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Specialty Training Committee in Respiratory and Sleep Medicine

Criteria for Accreditation of Advanced Training Sites in Adult Respiratory Medicine

1. Purpose of Accreditation of Sites

1.1 To ensure training posts provide high quality clinical training by meeting necessary predetermined standards

These standards provide the basis for adequate clinical training, and cover:

(i) facilities for training, including procedural work and laboratory facilities
(ii) supervision of training
(iii) amount and breadth of clinical experience required for training
(iv) educational opportunities
(v) infrastructure

1.2 To Facilitate Approval of Training Programs

Site accreditation is an essential prerequisite for approval of individual advanced training programs at each site. Site accreditation will allow determination of:

(i) the duration of training that can be carried out in an individual site
(ii) the number of trainees that can be adequately trained in a department at any one time
(iii) recommendations for improving training at the site.

1.3 To Provide Information

Site accreditation will allow more information to be generally available for trainees, supervisors and others regarding:

(i) facilities for training
(ii) supervision of training
(iii) mix of clinical and procedural experience available
(iv) education opportunities
(v) infrastructure

1.4 To Assist Trainees to

(i) apply to a site suitable to their current training needs

2. Standards for Assessment

2.1 General Guidelines

(i) The Accreditation process wishes to encourage diversity in training opportunities and to ensure good clinical experience. Below is a guideline which will satisfy STC requirements.

(ii) A respiratory medicine training network (group of training sites sharing trainees) seeking accreditation for advanced training must demonstrate that it has suitable staff, workload and facilities available to the trainee to permit advanced training. There are nine general standards with various criteria listed relating to each standard. Each criterion will be applied by the Accreditation Team to determine if each standard has been achieved. Documentation for each criterion will be required. It is recognised that local conditions may preclude absolute compliance with every standard, particularly in rural centres. Respiratory Medicine training networks will be encouraged to develop links with other sites to achieve accreditation standards.

(iii) The network must be affiliated with a university hospital (regularly teaches undergraduate medical students).

(iv) In general, a network must be able to provide 12 months of core training in order for it to be considered suitable for accreditation.

(v) Accreditation will be granted for a period of five years, not withstanding the next paragraph. Sites may be granted only limited periods of accreditation subject to further review.

(vi) An annual proforma will be sent to the network director outlining:
   a) Current accreditation status: full/ provisional/ not accredited
   b) Number of accredited Adult Respiratory Medicine advanced trainee positions
   c) Year accreditation is due for renewal
   d) Requirement to notify the STC of any substantial deficiencies or changes in circumstances (see (vii) below).
   e) A copy of the current *Criteria for Accreditation of Advanced Training Sites in Adult Respiratory Medicine* will also be provided.

(vii) Accredited networks **must notify the Chair of the STC of any substantial change of circumstances within their network** which may lead to failing to meet the criteria for accreditation. Networks will generally be given a maximum of twelve months to demonstrate that the criteria for accreditation have been regained, otherwise **accreditation status will be withdrawn** (see 4.3).

(viii) These standards shall apply for the accreditation of respiratory medicine networks for the 2 years of core respiratory medicine training.

2.2 Standards

Respiratory Medicine Training

Standard 1

Each training site in the network shall provide appropriate supervision for core advanced training.

Criteria:

a) A minimum of one full-time respiratory medicine physician position (or equivalent in part-time or visiting physicians). On site supervision must generally be available for more than 75% of standard working hours. Where only part-time training is being offered, then a reduction in supervision availability may be considered where appropriate.

b) A respiratory medicine physician shall be available on site at all times when the trainee is undertaking invasive respiratory procedures, and supervise all reporting. Final reports shall all be checked by a respiratory medicine specialist unless the trainee has been deemed competent and the supervisor accepts responsibility.

c) The respiratory medicine physician(s), who is/are the supervisor(s) of the trainee, shall ensure that the trainee is involved in the daily running of the Department, including inpatient and outpatient management, undertaking procedures and report generation, organisation of Departmental clinical meetings, and supervision of any junior resident medical staff.

d) The supervisor(s) must have participated in a RACP supervisor workshop.

e) The supervisor(s) will meet regularly with the trainee to provide formative assessment at a minimum of 4 times per year, with formal documentation of training progress and goals. The supervisor(s) will assist the trainee to ensure completion of assessment tasks, at the direction of the STC, and meet RACP requirements for supervision.

