

CRITERIA FOR ACCREDITATION OF ADVANCED TRAINING IN GENERAL PAEDIATRICS (AUSTRALIA)

RACP Standard	Minimum Requirements
1. Supervision	
1.1 <i>There is a designated supervisor for each trainee.</i>	1.1.1 <i>Each trainee must have at least one designated supervisor.</i>
1.2 <i>Trainees have access to supervision, with regular meetings.</i>	<p>1.2.1 <i>Trainees must meet with their supervisor formally at least three times per rotation.</i></p> <p>1.2.2 <i>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.</i></p> <p>1.2.3 <i>Trainees have onsite supervision and after-hours consultant access.</i></p>
1.3 <i>Supervisors are RACP approved and meet any other specialty specific requirements regarding qualifications for supervisors.</i>	1.3.1 <i>Supervisors must hold FRACP or equivalent specialist recognition.</i>
1.4 <i>Supervisors are supported by the setting or network to be given the time and resources to meet RACP supervision requirements and criteria on supervision.</i>	<p>1.4.1 <i>Consultants have a proportion of non-clinical administration time, part of which can be directed to supervision of trainees.</i></p> <p>1.4.2 <i>Supervisors have time to meet with trainees in person three times per rotation.</i></p>
2. Facilities and Infrastructure	
2.1 <i>There are appropriate facilities and services for the type of work being undertaken.</i>	<p>2.1.1 <i>The setting will provide facilities and services to trainees relevant to the type of training being undertaken by trainees.</i></p> <p>2.1.2 <i>Trainees have access to video and telemedicine facilities or they are within a reasonable distance.</i></p>
2.2 <i>Each trainee has a designated workspace including a desk, telephone and IT facilities.</i>	2.2.1 <i>Trainees have access to a designated workspace with standard administration facilities, including IT access, which is located within the hospital.</i>
2.3 <i>There are facilities and equipment to support educational activities, such as study areas and tutorial rooms.</i>	2.3.1 <i>Trainees must have access to readily available study/tutorial rooms with appropriate teaching aides and other education facilities. This must include distance education facilities as a minimum.</i>



3. Profile of Work

3.1 The setting shall provide a suitable workload and appropriate range of work.

3.1.1 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**.

3.1.2 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.

3.1.3 For **General Paediatrics – Without a perinatal component** accreditation:

The setting is expected to have a minimum of:

- Four designated paediatric medical inpatient beds
- 3000 paediatric emergency department presentations per annum
- 400 paediatric medical admissions to hospital via the emergency department per annum
- At least one general paediatric outpatient clinic per week for trainee attendance

3.1.4 For **General Paediatrics – With a perinatal component** accreditation:

In addition to the minimum requirements for accreditation for General Paediatrics – *Without* a perinatal component (3.1.3), the setting is expected to have:

- Minimum 500 deliveries per annum
- A special care nursery which:
 - Has at least four cots
 - Has trainees attending deliveries and providing aftercare for babies from 34 weeks in gestation
 - Has minimum 100 admissions per annum
 - Has trainees regularly undertaking baby checks
 - Is staffed by a general paediatrician or a dual trained general paediatrician/neonatologist
 - Is part of the general paediatrics unit, not a separate neonatal unit
 - Has trainees on the general paediatrics unit roster, not a separate roster

3.1.5 For **Rural** accreditation:

The setting:

- Must be 2019 Modified Monash Model (MMM) category 2-7
- Must not be accredited as a Principal Training Program (Level 2 or Level 3) for Basic Paediatric Training



- *Must not have any subspecialty departments staffed by a subspecialist exclusively practicing in the specialty*
- *Must meet the minimum requirements for General Paediatrics – With a perinatal component (3.1.4) or General Paediatrics – Without a perinatal component (3.1.3)*

3.1.6 For Acute Care (ED) accreditation:

The emergency department at the setting 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 paediatric 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*

3.1.7 For Acute Care (PICU) accreditation:

The paediatric intensive care unit at the setting 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*

3.1.8 For Acute Care (NICU – Perinatal Centre) accreditation:

The neonatal intensive care unit at the setting must:

- *Be accredited for core training in a perinatal centre for Advanced Training in Neonatal/Perinatal Medicine (Australian settings only)*
- *Have trainees on a specific neonatal intensive care unit roster, not part of the general paediatrics roster*

3.1.9 For Acute Care (NICU – Children’s Hospital) accreditation:

This type of accreditation is for children’s hospitals with neonatal units that are mainly surgical units and do not provide any perinatal experience.

The neonatal intensive care unit at the setting must:

- *Be accredited for Advanced Training in Neonatal/Perinatal Medicine (Australian settings only)*



	<ul style="list-style-type: none"> • Have trainees on a specific neonatal intensive care unit roster, not part of the general paediatrics roster <p>3.1.10 For Acute Care (NETS) accreditation:</p> <p>The newborn emergency transport service (NETS) must be accredited for core training in neonatal retrieval services for Advanced Training in Neonatal/Perinatal Medicine.</p> <p>3.1.11 For Community/Developmental accreditation:</p> <ul style="list-style-type: none"> • The setting must have a dedicated community education program accessible to all trainees undertaking their core Community/Developmental training • Community, developmental, and child protection positions must be accredited for the respective type of core and/or non-core clinical training for Advanced Training in Community Child Health • Adolescent medicine positions must be accredited for Core Training A and/or Core Training B for Advanced Training in Adolescent and Young Adult Medicine • Child and adolescent psychiatry positions must be accredited by the Royal Australian and New Zealand College of Psychiatrists • Rehabilitation positions must be accredited for core training for Advanced Training in Paediatric Rehabilitation Medicine • Palliative care positions must be accredited for core paediatric palliative care training for Advanced Training in Palliative Medicine
<p>3.2 Trainees participate in quality and safety activities.</p>	<p>3.2.1 Trainees will participate in quality assurance programs including morbidity and mortality reviews and audits.</p>
<p>3.3 There is the capacity for project work (including research) and ongoing training.</p>	<p>3.3.1 Trainees have access to evidence-based medicine activities such as research, clinical trials, and audits.</p>
<p>4. Teaching and Learning</p>	
<p>4.1 There is an established training program or educational activities such as multidisciplinary meetings, academic meetings, rounds, and journal clubs.</p>	<p>4.1.1 Consultant led handover must occur a minimum of five days per week.</p> <p>4.1.2 Consultant or senior Advanced Trainee led ward rounds must be conducted a minimum of five days per week.</p> <p>4.1.3 Trainees have teaching responsibilities as part of their role.</p> <p>4.1.4 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.</p>



4.2 <i>There are opportunities to attend external education activities as required.</i>	4.2.1 <i>Trainees are provided opportunities to attend relevant education activities.</i>
4.3 <i>There is access to sources of information, both physical and online, including a medical library or e-library facility appropriately equipped for physician training.</i>	4.3.1 <i>Trainees have access to a computer, library or online library resources.</i>
5. Support Services for Trainees	
5.1 <i>There are workplace policies covering the safety and well-being of trainees.</i>	5.1.1 <i>There are policies relevant to the safety and well-being of trainees.</i>
5.2 <i>There is a formal induction/orientation process for trainees.</i>	5.1.2 <i>The setting will provide an orientation/induction into training within the first week of trainees' commencement of training.</i>