

ADVANCED TRAINING IN GENERAL PAEDIATRICS (AOTEAROA NEW ZEALAND)

ACCREDITATION ASSESSMENT FORM

This form should be **completed electronically and returned via email** to: [accreditation@racp.](mailto:accreditation@racp.)org.nz Any additional attachments should be sent separately.

|  |  |  |
| --- | --- | --- |
| **General Information** | | |
| Facility name | |  |
| Address | |  |
| Site contact |  | |
| Contact number |  | |
| Contact email |  | |
| Head of Department | |  |
| Chief Medical Officer (CMO) or equivalent | |  |
| Number of General Paediatrics Advanced Trainees at this site | |  |
| Number of RACP Paediatrics and Child Health Division Basic Trainees at this site | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate type of accreditation required** | | | |
| First time accreditation |  | Reaccreditation |  |
| Request for additional type of training |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of training being requested** | | | |
| General Paediatrics |  | General Paediatrics (Rural) |  |
| Acute Care (Paediatric ED) |  | Acute Care (PICU) |  |

Accreditation Assessment Form – Advanced Training in General Paediatrics

|  |  |  |  |
| --- | --- | --- | --- |
| Acute Care (NICU) |  | Community/Developmental |  |

|  |
| --- |
| **Description of hospital** |
|  |

|  |
| --- |
| **Assessor comments (RACP use only)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.*** | | | | |
| ***MINIMUM REQUIREMENTS*** | | | | |
| ***1.1.1*** *Each trainee should have 2 designated supervisors with at least one with FRACP.*   * + 1. *Trainees must meet with their supervisor formally at least three times per rotation. Supervisors need to have allocated non-clinical time to facilitate this.*     2. *Trainees are supervised in ambulatory/outpatient clinic settings. Supervision should be commensurate with trainees’ level of experience. All new and complex review cases must be discussed with a consultant, preferably at the time of patient assessment. Alternatively, cases must be discussed via telephone, if not in person.*     3. *Trainees have onsite supervision and after-hours consultant access.*     4. *Consultants have a proportion of non-clinical administration time, part of which can be directed to supervision of trainees.* | | | | |
| Please list all staff in supervisory roles in the table below: | | | | |
| Supervisor Name | FRACP or equivalent qualification (please specify below) | Education Supervisor | Attended workshop in Last 5 years | Total FTE (%) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Are trainees allocated a specific supervisor? Yes  No | | | | |
| How often do trainees meet with their supervisor? | | | | |
| Are inpatient services supervised by consultant paediatricians? Yes No | | | | |
| Are trainees supervised in ambulatory/outpatient clinic settings?  Yes No  If yes, please detail the supervision provided: | | | | |
| Please detail supervision arrangements for trainees undertaking after-hours work: | | | | |
| Do supervisors have dedicated/protected time to supervise trainees?  Yes No  If yes, please specify hours per week: | | | | |
| Is administrative support provided by the site for supervisors? Yes No  Please detail: | | | | |
| Is there a nominated Director of Advanced Training (DAT) or Director of Paediatric Education (DPE)?  Yes No  Are they located in your hospital/service? Yes  No | | | | |
| Comments: | | | | |

|  |
| --- |
| **Assessor comments (RACP use only)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Facilities and Infrastructure** | | | |
| ***RACP STANDARD*** | | | |
| * 1. ***There are appropriate facilities and services for the type of work being undertaken.***   2. ***Each trainee has a designated workspace including a desk, telephone and IT facilities.***   3. ***There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.*** | | | |
| ***MINIMUM REQUIREMENTS*** | | |
| * + 1. *The setting will provide facilities and services to trainees relevant to the type of training being undertaken by trainees.*     2. *Access to video and telemedicine facilities for trainees is available or within a reasonable distance.*   ***2.2.1*** *Trainees have access to a designated workspace with standard administration facilities, including IT access, which are located within the hospital.*  ***2.3.1*** *Trainees must have access to readily available study/tutorial rooms with appropriate teaching aides and other educational facilities. This must include distance education facilities as a minimum.* | | |
| Does the site have a paediatric emergency department? | Yes | No |
| If no:  Does the emergency department have a specific paediatric area? Are there specific paediatric beds in the emergency department? | Yes | No |
| Number of paediatric beds in the emergency department | |  |
| Does the site have a paediatric intensive care unit? | Yes | No |
| Does the site have a neonatal intensive care unit? | Yes | No |
| Number of acute neonatal transfers (retrieved) per annum | |  |
| Do Trainees have access to:   * Desk or study space? * Computer and internet facilities (including Wi-Fi)? * Study/tutorial rooms? * Teaching aides (including distance education facilities)? | **Yes** | **No** |
| Comments: | | |
|  | | |