Standard 2

The Respiratory Medicine network shall have sufficient workload of clinical material for advanced training, encompassing a broad range of respiratory diseases.

Criteria:

a) As a general guide to satisfy the STC requirements, the direct case load requirements per advanced trainee per year should be a total of **1500 patients** for the network to be eligible for accreditation. The accreditation process wishes to encourage diversity in clinical training, and recognises that the relative balance between inpatients and outpatients may vary between different sites. Although the categories of patients within the total caseload may be varied and flexible within each network, the following are suggested as a general guide:

- Respiratory Medicine **Inpatients**: **500 cases**
- Respiratory Medicine **Outpatients: 750 cases**, of which 200 should be new referrals.

- Inpatient **Consultations** for other clinical services: **250 cases**
  (i.e. non-respiratory medicine admitted patients)

b) It is essential for trainees to be involved in the **acute care of respiratory patients from the time of presentation to hospital**. Where sites cannot offer direct acute admissions to the training unit, the duration of acceptable accredited training will be limited to a maximum of 6 months core training.

Standard 3

The respiratory medicine network shall have direct access to appropriate additional clinical services necessary for the practice of respiratory medicine.

Criteria:

a) The training network shall provide access to clinical expertise in pathology, microbiology and radiology within the network centres. This will provide the trainee with the opportunity to develop skills in relevant aspects of these specialties through interactions relating to patient care. Where possible, the network should provide access to clinical expertise in immunology and pharmacology.

b) The training network shall have on-site access to thoracic surgery within the network centres, and trainees should be involved in relevant aspects of thoracic surgery (e.g. for lung cancer, pleural disease).

c) It is highly desirable that the training network provide access to a tuberculosis clinic, a pulmonary rehabilitation service, an asthma education service, a smoking cessation service and a multidisciplinary outreach service for patients with chronic lung disease.

d) The training network shall have access to acute respiratory intensive care, either through the provision of a high dependency unit within the network or through close liaison with an intensive care unit within the network centres. The trainee shall receive significant exposure to the practice of respiratory intensive care by these mechanisms, including having a hands-on role in the provision of acute non-invasive ventilation.

e) The training network shall have access to nuclear medicine studies (or equivalent alternative studies) relevant to the daily practice of respiratory medicine, including ventilation-perfusion lung scans and gated cardiac blood pool scintigraphy.

f) The training network shall have access to radiological and ultrasound studies relevant to the daily practice of respiratory medicine, including CT scanning, pulmonary angiography, echocardiography and lower limb Doppler studies.

g) It is desirable that appropriate multidisciplinary clinics or meetings shall be run in conjunction with specialists from relevant disciplines, e.g. lung cancer, interstitial lung disease, pulmonary hypertension.

Standard 4

The respiratory medicine network shall have sufficient workload of respiratory procedures for advanced training.

Criteria:

a) The respiratory medicine physician supervisor(s) of the trainee shall ensure that the trainee receives adequate instruction and supervision in the technique of fibreoptic bronchoscopy and associated procedures.

b) As a general guide to satisfy the STC's requirements, the following are considered the ideal minimum direct procedure requirements per advanced trainee per year for the network to be eligible for accreditation:

- **Fibreoptic bronchoscopy: 100 cases**
- **Pleural ultrasound: 20 cases**
- **Ultrasound guided thoracocentesis: 10 cases**
- **Intercostal catheter insertion: 10 cases**

c) The following procedures are considered elective, but where training is offered, it should reach the following levels per trainee per year:

- Convex EBUS (TBNA): 25 cases
- Radial EBUS: 20 cases
- Transbronchial biopsy: 20 cases

Standard 5

The Respiratory Medicine network shall provide a respiratory function laboratory with adequate workload of clinical material for advanced training.

Criteria:

a) The workload of the laboratory shall be at least **600 patients per advanced trainee per year**, encompassing an extensive range of respiratory function testing procedures, which may include spirometry, absolute lung volumes, gas transfer, arterial blood gas tensions, pulmonary mechanics and respiratory muscle strength, bronchial challenge testing and cardiopulmonary exercise testing.

b) As a general guide to satisfy the STC's requirements for advanced training, the following shall be the workload of the laboratory for the network to be eligible for accreditation:

- **Spirometry: 1000 cases/annum**
- **Absolute lung volumes: 500 cases/annum**
- **Gas transfer: 750 cases/annum**
- **Bronchial challenge tests: 50 cases/annum**

c) The following testing procedures are also desirable for accreditation. Trainees should be exposed to these studies and their interpretation during core respiratory training.

