# RACP2016_CMYK_withtag_OL

# Community Child Health Survey Form - Accreditation for Core and Non-core CCH Training

*Please complete this form electronically and return to the College as a Word document via email to:* [CommunityChildHealth@racp.edu.au](mailto:CommunityChildHealth@racp.edu.au)*.*

*This form is used to collect up to date background information of a training site. This form has been locked from format editing. If you require any assistance, please contact the Education Officer for Community Child Health (CCH) at the above email address.*

*If any significant changes occur prior to the next accreditation review, the site must inform the ATC of the changes as soon as applicable and submit an updated site survey form.*

***Please do not use acronyms in the site survey***

|  |  |  |  |
| --- | --- | --- | --- |
| **General Information** | | | |
| Site |  | | |
| Training alliance or area health service, if applicable |  | | |
| Site address |  | | |
| Head of Department/ Service |  | | |
| Site Contact Person |  | | |
| Contact email |  | | |
| Contact telephone |  | Contact fax |  |
| Date of completion |  | | |

|  |  |  |
| --- | --- | --- |
| First time accreditation request |  | Other reason: |
| Reaccreditation request |  |
| Update to current accreditation request |  |
| Date of last site visit (if applicable) |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Description of the site |  | | |
| Number of CCH positions associated with this site |  | | |
| Accreditation is requested for the following CCH requirements: | | | |
| CCH Tutorial Series (Program of Excellence) | |  | Comments: |
| Developmental and Behavioural paediatric core training | |  | Comments: |
| Child Protection core training | |  | Comments: |
| Community-based Multidisciplinary paediatric core training | |  | Comments: |
| Child Population Health training (Non-clinical activities) | |  | Comments: |
| Non-core training (additional CCH Training) | |  | Comments: |
| Comments: | | | |

|  |
| --- |
| **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.***   4. ***Supervisors are supported by the setting or network to be given the time and resources to meet RACP supervision requirements and criteria on supervision.*** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of trainees/ expected number of trainees | | | | | | | | |
| Please specify the name and number of Consultants on site to act in supervisory capacity at the site | | | | | | | | |
| Name | | Type of Position | | Onsite FTE (%) | FRACP | | Is FRACP in CCH (Yes/No) | Other qualifications |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
|  | |  | |  |  | |  |  |
| How often do trainees meet formally with their supervisors? | | | | | | | | |
| Are there adequate opportunities for supervisors to directly observe trainee’s performance? | | | | | | | | |
| If so, how many |  | | Further comments: | | | |  | |
| Other than direct observation from supervisors, what other opportunities for supervision is provided? For example, indirect observation (via on-way screens or video links), group sessions (case or topic based), joint supervision with non-medical professionals (psychologists, social workers), reflective sessions | | | | | | |  | |
| Are supervisors available in the same physical location as trainees? Yes  No  Comment: | | | | | | | | |
| Are supervisors available by phone when not on-site? Yes  No  Comment: | | | | | | | | |
| Has each supervisor attended RACP supervisor workshops (1,2 and 3)? | | | | | | Yes  No | | |

|  |
| --- |
| **2. Facilities and Infrastructure** |
| ***RACP STANDARD*** |
| *2.1 There are appropriate facilities and services for the type of work being undertaken.*  ***2.2 There are facilities and equipment to support educational activities, such as study areas and tutorial rooms****.* |
| Is CCH Educational Tutorial Series (Program of Excellence) provided at the site? Yes  No  If no, is there an arrangement for trainees to attend the Tutorial Series via teleconference/videoconference at an alternative site? Yes  No  Comment: |
| Are trainees provided with the following:  A dedicated workstation or office Yes  No  A dedicated telephone Yes  No  Appropriate software for clinical purposes Yes  No  Access to printing, fax and photocopying facilities Yes  No  Internet access to common information databases Yes  No |
| Please detail trainee access to the following:  Study/tutorial rooms  Teaching aides (including distance education facilities)  Administrative Support |
| Do trainees have access to the Advanced Training Portal? Yes  No  Do trainees have access to remote electronic learning if away from the primary site?  Yes  No  Please detail: |