|  |
| --- |
| **Assessor comments (RACP use only)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Profile of Work** | | | | |
| **RACP STANDARD** | | | | |
| ***3.1 The site shall provide a suitable workload and appropriate range of work.***   * 1. ***Trainees participate in quality and safety activities.***   2. ***There is capacity for project work (including research) and ongoing training.*** | | | | |
| ***MINIMUM REQUIREMENTS*** | | | | |
| * + 1. *Trainees have a suitable workload and appropriate range of work determined by the General Paediatrics Advanced Training Curriculum, the Advanced Training in General Paediatrics Program Requirements Handbook and Professional Qualities Curriculum.*     2. *Trainees must have clinical involvement in a range of conditions that reflect the General Paediatrics Advanced Training Curriculum and are codified in the trainee’s Learning Needs Analysis (LNA) as such that over the three years of fulltime Advanced Training, the majority of curricular domains and learning objectives are achieved.*     3. *For* ***General Paediatrics***         - *The trainee should conduct a minimum of two outpatient sessions per week, including newly referred patients, averaged out over the 6 months of the general paediatric requirement, with their own consulting space. The trainee will be supervised by an easily accessible consultant paediatrician, with opportunity to discuss the patient both before and after the consultation. The case mix should reflect the breadth of General Paediatric practice. (a clinic is a half-day session with trainees seeing on average 4-6 patients average over the rotation)*        - *The trainee works closely with the consultant team providing a broad range of services for patients and their families both inpatients and outpatients. The trainee has a significant role within the team including the opportunity to take a level of responsibility under supervision appropriate to their experience and skill set. The experience will continuously extend them professionally. The trainee is part of the RMO paediatric after hours on call roster*        - *The site should aim to have the trainee assume case responsibility (with relevant consultant supervision) following patients through for the length of the attachment – becoming comfortable with continuity of care, through to resolution or to the end of the trainee attachment.*        - *The trainee must have one half day of their week to work on non-clinical activities such as their advanced training project.*     4. *For* ***Rural*** *accreditation:*   *The site:*   * + - * *The trainee works in a provincial paediatric service*       * *Exclusion criteria include:*       * *Cannot be in the same metropolitan area as a hospital providing tertiary Paediatric services. Will have a level 2 or level 2A SCBU service but not level 3 NICU*       * *Must not have any subspecialty departments staffed by a subspecialist exclusively practicing in the specialty (with the exception of a community paediatrician)*       * *Must meet the minimum requirements for General Paediatrics –*       * *If appropriate trainees may be on the SMO roster as opposed to the RMO roster* | | | | |
| **SECTION 3A**  Please complete this section only if you are requesting accreditation for:   * ***General Paediatrics*** * ***General Paediatrics (Rural)*** | | | | |
| Number of designated paediatric medical inpatient beds | | | |  |
| Average number of paediatric emergency department presentations per annum | | | |  |
| Number of paediatric medical admissions per annum | | | |  |
| Are trainees responsible for other paediatric admissions (e.g. surgical cases)? If yes, please detail: | | | Yes | No |
| Number of outpatient clinics per week accessible to trainees | | | |  |
| On average, how many patients are seen by each trainee at each clinic? | | | |  |
| Clinic name and type: | Onsite access | Offsite access | Clinic duration | Clinic frequency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Comments: | | | | |

