trainee will be provided with the following within two weeks of commencement: |  |  |  |  |  |  |
| * Software for public health purposes, including statistical software when required |  |  |  |  |  |  |
| * Access to printing, fax and photocopying facilities |  |  |  |  |  |  |
| * Access to rooms for meetings |  |  |  |  |  |  |
| * Internet access to common information databases such as the Cochrane database |  |  |  |  |  |  |
| 2.2.1 | The Trainee will be provided with the following within two weeks of commencement: |  |  |  |  |  |  |
| * A dedicated workstation or office |  |  |  |  |  |  |
| * A dedicated desk top or laptop computer with access to software for word processing, spreadsheets and databases |  |  |  |  |  |  |
| * A work e-mail address |  |  |  |  |  |  |
| * Access to a telephone, teleconferencing or videoconferencing facilities |  |  |  |  |  |  |
| 2.3.1 | When the Trainee is working away from the principal site, the trainee will have access to resources supporting remote electronic learning. |  |  |  |  |  |  |

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| **If you have any additional comments for Section 2, please provide here:** |
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**Section 3: Profile of Work**

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| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**  Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. | | | | | | | |
|  | | **Training Setting 1** | **Training Setting 2**  **(if applicable)** | **Training Setting 3**  **(if applicable)** | **Training Setting 4**  **(if applicable)** | **Training Setting 5**  **(if applicable)** | **Training Setting 6**  **(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** |
| 3.1.1 | The public health outputs from a placement at this training setting align with the AFPHM Curriculum. |  |  |  |  |  |  |
| 3.1.2 | The trainee will be able to undertake projects covering a range of public health competencies. |  |  |  |  |  |  |
| 3.1.3 | In addition to completing larger projects, the Trainee will have the opportunity to become involved in day-to-day public health issues. |  |  |  |  |  |  |
| 3.1.4a | The manager of the workplace (if not the Supervisor) is aware that the employee is undertaking advanced training in Public Health Medicine. |  |  |  |  |  |  |
| 3.1.4b | The manager of the workplace is supportive of the Trainee’s professional development. |  |  |  |  |  |  |
| 3.1.5a | The Supervisor has access to the AFPHM Curriculum and assessment guidelines. |  |  |  |  |  |  |
| 3.1.5b | The Supervisor is familiar with the AFPHM Curriculum and assessment requirements. |  |  |  |  |  |  |

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| **If you have any additional comments for Section 3, please provide here:** |
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**Section 4: Teaching and Learning**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**  Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. | | | | | | | |
|  | | **Training Setting 1** | **Training Setting 2**  **(if applicable)** | **Training Setting 3**  **(if applicable)** | **Training Setting 4**  **(if applicable)** | **Training Setting 5**  **(if applicable)** | **Training Setting 6**  **(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** |
| 4.1.1 | The Trainee has access to educational activities on training setting or opportunities to attend at other appropriate training settings. |  |  |  |  |  |  |
| 4.2.1 | The Trainee has the opportunity to participate in national and state based learning activities organised by the AFPHM. |  |  |  |  |  |  |
| 4.3.1 | Within two weeks of commencement, the Trainee has access to a library facility - either a local area health service, university library or access to an e-library facility. |  |  |  |  |  |  |

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| **If you have any additional comments for Section 4, please provide here:** |
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## Section 5: Trainee Safety and Support Services

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **For each site, please write either Yes/No to indicate if the training setting meets the criteria.**  Note: For individual training positions only complete column 1 (training setting 1); and for networks please complete column 1 (training setting 1) and additional columns as applicable. | | | | | | | |
|  | | **Training Setting 1** | **Training Setting 2**  **(if applicable)** | **Training Setting 3**  **(if applicable)** | **Training Setting 4**  **(if applicable)** | **Training Setting 5**  **(if applicable)** | **Training Setting 6**  **(if applicable)** |
|  | **Name of person completing this section of the Survey for each training setting -** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** | **Name:** |
| 5.1.1 | The Trainee will have access to occupational health and safety support if required. |  |  |  |  |  |  |
| 5.2.1 | Within two weeks of commencement, the Trainee will be provided with an orientation to the organisation and to the principal training setting. |  |  |  |  |  |  |
| 5.2.2 | The Trainee will be able to attend the National Training Days. |  |  |  |  |  |  |

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| **If you have any additional comments for Section 5, please provide here:** |
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**Thank you for completing the Public Health Medicine Accreditation Assessment Form.**

**Please return via email to**: accreditation@racp.edu.au