



The Royal
Australian &
New Zealand
College of
Psychiatrists

ROTATION ACCREDITATION STANDARDS 2013

working
with the
community

April 2013

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Training Zone: _____

Training Institution: _____

**Rotation Category/
Clinical setting:** _____

Previous Review Date: _____

Date of Review: _____

Date of next review: _____
(5 yearly review cycles)

Rotation Site Visitors:

Director of Training: _____

BTC delegate: _____

Trainee representative: _____

Interview Names: _____

Instructions for the completion of accreditations or reaccreditation of training rotations:

1. The rotation must be part of an established vocational training program approved by the Royal Australian & New Zealand College of Psychiatrists (RANZCP) Accreditation Sub-Committee (ASC) of the Committee for Training (CFT).
2. Training requirements, as outlined in the rotation standards, must be met. Two excellence standards are outlined in Standard 4.2 and are voluntary standards indicating service excellence.
3. Standards 1, 2, 4 and part of 5 are directly related to the rotation being accredited. Standards 3, and part of 5 include overarching service or organisational training standards that support the educational experience of a trainee in that rotation; these sections should be completed by the DoT (Director of Training) of the training zone.
4. Site visitors will be guided by the rotation accreditation standards in this document.
5. Site visitors must use the appropriate standards for basic or advanced training (2003 Fellowship regulations or relevant 2012 Fellowship regulations) for both initial and reaccreditation of rotations.
6. Please attach any requested documents e.g. Position Description, Orientation Information etc.
7. All newly established positions require accreditation as a College approved rotation.
8. All existing rotations require 5-yearly reaccreditations.
9. Evidence of each rotation's accreditation against the standards must be provided at the formal 5-yearly training program accreditation visits. Copies of accreditation documents should be submitted to the Secretariat prior to an accreditation visit.
10. It is the responsibility of each Branch Training Committee (BTC) or individual training program to arrange rotation accreditation and reaccreditation processes. These groups should prioritise visits to those rotations requiring foremost attention.
11. Site visitors should be two members of the branch or local training committee (or delegates of these committees,) and should also include a trainee representative.
12. Trainees, supervisors, the team leader and the manager responsible for the rotation should receive a copy of the Standard Operating Procedures and Accreditation Standards before the visit.
13. Site visitors should meet with trainees currently in the rotation and may request to speak with former trainees who have completed the rotation. Site visitors should meet with the trainees separately from the supervisors.
14. The site visitors must also meet with the supervisor(s) and the team leader/operations manager.
15. Other staff may be included at the site visitors discretion or as guided by previous site report recommendations.
16. After the accreditation visit is completed, all participating staff will receive a succinct report. The Branch Training Committee (BTC) is responsible for distributing the report.
17. The report must include commendations, recommendations, and timelines for the implementation of any recommendations.
18. The BTC retains ultimate responsibility for the accreditation, monitoring and review of all training rotations.

STANDARD 1: Service requirements and rotation position description			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
1.1 Every rotation must have a position/job description.	All trainees must be provided with a written job description for the rotation	1.1 .1 The place of work, nature, quantity of clinical work (FTEs), times at work and rotation category	
		1.1.2 Outline communication policies and expectations for the rotation (clinical notes, referrals, discharge summaries)	
		1.1.3 Expected clinical responsibilities including multi-disciplinary team (MDT) review meetings	
		1.1.4 Expectations in participation in handovers.	
		1.1.5 On-call/on-duty responsibilities	
		1.1.6 Time to attend required training e.g. Formal Education Course (FEC)	
		1.1.7 Teaching responsibilities to house officers and medical students	
		1.1.8 Access to regular, scheduled clinical supervision sessions	
1.2 A process is in place to monitor and review the trainee's work and case load	The trainee must be aware of policies and guidelines to request a workload review	Services must have: 1.2.1 Processes to monitor and manage trainees workload in place and a policy on how concerns about excessive workloads are raised and addressed 1.2.2 Processes and policies to address the trainee's and/or supervisor concerns about workload and to help trainees manage clinical workloads.	