|  |  |  |
| --- | --- | --- |
| ***MINIMUM REQUIREMENTS*** | | |
| * + 1. *For* ***Acute Care (ED)*** *accreditation:*   *The emergency department at the site must:*   * + - * *Be accredited as a Paediatric Emergency Department by the Australasian College for Emergency Medicine (ACEM)*   *OR*   * + - * *Be accredited for Paediatric Logbook accreditation by ACEM and:*         + *Have a specific Paediatrics area.*         + *Be staffed by a Fellow for Paediatric Emergency Departments as defined in item 1.5 of the FACEM Training Program Site Accreditation – Requirements*         + *Have trainees on a specific paediatric roster, not on the general emergency department roster.*         + *Have a weekly paediatric emergency medicine education program* | | |
| **SECTION 3B**  Please complete this section only if you are requesting accreditation for ***Acute Care (ED)***. | | |
| Is the emergency department accredited as a Paediatric Emergency Department by the Australasian College for Emergency Medicine (ACEM)? | Yes | No |
| If no, please answer the following: | | |
| Is the emergency department accredited for Paediatric Logbook accreditation by ACEM? | Yes | No |
| Is the emergency department staffed by a Fellow for Paediatric Emergency Departments as defined in item 1.5 of the [FACEM Training Program Site](https://acem.org.au/Content-Sources/Training/Training-site-accreditation) [Accreditation – Requirements](https://acem.org.au/Content-Sources/Training/Training-site-accreditation)? | Yes | No |

|  |  |  |
| --- | --- | --- |
| Are trainees on a specific paediatric roster (not on the general emergency department roster)? | Yes | No |
| Does the site have a weekly paediatric emergency medicine education program (specific to paediatrics, not part of the general emergency medicine education program)? | Yes | No |
| Comments: | | |
| ***MINIMUM REQUIREMENTS*** | | |
| * + 1. *For* ***Acute Care (PICU)*** *accreditation:*   *The paediatric intensive care unit at the site must:*   * + - * *Be accredited as a tertiary referral Paediatric Intensive Care Unit by the College of Intensive Care Medicine of Australia and New Zealand*       * *Have trainees on a specific paediatric roster, not on the general/adult intensive care unit roster* | | |
| **SECTION 3C**  Please complete this section only if you are requesting accreditation for ***Acute Care (PICU)***. | | |
| Is the paediatric intensive care unit accredited as a tertiary referral Paediatric Intensive Care Unit by the College of Intensive Care Medicine of Australia and New Zealand? | Yes | No |
| Are trainees on a specific paediatric roster (not on the general/adult intensive care unit roster)? | Yes | No |
| Comments: | | |
| ***MINIMUM REQUIREMENTS*** | | |
| * + 1. *For* ***Acute Care (NICU )*** *accreditation:*   *The neonatal intensive care unit at the site must:*   * + - * *Be accredited for core training in a perinatal centre for Advanced Training in Neonatal/Perinatal Medicine*       * *Have trainees on a specific neonatal intensive care unit roster, not part of the general paediatrics roster* | | |
| **SECTION 3D**  Please complete this section only if you are requesting accreditation for ***Acute Care (NICU –*** | | |
| Is the neonatal intensive care unit accredited for core training in a perinatal centre for Advanced Training in Neonatal/Perinatal Medicine? | Yes | No |
| Are trainees on a specific neonatal intensive care unit roster (not part of the general paediatrics roster)? | Yes | No |
| Comments: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***MINIMUM REQUIREMENTS*** | | | | |
| * + 1. *For* ***Community/Developmental*** *accreditation:* * *The trainee works in a paediatric service which provides service for*   + *Child and adolescent mental heath*   + *Developmental and behavioural Paediatrics*   + *Child protection* * *Can be a dedicated 6 months seeing predominately these cases or the second 6 months of a 12-month Rural rotation.* * *The trainee should conduct a minimum of two outpatient sessions per week, including newly referred patients, averaged out over the 6 months of the Community and Developmental requirement, with their own consulting space. The trainee will be supervised by an easily accessible consultant paediatrician, with opportunity to discuss the patient both before and after the consultation. The case mix should reflect the breadth of General Paediatric practice. The majority of the patients will have behavioural or developmental problems. (a clinic is a half-day session with trainees seeing on average 4-6 patients average over the rotation)* * *The trainee will have the opportunity to assess, diagnose and manage children with Autistic Spectrum Disorder, ADHD and learning difficulties* | | | | |
| **SECTION 3E**  Please complete this section only if you are requesting accreditation for ***Community/Developmental***. | | | | |
| Number of specific community/developmental trainee positions | | | |  |
| Does the site have a dedicated community education program accessible to all trainees undertaking their core Community/Developmental training? | | | Yes | No |
| Number of dedicated community/developmental outpatient clinics done by trainees | | | |  |
| Clinic name and type: | Onsite access | Offsite access | Clinic duration | Clinic frequency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Do trainees have weekly involvement in paediatric multidisciplinary team meetings? | | | Yes | No |
| Does the unit have a consultant/s who is actively practicing in the area of community child health? | | | Yes | No |
| ***MINIMUM REQUIREMENTS*** | | | | |
| ***3.2.1*** *Trainees will participate in quality assurance programs including morbidity and mortality reviews and audits.*  ***3.3.1*** *Trainees have access to evidence-based medicine activities such as research, clinical trials and audits.* | | | | |
| Please describe any evidence-based activities that trainees have access to (e.g. audits, clinical trials, research): | | | | |