- Cardiopulmonary exercise tests
- Respiratory muscle strength
- Arterial blood gas tensions
- FeNO

d) Cardiopulmonary exercise test interpretation is considered an important component of advanced training in respiratory medicine. If the laboratory does not perform CPET, development of a CPET learning module for advanced trainees is recommended.

e) The network shall ensure that the advanced trainee is involved in the daily operation of the respiratory function laboratory, including adequate exposure to quality assurance and calibration, and that the trainee regularly report respiratory function tests under the supervision of a respiratory medicine physician.

f) As a general guide to satisfy the STC's requirements, the trainee shall report under supervision a **minimum of 300 complex RFTs per year** (i.e. $\geq$ 600 studies to be reported during core training). The reports may be spread over the 2 year core respiratory training program or may be concentrated during one time period. It is important that a representative and balanced variety of the above tests be reported over the 2 year period, including more complex lung function tests (see b, c above). Trainees shall be experienced in reporting all the above tests by the end of their training.

g) The respiratory function laboratory shall be accredited by the TSANZ laboratory accreditation process.

Standard 6

The Respiratory Medicine network shall provide a facility for the investigation and management of **respiratory sleep disorders** including performance of comprehensive polysomnography, with adequate workload of clinical material for the equivalent of 3 months of advanced training in sleep medicine during 24 months of core respiratory training.

All respiratory physicians require basic expertise in the assessment and management of sleep related disorders, especially sleep-related breathing disorders, and more advanced skills in the diagnosis and management of acute respiratory failure. Sleep medicine training for the purpose of respiratory training should cover the following areas:

- Education: anatomy and physiology of the upper airway and respiratory muscles; physiology of respiratory control mechanisms, respiratory failure and sleep-related breathing disorders.
- Polysomnography: indications, interpretation of a sleep study report
- Oxygen therapy
- CPAP: indications, implementation, assessment of response and troubleshooting
- Acute non-invasive ventilation: indications, implementation, assessment of response, management of complications, weaning. This is also covered in Standard 3(d).

This standard is required to be met for advanced trainees to achieve full certification in respiratory medicine. In the absence of any facility for training in sleep medicine, certification for respiratory medicine will require the sleep training to be undertaken elsewhere.

Criteria:

a) The network shall provide the minimum of a 0.5 FTE staff sleep medicine physician, (or equivalent by part-time or visiting sleep medicine physicians.)

b) The network shall provide a sleep disorders laboratory with facilities for full polysomnography, MSLT, nasal CPAP and non-invasive nasal ventilation studies.

c) The workload of the laboratory shall consist of a minimum of **300 polysomnography studies** per year, with at least **50 nasal CPAP studies**.

d) The network shall provide opportunity for the trainee to acquire a broad clinical experience in respiratory and non-respiratory sleep disorders.

e) It is essential that trainees be involved in all aspects of the management of patients requiring **inpatient NIV or CPAP implementation** for ventilatory failure and sleep hypoventilation. Sites must be providing this service for selected patients with ventilatory failure. There should be sufficient workload such that each trainee can institute NIV therapy in a **minimum of 20 patients** over the course of training and have direct ongoing responsibility for these cases.

f) As a general guide, for the network to be eligible for accreditation for the sleep training component of core respiratory medicine, direct sleep patient consultations per advanced trainee for a 3 month period will be a total of **150 patients**. The following categories are suggested as a guide:

- **New cases** **50 patients**
- **Review/follow up cases** **100 patients**
- **CPAP/NIV cases** **25 patients**

g) The sleep disorders laboratory shall be accredited by the ASA laboratory accreditation process.

Standard 7

The Respiratory Medicine network shall provide a suitable infrastructure for advanced training.

Criteria:

a) The network shall ensure that the trainee attends regularly scheduled respiratory medicine and interdisciplinary clinical meetings. The trainee shall present and discuss selected cases and topics at these meetings.

b) The network shall have a regular respiratory education meeting where the advanced trainee will undertake formal presentations on topics relevant to their training needs.

c) The network shall facilitate the involvement of the advanced trainee in undergraduate and post-graduate teaching where possible.

d) The network shall have access to all major respiratory journals and texts, as well access to computerised literature search facilities. A medical library (or equivalent) with access to the internet is highly desirable.

