



Criteria for Accreditation of Basic Physician Training for NEW ZEALAND

The College uses the following criteria for the accreditation of hospitals for Basic Physician Training:

Hospital Levels

- **Level 3 Teaching Hospital for up to three years of Basic Training**
- **Level 2 Teaching Hospital for up to two years of Basic Training**
- **Level 1 Teaching Hospital for up to one year of Basic Training**
- **Secondment Site for up to six months of Basic Training**

Level 3 and Level 2 Teaching Hospitals need to ensure that they meet the relevant criteria and agree to host the FRACP Divisional Clinical Examination when required.

How to apply for Accreditation

Requests for accreditation must be submitted to the New Zealand Adult Medicine Division Education Committee.

All requests must include a cover letter and a completed Adult Medicine Accreditation Assessment Form (Accreditation Survey Form).

The cover letter must outline the site's suitability as a training site with reference to the relevant criteria (see below) to be included. All correspondence must be addressed to:

***The Chair
The New Zealand Adult Medicine Division Education Committee
The Royal Australasian College of Physicians
P.O. Box 10 601
Wellington 6143***

Questions can be directed to New Zealand Site Accreditation on (04) 472 6713 and all submissions can be emailed to accreditation@racp.org.nz

Applications will be considered by the New Zealand Adult Medicine Division Education Committee and an accreditation assessment visit will be scheduled if required.

- The process for accreditation and reaccreditation of Secondment Sites require the submission of a completed Accreditation Assessment Form and a letter of recommendation from the Director of Physician Education at the parent facility to the Accreditation Subcommittee for review.
- The College does not routinely undertake accreditation assessments to Secondment Sites unless determined necessary by the Accreditation Subcommittee or the site is applying for an upgrade in accreditation status.
- For sites requesting an accreditation upgrade, submission of the following documents are required to accompany the completed Accreditation Assessment Form and cover letter: trainee rosters, academic appointments in subspecialties, and an education schedule.

Hospitals seeking College accreditation as a training site for the first time must apply in the calendar year prior to the year they would like accreditation to commence. Sufficient notice needs to be given in order for an accreditation assessment to take place.

Level 3 Teaching Hospital

A Level 3 Teaching Hospital shall have:

- At least two departments within the Division of Medicine (or equivalent) that are considered academic departments on the following criteria:
 - The department is staffed by two or more senior academic appointees
- An established undergraduate and postgraduate teaching program as well as demonstrated significant activity in clinical and basic research on the basis of grants and published papers
- At least nine medical specialty departments, each headed by a physician with a substantial appointment available to supervise trainees. To have a term in these departments counted towards basic training subspecialty requirements, a trainee will need to spend at least 50% of their time in that subspecialty in at least two of the following three areas: inpatients, consults, ambulatory care
- Exposure to General Medicine must be available at the hospital, or through rotation to another hospital
- At least nine positions within the Division of Medicine available to basic trainees
- A Director of Physician Education (DPE) who shall be assisted by a senior registrar nominated by the Division of Medicine, and an established training program aimed at Basic Physician Trainees
- An Intensive Care Unit with a director having a geographical full time appointment. Basic Physician Trainees shall have a role in the longitudinal care of their patients who are admitted to the unit
- An Emergency Department with a director holding a substantial (at least half-time) appointment. Basic Physician Trainees shall have a role in the initial management of patients admitted under their care through the department
- Exposure to patient management in ambulatory settings. Ambulatory care is any contact with a consultant physician which occurs while the patient is not an in-patient of a hospital. Ambulatory care would include contact with patients at the following locations: physician's office, clinics or community centres, patient's home or nursing home or hostel. Basic trainees should attend at least one ambulatory clinic for one session a week
- Facilities and preparedness to host the FRACP Clinical Examination
- Comprehensive diagnostic laboratory and imaging facilities including MRI and access to Nuclear Medicine
- A comprehensive medical library appropriately equipped for physician training;
- A range of policies and procedures dealing with:
 - Needle stick injuries
 - Lifting policy
 - Infection control
- There will be a range of other policies dealing with other health and safety issues

Hospitals should also ensure that physician trainees are exposed to an environment that fosters and supports quality assurance and clinical practice improvement. These concepts are seen as being integral to modern physician practice with lifelong learning and Continuous Professional Development. In any teaching hospital exposure to the concepts and their operation must occur at an early stage of training.

Hospitals are required to ensure all Basic Physician Trainees complete a comprehensive *Advanced Life Support* (ALS) training course of minimum three hours duration (as part of a continuous block) by the end of their first term as a basic trainee, if they have not undertaken an ALS course within the past 12 months. Hospitals should be providing support for their basic trainees undertaking such a course. Trainees should not be placed in a position where they are expected to manage a medical emergency or response team without adequate training.

Physician Trainees should be adequately supervised out of hours and a formal clinical handover following night duty should occur to provide education and support as well as ensure continuity of patient care. This should occur every day of the week and would ideally be consultant led involving those units who are most actively on take overnight.

Accreditation as a Level 3 Teaching Hospital allows up to 36 months of Basic Physician Training. Trainees are encouraged to spend up to three months of the 36 months outside a Level 3 teaching hospital. At least 12 of the 36 months of Basic Training must be spent in a Level 3 teaching hospital.