|  |
| --- |
| **Assessor comments (RACP use only)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Teaching and Learning** | | | | |
| ***RACP STANDARD*** | | | | |
| * 1. ***There is an established training program or educational activities, such as multi-disciplinary meetings, academic meetings, rounds and journal clubs.***   2. ***There are opportunities to attend external educational activities as required.***   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*** | | | | |
| * + 1. *Consultant led handover must occur a minimum of five days per week.*     2. *Consultant or senior Advanced Trainee led ward rounds must be conducted a minimum of five days per week.*     3. *Trainees have teaching responsibilities as part of their role.*     4. *Trainees have access to a formal education program. This will include at least two of the following – journal club, lecture program, supervision sessions. There must at least one educational activity per week.*   ***4.2.1*** *Trainees are provided opportunities to attend relevant education activities.*  ***4.3.1*** *Trainees have access to a computer, library or online library resources.* | | | | |
| How often does clinical handover occur? | | | | |
| Once per day Every shift change Other - please provide details | | | | |
| Are clinical handovers supervised by a senior medical officer or senior registrar?  Yes No  If ‘No’, please provide details: | | | | |
| How many ward rounds do trainees undertake per week? | | | | |
| Are trainees responsible for teaching and/or training junior staff? Yes No  If ‘Yes’, please provide details: | | | | |
| Please list the educational activities available to trainees: | | | | |
| **Educational activity** | **Weekly** | **Fortnightly** | **Monthly** | **Duration** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |
| Please provide further details of educational activities available to trainees: | | | | |
| ***A copy of the education program roster must be included and attached with this submission*.** | | | | |
| What practices are in place to enable trainees to attend educational activities (e.g. protected time, cover for pager, leave to attend external courses, etc.)? | | | | |
| How much protected time do trainees have to undertake formal education activities on a weekly basis? | | | | |
| Do trainees receive paediatric resuscitation training at this site?  Yes No  Please describe arrangements: | | | | |
| **Assessor comments (RACP use only)** | | | | |
|  | | | | |

|  |
| --- |
| **5. Support Services for Trainees** |
| ***RACP STANDARD*** |
| * 1. ***There are workplace policies covering the safety and well-being of trainees.***   2. ***There is a formal induction/orientation process for trainees.*** |
| ***MINIMUM REQUIREMENTS*** |
| ***5.1.1*** *There are policies relevant to the safety and wellbeing of trainees.*  ***5.2.1*** *The setting will provide induction/orientation into training within the first week of commencement of training.* |
| Please list policies dealing with trainee safety and well-being: |
| Are there processes in place to manage trainees with training related grievances or trainees in difficulty?  Yes No |
| Do trainees receive an induction/orientation within their first week of training?  Yes No |
| Comments: |

|  |
| --- |
| **Assessor comments (RACP use only)** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  |  |  |  |
| 2. Facilities and infrastructure |  |  |  |  |
| 3. Profile of work |  |  |  |  |
| 4. Teaching and learning |  |  |  |  |
| 5. Support services |  |  |  |  |
| **Assessor comments on trainee interview** | | | | |
|  | | | | |
| **Assessor comments on previous report recommendations (if applicable)** | | | | |
|  | | | | |
| **Overall recommendations** | | | | |
|  | | | | |
| **Action/s required** | | | **To be actioned by** | |
|  | | | **/ /** | |
| **Accreditation status** | | | | |
| Accredited | | |  | |
| Conditional (action/s required) | | |  | |
| Not accredited | | |  | |
| **Accreditation length** |  | | | |
| **Year of next review** |  | | | |

|  |  |
| --- | --- |
| **RACP assessor one** |  |
| **RACP assessor two** |  |
| **Date of report completed** | **/ /** |