Attachments required:

- Attach copy of rotation Position Description
- A Statement from the health service that indicates the expected case load during the rotation (per 1.0 FTE)
- Written processes to monitor, review and manage workloads

STANDARD 1: Service requirements and rotation position description			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
1.3 Trainees must have access to orientation for the rotation	Adequate orientation and introduction to the multi-disciplinary team must be provided by the supervisor and/or team leader	1.3.1 The trainee receives written and/or verbal orientation to the rotation by the supervisor, team leader or nominated staff member	
1.4 Trainees must have access to any generic and required health service training	Trainees must be free to attend any mandated health service training as required during the rotation e.g. bullying, harassment	1.4.1 The trainee to be able to attend any required health service training sessions	
1.5 Trainees have the ability to take study and annual leave during the rotation	Trainees can take study and annual leave during this rotation – all types of leave may not exceed 6 weeks during a 26 week rotation	1.5.1 The trainee may take a maximum of 6 weeks of any leave during a rotation. During sub-specialty rotations, a maximum of 4 weeks leave may be taken 1.5.2 The service has sufficient staff and systems in place to ensure trainees are able to take leave during a rotation	

Attachments required:

- Attach copy of orientation handbook or information provided to trainee
- Attach health service training sessions that trainees are required to attend

STANDARD 2: Provision of required training experiences			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
2.1 An accredited Formal Education Course (FEC) is available to trainees in the rotation	<p>Health Services are required to provide assured access to a recognized and accredited formal education course</p> <p>Note: <i>2003 Regulations: Trainees must demonstrate satisfactory progress in a FEC during the first 3 years of training</i> <i>2012 Regulations: Trainees must enroll and satisfactorily complete a College-accredited formal education course</i></p>	2.1.1 The trainee has protected time to attend the FEC and are not required to respond to pagers or phone calls during FEC/learning sessions	
		2.1.2 Advanced trainees can attend required generic and specific training requirements e.g. psychotherapy supervision, peer review groups	

Attachment required:

- Attach sample of rosters that incorporate protected time for FEC/learning activities

STANDARD 2: Provision of required training experiences			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
2.2 The rotation has an adequate capacity to train and offers a range of experiences	The rotation must provide a range of experiences and activities to allow a trainee to develop the knowledge and skills required to satisfy the learning objectives of the rotation. Basic/Stage 1 and 2 requirements: 2003 Fellowship Regulations Basic trainees should:	2003 Regulations: 2.2.1 Trainees can achieve learning objectives of the rotation and has access to a range of training experiences and assessments	
	<ul style="list-style-type: none"> • Be able to achieve continuity of care during the rotation, if required by the trainee • Be able to achieve the required range of psychotherapy experiences and psychotherapy supervision, if required by the trainee • Have access to a range of training experiences and assessments needed to satisfy basic training requirements as stipulated in the RANZCP 2003 Training and Assessment Regulations 	2.2.2 Trainees can achieve continuity of care during the attachment if this is needed by the trainee	
	2012 Fellowship Regulations Trainees should:	2.2.3 Trainees can achieve the required psychotherapy experiences and supervision if needed by the trainee	
	<ul style="list-style-type: none"> • All rotations must be able to provide all the required WBAs and EPAs to attain/maintain accreditation • Be able to achieve required WBAs to satisfactorily attain EPAs • Have access to a range of training activities and experiences as stipulated for Stage 1 , 2 and 3 trainees in the 2012 Training and Assessment regulations 	2.2.4 Advanced trainees are supported to achieve learning goals for psychological, biological and social aspects of management in psychiatry	
	Advanced/Stage 3 requirements: 2003 Fellowship Regulations Advanced trainees should:	2012 Regulations: 2.2.5 The rotation must be able to provide all the required WBAs and EPAs so that the trainee can achieve	
	<ul style="list-style-type: none"> • Be provided with support to achieve learning goals for psychological, biological and social aspects of management in psychiatry • Be provided with support to achieve the application of consultative skills in psychiatry • Be able to participate in required CPD activities • Be provided with support to develop leadership and management skills in psychiatry. 	2.2.6 The trainee has access to a range of training activities and experiences	
	2012 Fellowship Regulations Stage 3 – currently in development	2.2.6 Advanced/Stage 3 trainees be able to participate in CPD activities	

Attachments required:

- Learning objectives of the rotation
- A statement outlining what additional training requirements may be met in the rotation (e.g. ECT, old age, addiction, child and adolescent, consultation liaison), WBAs, EPAs
- 2003 Fellowship Regulations: A copy of the training program to be attended by the advanced trainee.
- 2012 Fellowship Regulations: A copy of the training program to be attended by the Stage 3 trainee.