Standard 8

The network shall have suitable research facilities for advanced training.

Criteria:

a) The network shall have an active research program (as demonstrated by publications/regular research presentations at national and/or international meetings), with regular research meetings.

b) The network shall provide adequate facilities and support for each trainee to complete their required research project during their advanced training.

Standard 9

The network shall have a program of quality assurance activities.

Criteria:

a) The network shall have an active program of audit and quality improvement (as demonstrated by regular audit activities and meetings focussed on quality improvement).

b) The network shall provide opportunities for trainees to be involved in **at least one audit activity** project during their advanced training.

c) The quality assurance activities should be adequately structured to prepare the trainee for the Continuing Professional Development program of the RACP.

3. Methods of Assessment

Site Survey (Application for Accreditation)

(i) Sites that wish to be accredited for training must complete a structured survey regarding the staffing, workload and facilities available at the site(s). The survey will provide details regarding the site's compliance with the standards set out in section 2.

(ii) There will be one survey per site which should be completed by the Head of the Department or training network which is seeking accreditation. The survey should be completed in consultation with the trainee supervisor(s) if not the Head of Department.

(iii) Where more than one site is involved in accreditation of a network, each site will need to complete a separate survey.

(iv) On receipt of the completed survey at the College, it will be reviewed by the Chair of the STC. If the details supplied are adequate, a site visit will be arranged, or otherwise, further details will be sought.

Site Visits

(i) A site visit(s) will be undertaken for each site that submits a satisfactory survey.

(ii) The site visit will be undertaken by nominees of the STC in Respiratory and Sleep Medicine and will be organised by the College. Each visit will include at least one member of the STC. The site visit will be approved and financed by the College.

(iii) The site visit will be organised at a time determined by the STC, in consultation with the site(s) to be visited.

(iv) In general, site visits will be scheduled to run over a half day period.

(v) At the site visit, the survey will be reviewed by the accreditation team with the Head of the Department. The review process will involve:

- Interview with Head of Department.
- Interview(s) with trainee supervisor(s).
- Discussion of trainee assessment process, including review of formative assessment records and trainee log books.
- Review of training program details, including department schedules, rosters and any other appropriate documentation, including orientation and training activities.
- Review of Departmental statistics and activity reports that support the details provided in the survey regarding clinical and procedural activity.
- Review of Department facilities as relevant to the standards.
- Inspection of Department laboratories (including respiratory and sleep), with review of accreditation documentation, activity statistics and reporting process. Laboratory managers should be available for interview.
- Review of the Department's teaching and research program, including documentation of trainee involvement in these programs.
- It is the responsibility of the Head of Department to ensure that the appropriate documentation and personnel are available at the time of the site visit. If it is uncertain as to what documentation is required, this should be clarified with the STC prior to the visit.
- In general, the focus of the site visit is to validate the details supplied in the survey, and to provide suggestions to the site for mechanisms to improve their advanced training program.

Trainee Interviews

Trainee interviews will be undertaken at the time of the site visit. The information provided is considered important and will be de-identified in the formal accreditation report.

4. Assessment Process

4.1 Mechanisms for Arranging Site Visits and Reports

(i) The STC Application for Accreditation Survey will be forwarded to sites prior to the end of the calendar year, for completion and return to the STC by ***1 February***. The site should notify the STC of the preferred day/s of the week for the accreditation visit to take place, along with any dates that are not suitable. In the event that the site does not provide this information, the STC will nominate two dates for the visit that the site can choose from.

(ii) Sites will be on a rotating schedule of accreditation once every five years. The survey for re-accreditation will be forwarded to the site by the College at the end of the fourth year of accreditation. This will permit the site visit to be made in the fifth year of accreditation. Ideally, the final report and decision will be made by the STC by July, prior to trainee recruitment for the subsequent year.

(iii) The yearly schedule of visits will be organised by the Chair of the STC in conjunction with the Lead in Accreditation. Each accreditation team will comprise two members, one of whom must be a member of the STC. In general, each team will comprise one interstate member and one member from the same state (but not network) as the site being surveyed. The accreditation team will be constituted by the Chair of the STC and

Lead in Accreditation. Accreditation team members should declare any conflict of interest.

