**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**](mailto:accreditation@racp.edu.au)

Any additional attachments should be sent separately.

|  |  |
| --- | --- |
| 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. |

|  |  |  |
| --- | --- | --- |
| **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. | |

|  |  |  |
| --- | --- | --- |
| **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. | |

|  |  |  |
| --- | --- | --- |
| **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. |

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

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

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

|  |
| --- |
| **SUMMARY Types of Training** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *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. | | | | | |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

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

|  |
| --- |
| **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.*** |

|  |
| --- |
| ***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.*** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

|  |
| --- |
| 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.** |

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

|  |
| --- |
| **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 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”.*** |

|  |  |  |
| --- | --- | --- |
| 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. |  |  |

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

|  |
| --- |
| **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.*** |

|  |
| --- |
| ***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”.*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | | | |

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

|  |
| --- |
| **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.*** |

|  |
| --- |
| ***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”.*** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |

|  |
| --- |
| 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.** |

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

|  |
| --- |
| **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*** |

|  |
| --- |
| ***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 outline  Yes  No  Comment: Click or tap here to enter text. |
| Are there support services available for Trainees’ Wellbeing? Please outline  Yes  No  Comment: Click or tap here to enter text. |

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

|  |
| --- |
| **Checklist** |

|  |  |
| --- | --- |
| * 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) |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| Click or tap here to enter text. |

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

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

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

|  |  |
| --- | --- |
| **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. |

|  |  |
| --- | --- |
| **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. |

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