



The Royal Australasian
College of Physicians

RACP Specialist Training
Committee in Geriatric
Medicine
and
ANZSGM Geriatric
Medicine Education and
Training Committee



CRITERIA FOR THE ACCREDITATION OF SITES FOR ADVANCED TRAINING IN GERIATRIC MEDICINE

General Guidelines

1. A site seeking accreditation for advanced training in Geriatric Medicine must demonstrate to the STC that it has suitable staff, clinical material and facilities available to the advanced trainee to facilitate high quality advanced training. There are four general standards with various criteria listed relating to each standard. Each criterion will be applied by the STC to decide if each standard has been achieved.
2. Documentation for each criterion will be required. Achievement of some but not all criteria (such as the variety of clinic exposure and extent of formal training available) will be considered when determining whether a site is accredited for 6, 12 or 24 months training.
3. If a site does not gain accreditation or re-accreditation, then it has the right to appeal through the College appeals process.
4. The site should preferably have an affiliation with a university teaching hospital.
5. In general a site must be able to provide 12 or 24 months of training in order for it to be considered suitable for accreditation.
6. Accredited sites must notify the STC of any substantial change of circumstances within their site which affect advanced training at the site. Notification should occur within one month of the changed circumstances. Changes in the ratio of supervisors to trainees are particularly important to notify urgently.
7. Sites may not exceed the approved number of trainees.

Duration of Training at Consortia

The STC appreciates the significant benefits to training achieved by creation of alliances, as has occurred in Victoria and the Northern cluster of Sydney South West Area Health Service. The accreditation guidelines are intended to provide in principle guidance to trainees and supervisors. The STC reviews each individual training programme and judgement is made on merit.

The STC has repeated its concern that training be of sufficient depth and breadth. In general a significant change of training site (such as a year spent interstate or overseas) provides advantages to trainees. The STC understands that for some trainees, geographic dislocation is not possible in the context of their other commitments. For these trainees it is incumbent upon them to demonstrate, in careful collaboration with their supervisors and mentors, that adequate depth and breadth of training has been achieved during the three year programme. Trainees who work solely in one Area Health Service should carefully review the curriculum

and explicitly address any areas of training need. Additional activities, such as attendance at scientific meetings, may be a particularly important component of their training programme.

Continuing Accreditation

In principle, it may be possible to extend or modify accreditation based on written evidence, or videoconference. However the STC will seek to re-visit sites at least every five years, or when there are significant changes to training provided at a site.

Standard Operating Procedures for Site Accreditation

1. STC prioritises sites for accreditation and assigns visitors
 - Schedule usually confirmed at first meeting of the year, but on an ad hoc basis as required.
 - A Lead visitor is nominated (usually the STC member or an experienced visitor)
 - Usually one local visitor (from a different site in the same state) and one inter-state visitor will be nominated
2. Education Officer sends proforma site submission (including website summary), and accreditation criteria, to Site contact, copied to visitors.
3. Education officer authorises visit travel
4. Lead visitor contacts nominated site staff to negotiate date and time of visit
5. Site contact completes site submission (including website summary) and forwards to education officer.
6. Education officer forwards site submission to visitors
7. If required, visitors book travel in accordance with RACP policy
8. Visit is conducted
 - Site visitors generally require 45-60 minutes with the supervisor(s) and/or Department Head, 30 minutes with the trainee(s) and a 45 – 60 minutes tour of the site including the wards, out-patients' department, library and registrar rooms/offices.
9. Lead visitor drafts survey report utilising proforma document. Generally visitors are expected to make recommendations with respect to:
 - Period of time accredited for training
 - Number of trainees accredited to train at the site
 - Maximum time to next site visit
 - Suggested areas needing development
 - Other recommendations
10. Visitors submit any reimbursement requests as per RACP policy
11. Draft report is sent to site staff for correction of factual errors
12. Site contact advises any factual errors in draft report to Lead visitor
13. Lead visitor finalises draft visit report and updated website survey
14. Recommendations are considered at the next STC meeting
15. Once endorsed updated web site summary is sent to ANZSGM Secretariat. Secretariat load summary onto ANZSGM Training site at <http://www.anzsgm.org/training.asp>
16. Education Officer updates RACP List of training sites at <http://www.racp.edu.au/training/adult2003/advanced/hospitals/geriatric.htm>

Standard One

The site has adequate staff to facilitate, and provide supervision for, advanced training

Criteria:

- 1.1 A practising geriatrician who is a Fellow of the RACP or equivalent, a member of the ANZSGM and accredited by the RACP for supervision of advanced trainees shall be available to act as a supervisor. More than one geriatrician, whose appointments are less than full-time, may be co-supervisors for the advanced trainee. One of these supervisors shall be designated as the primary supervisor for the trainee.
- 1.2 The geriatrician nominated as primary supervisor must work directly with the advanced trainee and be present to observe direct patient care.
- 1.3 Supervision should incorporate regular evaluation of work that is not directly observed (such as after hours and domiciliary assessments, and progress in projects)
- 1.4 The site shall provide an environment in which interdisciplinary meetings and consultations with the supervisor occur regularly.

Standard Two

The site has sufficient patients and clients for advanced training.