|  |
| --- |
| **3. Position Description** |
| **RACP STANDARD** |
| * 1. ***The setting shall provide a suitable workload and appropriate range of work.*** |

|  |  |
| --- | --- |
| Position Title |  |
| Position description |  |
| Duration of position | 3 months  6 months  9 months  12 months  Comment: |
| Full time Equivalent (FTE) of position | 0.4 FTE  0.5 FTE  0.6 FTE  0.8 FTE  1.0 FTE  Other: |
| Locations where trainees in this position works (if applicable): | |
|  | |
|  | |
|  | |
| **Core Clinic Description**  Please provide relevant detail on each clinic the trainee attends referring to the information under each requirement as well as details on the supervisor, type of clinic (e.g. diagnostic OR mixed developmental paediatrics with new patients and follow up) and typical number of patients seen. | |
| **Developmental and Behavioural paediatrics:**   * Is undertaken in a developmental and behavioural rotation (e.g. specialist developmental and behavioural clinic), where the case-mix is defined by presenting concerns related to development, learning, behaviour and emotional health * Has access to a multidisciplinary child development team * Is supervised by a supervisor with FRACP who is actively practicing in CCH and/or has particular expertise in Developmental-Behavioural Paediatrics * Is adequately set up to provide clinical supervision (including direct observation of performance) | |
| Please provided details of relevant Developmental and Behavioural clinics here**:** | |
| **Child Protection Paediatrics**:   * Is undertaken in a tertiary level child protection unit **and/or** * A trainee has access to a case mix wherein they can identify relevant cases to complete their Child Protection Case Assessment logbook * Is under the supervisor of at least one CCH supervisor with specialist expertise in child protection paediatrics/ forensic paediatrics | |
| Please provided details of relevant child protection clinics here**:** | |
| **Child Population Health (Non-clinical activities):**   * A workplace based child population health position must clearly demonstrate the capacity to address the learning outcomes of the child population health domain in the CCH curriculum, for example, a CCH appropriate program development, programme evaluation, health promotion, health advocacy or vulnerable child program. Please refer to the [CCH Curriculum](https://www.racp.edu.au/docs/default-source/default-document-library/at-communty-child-health-curricula.pdf?sfvrsn=2) for the themes of Child Population Health * Or is there time in the timetable for trainees to complete PhD or Master in Public Health subjects? | |
| Please provided details of relevant Child Population Health activities here**:** | |
| **Community-based Multidisciplinary paediatrics:**   * Please be specific on the trainee’s involvement in multidisciplinary meetings * Participation in multidisciplinary paediatrics includes:   + Assessment, diagnostic formulation, management planning, clinical feedback to families, and intervention, for new and review cases   + Collaborative case discussions at decision-making meetings (i.e. discussing patients that have been assessed by the trainee, synthesizing multi-disciplinary input into management plans | |
| Please provided details of relevant community-based multidisciplinary activities here**:** | |
| **Non-Core Clinic Description** | |
| **Non-core clinical training (please refer to the CCH program requirements for acceptable non-core training):** Includes clinical training in community based specialist paediatric rotations that provides adequate but not core clinical training in developmental and behavioural paediatrics, child protection paediatrics and/or specialist clinical services for vulnerable populations, *For example non-core clinical training in child refugee specialist clinics, indigenous health clinics, out of home assessment specialist clinics*Includes clinical training in closely allied paediatric disciplines that enhance domain-specific clinical training in developmental and behavioural paediatrics or child protection. *For Example, child and adolescent psychiatry, rehabilitation medicine, clinical genetics, adolescent medicine, paediatric neurology.* | |
| Please provided details of relevant non-core clinics here**:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicative weekly trainee schedule**  Please complete a detailed timetable as per below showing weekly activities and detailed case mix of clinics. Please have timetable reflect the mix and number of clinics (please see example of time in guide). Please attach rosters/time tables for each position associated with this site and/ or if there is more than one trainee in the position. If a timetable varies from week to week, then please provide one timetable cycle as an additional document. *For every face to face clinic there should be an appropriate amount of time for report writing and follow up communication.* | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |
| Further comments on above activities: | | | | | |