Level 2 Teaching Hospital

A Level 2 Teaching Hospital shall have:

- Access to at least six different medical subspecialty services. To have a term in these departments counted towards Basic Training subspecialty requirements, a trainee will need to spend at least 50% of their time in that subspecialty in at least two of the following three areas: inpatients, consults, ambulatory care
- At least six positions within the Division of Medicine which may be occupied by Basic Physician Trainees. There shall be clinical interaction between a trainee and a consultant
- A Director of Physician Education (DPE) and an established training program aimed at Basic Physician Trainees
- An Intensive Care Unit or HDU. Basic Physician Trainees shall have a role in the longitudinal care of their patients who are admitted to the unit
- An Emergency Department with a director holding a substantial (at least half-time) appointment. Basic Physician Trainees shall have a role in the initial management of patients admitted under their care through the department
- Exposure to patient management in ambulatory settings. Ambulatory care is any contact with a consultant physician which occurs while the patient is not an in-patient of a hospital. Ambulatory care would include contact with patients at the following locations: physician's office, clinics or community centres, patient's home or nursing home or hostel. Basic Trainees should attend at least one ambulatory clinic for one session a week
- Facilities and preparedness to host the FRACP Clinical Examination
- Adequate diagnostic laboratory and imaging facilities including CT scanning and access to Nuclear Medicine
- An adequate medical library appropriately equipped for physician training
- A range of policies and procedures dealing with:
 - Needle stick injuries
 - Lifting policy
 - Infection control
- There will be a range of other policies dealing with other health and safety issues

Hospitals should also ensure that physician trainees are exposed to an environment that fosters and supports quality assurance and clinical practice improvement. These concepts are seen as being integral to modern physician practice with lifelong learning and Continuous Professional Development. In any teaching hospital exposure to the concepts and their operation must occur at an early stage of training.

Hospitals are required to ensure all Basic Physician Trainees complete a comprehensive *Advanced Life Support* (ALS) training course of minimum three hours duration (as part of a continuous block) by the end of their first term as a basic trainee, if they have not undertaken an ALS course within the past 12 months. Hospitals should be providing support for their basic trainees undertaking such a course. Trainees should not be placed in a position where they are expected to manage a medical emergency or response team without adequate training.

Physician Trainees should be adequately supervised out of hours and a formal clinical handover following night duty should occur to provide education and support as well as ensure continuity of patient care. This should occur every day of the week and would ideally be consultant led involving those units who are most actively on take overnight.

Accreditation as a Level 2 Teaching Hospital allows up to 24 months of Basic Physician training. Trainees must spend the additional 12 months training at a Level 3 Teaching Hospital.

Level 1 Teaching Hospital

A Level 1 Teaching Hospital shall have:

- At least three positions available to basic trainees
- At least three physicians who, in combination, are on site and available to supervise trainees at least half time
- A physician available to serve as a Director of Physician Education (DPE)
- A training program, consisting of an average of at least two weekly tutorials/training sessions
- An Emergency Department
- An Intensive Care Unit or high dependency unit
- Access to diagnostic services including CT scanning, with adequate basic services on site
- A range of policies and procedures dealing with:
 - Needle stick injuries
 - Lifting policy
 - Infection control
- There will be a range of other policies dealing with other health and safety issues

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Physician Trainees should be adequately supervised out of hours and a formal clinical handover following night duty should occur to provide education and support as well as ensure continuity of patient care. This should occur every day of the week and would ideally be consultant led involving those units who are most actively on take overnight.

Australia only: Level 1 Teaching Hospital can provide up to 12 months of Basic Physician training. An individual trainee may not have more than 12 months training at a Level 1 Teaching Hospital. However, this can increase to 18 months if the trainee is, in addition to normal 12 months, seconded to Level 1 Teaching Hospital from a Level 2 or Level 3 Teaching Hospital for 6 months.

New Zealand only: Level 1 Teaching Hospital can provide up to 12 months of Basic Physician Training.

Level 1 Teaching Hospital (as part of a network)

A hospital may be suitable for recognition as a Level 1 Teaching Hospital (L1TH) if it substantially fulfils the above criteria required for a L1TH and the remaining criteria are fulfilled by virtue of it being part of a recognised network. In particular, adequate formal training must be available, but not necessarily on site. Such hospitals would be called "L1TH (as part of a network)".

Hospitals are required to ensure all Basic Physician Trainees complete a comprehensive *Advanced Life Support* (ALS) training course of minimum three hours duration (as part of a continuous block) by the end of their first term as a basic trainee, if they have not undertaken an ALS course within the past 12 months. Hospitals should be providing support for their basic trainees undertaking such a course. Trainees should not be placed in a position where they are expected to manage a medical emergency or response team without adequate training.

Secondment Site

A Secondment Site shall have:

- At least 30 medical beds
- At least two physicians on staff
- Adequate investigative and educational resources
- (For Secondment Hospitals within NSW training networks only) a Director of Physician Education (DPE) and an established training program aimed at Basic Physician Trainees

Accreditation of a hospital as a Secondment Site depends on the recommendation of the DPE at a Level 3 or a Level 2 Teaching Hospital. The DPE may decide to waive one of the criteria if it is felt that the terms provide sufficient and good quality teaching relevant to internal medicine.

Training in these hospitals will be on rotation from a Level 3 or Level 2 Teaching Hospital. A total of six months of the 36 months of basic training may be spent at Secondment Sites, or hospitals which form part of the rotation network.