Criteria:

- 2.1 The workload of the site shall encompass some or all of the range of patient contacts required for the advanced trainee in all aspects of consultant geriatric medical practice.
 - a. Inpatient care - acute
 - Sub-acute (Rehabilitation and restorative) care
 - transitional care
 - long term care
 - b. domiciliary assessment
 - c. ambulatory care (such as outpatient assessment)
 - d. speciality interests (such as psychogeriatrics, orthogeriatrics, memory, falls, movement disorders, and continence)
 - e. consultation-liaison.

Standard Three

The Department of Geriatric Medicine provides, or facilitates the trainee participating in, formal training in geriatric medicine.

Criteria:

- 3.1 The site shall provide formal training which may include a lecture programme, journal club, grand rounds, seminars, case presentations and X-ray conferences to provide teaching for the Advanced trainee. Alternatively the site may release the trainee to attend a centralised teaching programme,
- 3.2 The site shall provide the advanced trainee with the opportunity to teach junior colleagues, undergraduates, nursing and allied health staff.
- 3.3 The site should have an active clinical or basic research programme to which the advanced trainee can contribute in sufficient degree to obtain experience in research methodology. Alternatively, access to such research opportunities should be available.
- 3.4 The site shall involve the advanced trainee in quality assurance activities.
- 3.5 The site shall provide the advanced trainee with the opportunity to attend the Annual Scientific Meeting of the Australian and NZ Society for Geriatric Medicine (ANZSGM) annually and provide encouragement to attend educational activities provided by the ANZSGM or training consortia in each state.

Standard Four

The site provides suitable staffing and infrastructure for advanced training.

Criteria:

- 4.1 The site shall provide adequate numbers of service, basic training and support staff to allow trainees to undertake advanced training.
- 4.2 The site shall provide access to a medical library (physical or electronic) with current and relevant text books, journals and computer retrieval and search facilities.
- 4.3 The site shall provide infrastructure to support the advanced trainee's work in project and other quality assurance activities, such as access to computer work stations and locked filing cabinets.

College Appeals Process

The *College Appeals Process* document is available from the Training Section of the College on request.

Sample Standards of Achievement

These examples are intended to be illustrative only. They are not prescriptive. Many sites will have features relevant to multiple levels of achievement.

Criteria	Limited Achievement (Awareness). Accreditation may not be possible.	Sound achievement (Implementation or Evaluation). Most sites will be at this level of achievement.	Strong Achievement (Excellence or Leadership) Few sites will be at this level of achievement.
1	<p>Trainees are infrequently directly supervised and do not receive regular constructive feedback regarding work that is not directly unsupervised.</p>	<p>Accredited supervisors at the site oversee one or two trainees. Trainees are observed regularly and can access help as needed. Trainees have opportunities to regularly contribute to a range of team meetings, family meetings and consultations, and receive supervisor feedback. Feedback from trainees regarding supervision is collected and fed back to supervisors. There is a system of supervision for all unobserved work (such as co-signing of clinic letters). Trainees and supervisors regularly evaluate trainees' performance in unobserved work.</p>	<p>Formal system of supervision with regular two-way communication is in place. Site tailors trainee's experience to learning needs. Site provides tailored supervision for both observed and unobserved work in an individualised program which is regularly and explicitly evaluated by both the trainee and supervisor. Trainees regularly contribute and receive structured 360° feedback.</p>
2	<p>Trainees largely focus on one aspect of geriatric medicine. Trainees plan and conduct research projects with minimal</p>	<p>Trainees are able to work in acute, subacute and domiciliary aspects of geriatric medicine. Supervisor plans research projects with trainee, and supports trainee carrying out research project. Trainee's needs are evaluated when planning</p>	<p>Site provides access to the full spectrum of geriatric medicine work including sub-specialist services.</p>

	supervision.	rotations and projects.	
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3	The site provides some formal training. Trainees teach others in an ad hoc manner.	The site provides formal training opportunities which are likely to meet the needs of average trainees. Trainees have a formal, recognised contribution to the site's teaching program and receive feedback. Trainees participate in design, conduct, implementation and evaluation of continuous improvement activities. The formal training program is evaluated incorporating feedback from trainees.	The formal training program is comprehensive and regularly evaluated. Trainees deliver education for medical students, less senior doctors, and colleagues which is evaluated. Trainees gain experience in evaluating sites and services. Trainee's learning in research methodology is encouraged with specialised advice (such as in statistics) and opportunities for trainees to contribute to ongoing research projects available. Site provides formal training in clinical leadership or management. The site supports trainees attending conferences to present their work, and visits to centres of excellence to meet any gaps in the trainee's learning.
4	There is a library and on line access is available. Trainee collects data for QA activities. Trainees have access to work	Trainees have free full text access to a large range of reference and educational materials. Trainees have individual workstations for clinical and project work, space for secure storage of data, access to secretarial support and access to common & training rooms. Site incorporates training requirements into	Trainees have access to a suite of reference, educational, training and research support material with access to information services and information technology support when required. Site provides state of the art clinical, training and educational facilitates with administrative

	<p>stations but no secure space and no individual workstations. Trainee's service work is onerous.</p>	<p>facilities planning. Although service is busy there is access to protected training time and activities and the trainee and supervisor regularly evaluate whether service work is providing useful training experience.</p>	<p>support to facilitate training activity. Site provides trainees with flexibility and is able to release trainees to attend educational activities and undertake project work.</p>
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SAC criteria 8/5/00– to be reviewed every two years; 21/11/03– reviewed; 9/11/04– amended; 24/26/08– amended; 01/02/00– reviewed; 01/06/2008– amended; 01/05/2009– amended