

ACCREDITATION OF TRAINING POSTS

Training Post Accreditation Standards

2023

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STANDARD 1 - Service Requirements and Post Position Description	
Accreditation Standard	Details of this Standard
1.1 Every post must have a position/job description.	1.1.1 Trainees are provided with a written position/job description for the post.
	1.1.2 The position description details place of work, nature and quantity of clinical work (FTEs), times at work, and post category.
1.2 A process is in place to monitor and review the trainee's work and case load.	1.2.1 Health services must have: <ul style="list-style-type: none"> • processes to monitor and manage trainees' workload, and a policy on how concerns about excessive workloads are raised and addressed, • processes and policies to address the trainee's and/or supervisor concerns about workload, • processes and policies to assist trainees to manage clinical workloads, and. • After hours arrangements that don't compromise the intended training experience.
1.3 Trainees must have orientation into the post.	1.3.1 Adequate orientation and introduction to the multi-disciplinary team must be provided by the supervisor and/or team leader.
	1.3.2 Clear advice is provided to trainees including: <ul style="list-style-type: none"> • communication policies and expectations for the rotation (clinical notes, referrals, discharge summaries), • clinical responsibilities including multi-disciplinary team review meetings, and participation in handovers, • on-call/on-duty responsibilities, and • teaching responsibilities to house officers and medical students.
1.4 Trainees must have access to any generic and required health service training.	1.4.1 Trainees must be free to attend workplace mandatory training as required during the rotation, e.g. training in the management of challenging behaviour.
1.5 The post must have adequate resources to enable trainees to take annual and study leave.	1.5.1 Trainees are able to take study and approved leave.
	1.5.2 The trainee is able to take up to four weeks of any approved leave during a rotation and, if approved by the BTC, up to six weeks.
	1.5.3 Leave cover arrangements should not compromise another trainee's training requirements.

STANDARD 2 - Provision of Required Training Experiences	
Accreditation Standard	Details of the Standard

<p>2.1</p> <p>Where required, the post must allow for a trainee to be released from their post for FEC attendance.</p>	<p>2.1.1 Health services are required to provide assured access by trainees to an RANZCP-accredited Formal Education Course for Stage 1 and Stage 2 and, where required as part of a Certificate of Advanced Training program, Stage 3.</p>
<p>2.2</p> <p>The post has an adequate capacity to train and provide a range of experiences.</p>	<p>2.2.1 The post must be able to provide all the required WBAs and EPAs appropriate to the nature of the term. For example, should a trainee be undertaking research or completing a psychotherapy case, the post needs to provide reasonable support for this to continue during the rotation.</p>

STANDARD 3 - Organisation, Monitoring, and Support of Trainees	
Accreditation Standard	Details of the Standard
<p>3.1</p> <p>There are adequate processes to support trainees in the post.</p>	<p>3.1.1 There are processes to support trainees to meet assessment requirements and pass examinations.</p>
	<p>3.1.2 There is provision of local seminars, journal clubs, grand rounds or group supervision.</p>
	<p>3.1.3 Trainees are provided with details of regular, scheduled clinical supervision sessions.</p>
<p>3.2</p> <p>There are adequate processes to monitor and encourage the progress and training experience of trainees within the post.</p>	<p>3.2.1 There are adequate processes to monitor the performance of trainees and to provide formal and informal feedback, with specific progress reviews as required.</p>
	<p>3.2.2 Timely feedback and targeted learning processes must be in place for any underperforming trainees.</p>
<p>3.3</p> <p>There are adequate processes at institutions or services that assess, monitor, promote, and deliver trainee safety, welfare, and well-being in the workplace.</p>	<p>3.3.1 The workload for trainees within each post is such that clinical service delivery does not compromise training and trainee welfare.</p>
	<p>3.3.2 Work rosters do not expose trainees to prolonged periods of duty, inadequate time off duty between work periods, inappropriate speed and direction of shift rosters, or irregular work schedules.</p>
	<p>3.3.3 Fatigue management programs are in place to diminish the impact of fatigue on the training experience for trainees within each post incorporating automatic mechanisms for sending trainees home after long night duty hours.</p>
<p>3.4</p> <p>The post has in place, and is adhering to, RANZCP policies regarding trainee</p>	<p>3.4.1 Systems and processes exist to maximise supervisor and trainee safety, including after-hours policies, safe assessment areas, duress alarms, access to support and security staff, and training in the management of challenging behaviour.</p>
	<p>3.4.2 Accreditation for a post, should it include after-hours work duties, is conditional upon safe arrangements for ingress/egress to all likely sites of work¹.</p>

¹ Training posts do not always have after hours work as part of the rotation; therefore, it is not a requirement for accreditation. Where after hours work is part of the rotation, for the post to be accredited, it must meet the standard re safety of ingress/egress.

safety.	3.4.3 Bullying and harassment of trainees is unacceptable and health services must ensure there are processes to communicate to other staff in the service that this is unacceptable, and to address this conduct promptly. <i>There must be mechanisms for trainees to promptly raise grievances of this nature.</i>
	3.4.4 Safe, secure, and private facilities are provided for trainees required to work extended hours/overnight shifts.
	3.4.5 The employing health service has policies and procedures to support any trainee involved in a critical incident or subjected to a threat or an assault during their clinical work, and to review such incidents.