(iv) Each individual visit will be organised by the accreditation team STC member in conjunction with the College. The College will be responsible for travel arrangements and reimbursements of costs.

4.2 Mechanisms for Accrediting New Sites

(i) A new site is one which is not accredited, and has not had an advanced trainee within the last 5 years.

(ii) Where there is proposed to be a new trainee, the STC will immediately forward an accreditation survey. Provisional accreditation *may* be granted on the basis of the survey, but will need to be followed by a site visit in a timely fashion (in general, no longer than 6 months).

(iii) Where there is no trainee and no immediate likelihood of a trainee, the accreditation survey will be forwarded for completion. A site visit will be organised for the next regularly scheduled series of site visits in the appropriate region. If standards are met, accreditation will be granted following the site visit.

(iv) In general, new sites fulfilling accreditation criteria will be given accreditation for five years. Accreditation may be given for a lesser period of time as specified by the STC, if the site visit identifies issues that require resolution over a shorter time frame than five years. Full five-year accreditation may then be granted to the site after a successful follow-up site visit.

4.3 Removal of Accreditation

(i) Where significant deficiencies are identified by the site visit, accreditation will only be recommended for a maximum of one year, to allow rectification of the deficiencies. If at a subsequent site visit significant deficiencies still exist, then accreditation may be withdrawn, or extended for no more than a further one year period.

(ii) Where accreditation is removed following a site visit, a current trainee (or one employed to train at the site) will not have approval or accreditation of their current training program removed or compromised by this process.

(iii) Training for the approved year may be completed at the site or transferred to an appropriately accredited site if available. Further training beyond the year at that site will not be permitted.

5. Reporting Process

5.1 Content of Report

(i) Following the site visit, a report should be prepared by the accreditation team using the STC proforma. The content should include:

- Method of assessment.
- Criteria used.

- Deficiencies identified.
- Strengths identified
- A recommendation for full accreditation, a specified duration of accreditation, or to withdraw accreditation.
- A recommendation for maximum time of training that an individual trainee may train at the site. If a recommendation is made to limit the duration of training at a site, then an individual training program will not be renewable beyond the maximum time specified.
- A recommendation for the number of trainees able to simultaneously train at the site.
- A recommendation on the suitability of the site for three months of core sleep medicine training.
- General comments concerning the results of the assessment, and recommendations for changes or improvements.

5.2 Consideration of Report

The report should be considered by the STC, who will make a decision on its recommendations. The decision will be conveyed to the CPT and the Board of TSANZ.

5.3 Distribution of Report

The STC then advises the site of the decision and their accreditation status. A copy of the report will be sent to:

(i) the site/department/network for information
(ii) supervisors at the site.

5.4 College Database

The College database is updated accordingly, and a permanent record of the survey, report and decision is kept on file.

5.5 Website

A list of accredited sites is placed on the College website, to be available to trainees and supervisors.

6. Accreditation Cycle

The site is reviewed every five years. The site is required to report to the STC on any changes during the five year cycle, in which case a site visit may need to be organised before the end of the cycle. If a site wishes to change any of the accreditation decisions prior to the end of the five year cycle, they must notify the STC who will organise a site visit, if appropriate, prior to the end of the cycle.

7. Accreditation of Overseas Advanced Training Sites

7.1 Where a trainee wishes to undertake training overseas, the STC will attempt to establish the suitability of the site prior to approval of the trainee's program. Overseas sites will only be acceptable for a maximum of one year of any core training.

7.2 Suitability will be established by a combination of:

(i) Completion of the accreditation survey by the site and proposed supervisor.
(ii) Interview with the trainee.
(iii) Telephone interview with the proposed supervisor.
(iv) Enquiries of local Fellows with knowledge of the facilities.

Not all the above methods are required to be utilised.

7.3 The STC will consider the details obtained and make a decision as to suitability for accreditation for a one year period, and communicate this decision to the trainee and the proposed supervisor.

7.4 A report on the training, staff, workload and facilities should be sought from the trainee upon completion of their training program, to assist in future accreditation of this site for trainees wishing to undertake overseas training at the site.

7.5 Trainees are encouraged to discuss any plans for overseas experience with their supervisors and the STC well before accepting a position. Acceptance of an overseas position does not automatically guarantee STC approval of the site for advanced training.

8. Appeals Process

The College appeals process will apply. This entails reconsideration by the STC, review by the CPT and appeals to a duly constituted Appeals Committee.

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