STANDARD 3: Organisation, monitoring and support of trainees			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
3.1 Adequate processes to support trainees to complete their training	<p>There are processes to support trainees to complete assessments and undertake examinations as appropriate</p> <p>Bullying and harassment of trainees is unacceptable and health services must ensure there are mechanisms to promptly address bullying and trainee grievances.</p> <p>Services must have adequate processes to support any trainee involved in a critical incident or subjected to threats or an assault during their clinical work and have processes to review such incidents.</p>	3.1.1 Trainees have the ability to attend examination preparation programs during the rotation (if appropriate)	
		3.1.2 Supervisor assistance is available to trainees to help prepare for trainee clinical examinations, either during supervision or as an additional resource	
		3.1.3 There are processes and mechanisms to deal promptly with any trainee grievances or bullying during the rotation	
		3.1.4 There are processes to support a trainee involved in any critical incident, threats or assault to ensure the trainee is adequately supported.	

Attachments Required:

- Copy of the health service's bullying and harassment policy
- Outline of critical incident policies and processes
- Trainees confirmation that bullying/harassment policies and processes followed in any instances they were involved

STANDARD 3: Organisation, monitoring and support of trainees

Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
3.2 Adequate processes to monitor and encourage the progress and training experience of trainees within the rotation	There are adequate processes to monitor the performance of trainees and to provide formal and informal feedback Timely feedback and remediation processes are in place for any poorly performing trainees. These processes occur both within rotations and across changes between rotations, and specific progress reviews are organised as required.	3.2.1 Supervisors should receive feedback about the performance of a trainee in previous rotations 3.2.2 Supervisors should receive from the DoT any progress reviews, remediation or performance management plans for a trainee working in the health service	Supervisor and trainee are able to confirm the standard is being met

STANDARD 4: Institutions/Services and training rotations			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
4.1 An adequate level of resourcing and day-to-day support is provided to trainees	<p>The rotation offers trainees the opportunity to work in a safe and supportive environment that has processes in place to ensure they have adequate access to resources and supports for learning</p> <p>Services should aspire to meet the following non-mandatory excellence standards: The trainee has the opportunity during the rotation to participate in audit or other quality assurance programs The trainee is able to work with allied, non-medical professional staff – psychologists, psychiatric nurses, social workers and occupational therapists – who all make significant contributions to the training experience of trainees</p>	4.1.1 The trainee has access to library internet services and desktop access to internet and intranet services. Minimum requirements are basic psychiatry texts and a representative range of journals, access to the RANZCP website and to other important online resources such as the ANZAPT website.	
		4.1.2 During the rotation the supervisor and clinical services director monitor the service-training tension and ensure the trainee receives designated time for learning and training experiences	
		4.1.3 Pathways exist to maximize supervisor and trainee safety, including after-hours policies, safe assessment areas, optional duress alarms, access to support and security staff and training in the management of challenging behaviours	

Attachments required:

- Rosters (see 2.1)
- Copy of current safety guidelines and policies to be attached
- Trainees confirm that they have adequate supervision and support during out-of-hours work

STANDARD 4: Institutions/Services and training rotations			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
4.2 Adequate office or workplace facilities are available to the trainee	Services must provide adequate facilities for trainees to conduct their clinical work, including access to office facilities for confidential interviews and psychotherapy with patients.	4.2.1 Services should provide an office, to be used by at most two trainees, for necessary clerical work and internet access as specified in 4.1	
	Services must provide adequate facilities for trainees to conduct physical examinations or provide appropriate medical care	4.2.2 Where the team has no personal offices, at least a desk, computer workstation and lockable storage area for the trainees texts and equipment must be provided	

Inspection of office or workspace facilities is required during accreditation visit