STANDARD 4 – Institutions, Services, and Training Posts	
Accreditation Standard	Details of the Standard
4.1 There is an adequate standard of training and level of resourcing is provided to trainees.	4.1.1 The post offers trainees adequate access to resources and supports for learning.
	4.1.2 The trainee has assured access to basic psychiatry texts and a representative range of journals, library services, institutional or library internet access, and office desktop access to intranet.
	4.1.3 The trainee has the opportunity, in the post, to work as part of a multi-disciplinary team.
4.2 Adequate office or workplace facilities are available to the trainee.	4.2.1 Services must provide adequate facilities for trainees to conduct their necessary clerical work and with internet and intranet access. These include access to office facilities for confidential interviews and psychotherapy with patients.
	4.2.2 A personal office should be provided, however, where no personal offices are provided, the minimum requirement for each trainee is a desk, computer workstation, and lockable storage area for the trainee's texts and equipment, with access to a room for study or dictation.
	4.2.3 Services must provide adequate facilities for trainees to conduct physical examinations or any appropriate medical care.
4.3 Adequate processes ensure that specific training requirements are met within mandatory rotations.	4.3.1 For Stage 1, 2 and 3 trainees all required WBAs and EPAs for the rotation as per the 2012 Fellowship Regulations are available.
	4.3.2 All Stage 1 posts must provide a good grounding in core clinical skills.
	4.3.3 All Consultation-Liaison training posts within rotations must: <ul style="list-style-type: none"> • provide a liaison component as well as the consultation experience, and • ensure that trainees spend no more than 30% of their time in the Emergency Department.

	<p>4.3.4 Trainees in Child and Adolescent Psychiatry training posts:</p> <ul style="list-style-type: none"> are engaged in the care of, including adequate exposure to, both pre-pubescent and adolescent patients, if caring for patients older than 18 years of age, spend a minimum of 80 per cent of their time engaged in the care of patients aged 0–18 years, and do not spend more than a maximum of 20 per cent of their time during standard work hours seeing child and adolescent patients in an Emergency Department.
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STANDARD 5 – Supervision	
Accreditation Standard	Details of the Standard
<p>5.1 There is adequate provision of supervision within the post.</p>	<p>5.1.1 Trainees are able to achieve the requirement for mutually observed interviews and assessments (trainee observing supervisor and supervisor observing trainee).</p>
	<p>5.1.2 Trainees receive a minimum four hours of supervision each week for 40 weeks, as specified in the supervision policy:</p> <ul style="list-style-type: none"> - a minimum of one hour of individual supervision of clinical work - a minimum of three additional hours of supervision, either as an individual or in a group, which can include a clinical meeting where there is an education opportunity - minimum one hour of these additional three hours must be in a clinical setting where the focus is on the clinical supervision of the trainee. <p>While this hour is required in full for all trainees, the other three hours of supervision per week must be on a pro-rata basis (minimum) for part-time trainees.</p> <p>Stage One trainees to receive closer supervision of two hours weekly of individual supervision of clinical work.</p> <p>Supervisors work alongside trainees at the same workplace for a minimum of three sessions weekly. For part-time trainees working at 0.7 FTE or less, they must work at the same workplace as their supervisor for no less than two sessions weekly.</p>
	<p>5.1.3 In-Training Assessments are completed by supervisors at mid-rotation and end-of-rotation.</p>
	<p>5.1.4 Accredited supervisors are competent in the elements of the Fellowship Program and facilitate the required WBAs and EPAs for trainees in the rotation.</p>
<p>5.2 There are adequate standards of training and accreditation for supervisors within the post.</p>	<p>5.2.1 Supervisors must complete RANZCP-accredited supervisor training initially and, thereafter, a supervisor update training program every five years.</p>
	<p>5.2.2 Accredited supervisors must have access to and be able to demonstrate familiarity with the <i>RANZCP Fellowship Regulations 2012</i>, the <i>RANZCP Curriculum Map and Syllabus</i>, and the <i>RANZCP Code of Ethics</i>.</p>
	<p>5.2.3 Accredited supervisors are able to attend supervisors' peer review sessions, or a meeting of psychiatrists where supervision is the focus, a minimum of three times per year.</p>
	<p>5.2.4 Non-RANZCP supervisors, who are not Fellows, must complete RANZCP-approval processes.</p>

APPROVAL / REVISION RECORD

Contact: **Executive Manager, Education and Training**

Date	Version	Approver	Description
17/11/2019	1.0	Board B2019/8 R33	New document. Revised to remove repetition.
27/02/2020	2.0	Accreditation Committee	Supervision Policy revision.
15/07/2022	2.1	EM	Standards updated and refined as per scheduled regular review.
04/08/2023	2.2	EC	Slight rewording at Standard 3.4
Next review: 2024			