**Example Timetable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example Timetable Submission**  The Example timetable below highlights the clinics for each day as well as the name of the supervisor for each clinic. The clinics would have been detailed on page 4-6 of this site survey under “**Please provide relevant detail on each clinic the trainee attends using the information under each requirement”:** | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | **8:30-1:00: Paediatric Developmental Clinic**  **Name of Supervisor:**  *Dr Smith*  **Type of clinic:** *i.e.**diagnostic OR mixed developmental paediatrics with new patients and follow up*  **Typical number of patients seen:**  *X number* | **8:30-1:00: Paediatric Developmental Clinic**  **Name of Supervisor:**  **Type of clinic:**  **Typical number of patients seen:**  **OR**  **Child and Adolescent psychiatry clinic** | **8:30-1:00: Report writing and case conference summary completion**  **Other child/ family follow up as needed** | **8:30-1:00: Paediatric Developmental Clinic**  **Name of Supervisor:**  **Type of clinic:**  **Typical number of patients seen:**  **OR**  **Child and Adolescent psychiatry clinic** | **9:00- 9:45 Paediatric Telecare Clinic**  **Name of Supervisor:**  **Type of clinic:**  **Typical number of patients seen:**  **Child and Family Discharge Sessions** |
| PM | **2:00pm – 4:30pm:**  **CCH Tutorial Series (Program of Excellence)** | **1:30pm – 4:30pm:**  **Allied health assessments, intake management, indirect clinical duties including but not limited to case conference documentation and case management.** | **1:30pm – 4:30pm:**  **Multidisciplinary case conference**  **Name of supervisor** | **1:30pm – 4:30pm:**  **Multidisciplinary case conference**  **Name of supervisor** | **1:30pm – 4:30pm:**  **Report writing and case conference summary completion**  **Other child/ family follow up as needed** |

|  |
| --- |
| **RACP STANDARD** |
| * 1. ***Trainees participate in quality and safety activities.*** |
| Please detail trainees’ involvement in morbidity/mortality audits, intake meetings, quality assurance/audit evaluations of clinical management of common conditions. Include frequency of these meetings. |
| **RACP STANDARD** |
| * 1. ***There is the capacity for project work (including research) and ongoing training.*** |
| Does the site have an active clinical or basic research program? Yes  No  Please detail: |
| Does the trainee have the provision of time and access for research capabilities (e.g. dedicated time to complete research projects of postgraduate coursework)? Yes  No  Please detail opportunities: |

|  |
| --- |
| **4. Teaching and Learning** |
| *RACP STANDARD* |
| ***4.1 There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, 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.* |

|  |
| --- |
| Does the Advanced Trainee(s) have opportunities for teaching junior colleagues in an academic context?  Yes  No  If yes, please provide details**:** |
| Are trainees able to attend a scientific meeting of educational value in each year of their training?  Yes  No  If yes, please detail how your department supports this |
| Does the Advanced Trainee(s) have access to external education activities relevant to Community Child Health?  Yes  No  If yes, please provide details: |
| Is it possible to access a library or journals online? Yes  No  Please detail: |
| Are there computer retrieval and search facilities available to trainees? Yes  No  Please detail: |

|  |
| --- |
| **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.* |
| Does your site have current workplace policies and procedures in place e.g. leave entitlement, discrimination policy, cultural awareness, etc.  Yes  No  Comments: |
| Please list policies dealing with trainee safety and wellbeing: |
| Are there processes in place to manage trainees with training-related grievances or trainees in difficulty?  Yes  No |
| Do trainees receive an orientation/induction that commences within their first week of training?  Yes  No  Comments: |