STANDARD 4: Institutions/Services and training rotations			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
4. 3 Processes to ensure that specific training requirements, as defined in the training objectives, are met in mandatory rotations	<p>2003 Regulations: Processes to ensure that specific training requirements, as defined in the training objectives, are met in mandatory rotations</p> <p>2003 Regulations: Supervisors and service directors should be aware of specific training experiences that must be provided in mandatory rotations and ensure that these are provided. The provision of required training experiences is to be monitored by the DOT at the 6-monthly meetings with trainees.</p> <p>Processes are in place to address any shortfalls in mandatory rotations, regarding their ability to meet the required training objectives.</p>	4.3.1 2003 Regulations: All adult psychiatry rotations must: Provide a good grounding in core clinical skills as per the training objectives for first year trainees Provide the opportunity for trainees to complete the 10 observed interviews as per Link 33, and to receive formative feedback. All consultation-liaison rotations must: Provide a liaison component as well as the consultation experience. Ensure that trainees spend no more than 30% of their time in the Emergency Department. Child and Adolescent psychiatry rotations must: Provide trainees with the opportunity to comprehensively assess the minimum of 5 pre-pubertal children and 5 adolescents during the term as per Regulation 8.6, Link 34.	
		4.3.2 2012 Regulations: Stage 1 and Stage 2 trainees – all required WBAs and EPAs for the rotation as per the 2012 Fellowship Regulations. All adult psychiatry rotations must: Provide a good grounding in core clinical skills as per the training objectives for first year trainees All consultation-liaison rotations must: Provide a liaison component as well as the consultation experience. Ensure that trainees spend no more than 30% of their time in the Emergency Department.	

Training records indicates trainees was able to meet all specific training requirements, assessments and training objectives in the rotation

STANDARD 5: Supervision			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
5.1 Adequate provision of supervision within the program	Supervision of trainees in the rotation by College accredited supervisors	5.1.1 Trainees are able to achieve the requirement for mutually observed interviews and assessments (trainee observing supervisor and supervisor observing trainee)	
	Supervisors work alongside trainees in the workplace for a minimum of 3 sessions weekly (i.e. three half days) Supervision sessions are regularly scheduled and free of interruptions Supervisors are aware of the people under the trainee's care to facilitate a clear line of clinical responsibility from the trainee to the clinical supervisor. Content of supervision should involve an integrated and comprehensive approach to assessment and treatment. Supervision should enhance the trainee's skills, knowledge, skills and attitudes in line with the RANZCP curriculum learning objectives. The recommended ratio of trainee to supervisors is not more than two trainees per fulltime (1.0 FTE) consultant.	5.1.2 Trainees receive a minimum of 20 hours 1:1 supervision in each 26 week rotation (or 40 hours for a 1 st -yr trainee) and undertake 4 hours of conjoint work with their supervisor weekly, of which at least 2 hours must be outside ward meetings. Closer supervision should be provided for first year trainees.	
		5.1.3 <ul style="list-style-type: none"> 2003 Fellowship Regulations: Supervisors will provide 3-monthly and 6-monthly written feedback for the registrar and the local training committee. This must be discussed with the registrar at the time and the registrar should be given a copy by the supervisor. The principal supervisor should consult with other supervisors, on-call psychiatrists and senior members of the clinical team before providing this feedback. 2012 Fellowship Regulations: In-Training Assessments are completed by supervisors at mid-rotation and end of rotation. 	
		5.1.4 Supervisors are required to facilitate required WBAs and EPAs for trainees in the rotation	

Attachments required:

- Rosters indicate regular, protected supervision time is scheduled
- Thorough written feedback reports are completed on time
- Trainees confirm that they have access to protected supervision time

STANDARD 5: Supervision			
Accreditation Standard	Details of the Standard	Specific Requirements Linked to this Standard	Evidence of How Standard is Met
5.2 Adequate standards of training and accreditation for supervisors within the program within the program	College processes for the training and accreditation of supervisors are followed	5.2.1 Rotation supervisors must complete accredited supervisor training and maintain accreditation as a College supervisor by undergoing refresher training every 5 years	
		5.2.2 Rotation supervisors must have access to and be able to demonstrate familiarity with the RANZCP Training and Assessment Regulations, Policies and Procedures, the Curriculum and RANZCP Code of Ethics	
		5.2.3 Supervisors are able to attend supervisor peer review sessions or a meeting of psychiatrists where supervision is the focus, a minimum 3 times per year	
		5.2.4 Non-RANZCP supervisors who are not Fellows must follow College approval processes	

Attachment required:

Supervisor is able to produce evidence of current accreditation if requested