

RUN STANDARDS

Auckland Psychiatric Regional Training Committee

- 1 TRAINING Requirements for Run Standards must be met. (see Appendices I & II)
- 2 RUN DESCRIPTIONS in writing are required for each run, and the registrar should have a copy. These should address Service Objectives as determined by the Clinical Director and Service Manager, specifying, as a minimum requirement:
 - 2.1 The place, nature and quantity of clinical work.
 - 2.2 Communication about and recording of clinical activities.
 - 2.3 Participation in key clinical and administrative meetings.
 - 2.4 Teaching responsibilities.
 - 2.5 On-Call responsibilities.
- 3 THERE SHOULD BE A PROCESS FOR JOB-SIZING the registrar's caseload/workload, and the registrar should be made aware of the process for addressing this issue.
- 4 ADDITIONAL SERVICE EXPECTATIONS:
 - 4.1 Provision of Inservice Training on the Treaty of Waitangi (if not previously covered), & other matters as appropriate – SPEC training, CPR etc.
 - 4.2 An Orientation process at the start of the run.
 - 4.3 There should be access to weekly joint supervision/support sessions with experienced local psychiatrists for groups of registrars within a district.
 - 4.4 Aggression & threats at work should be minimised & registrars supported & debriefed
 - 4.5 There should be clear processes for problem resolution within the service.
- 5 All runs will undergo a process of QUALITY REVIEW & ACCREDITATION against these Run Standards.

Process for conducting these reviews:

- 5.1 The run review will be conducted by that district's Training Facilitator—unless the Training Facilitator's own run is being reviewed—in which case the Director of Training (DOT) will assist. Other review panel members may be added as required, e.g. the DOT and a registrar representative.
- 5.2 Each Review will involve a site visit to the run and discussions with the registrar(s) attached to the run. Past feedback on the run will be provided wherever possible by the DOT. The Reviewer(s) will in addition talk with the supervisor(s), & the team manager. Other staff may be included at the Reviewer's discretion. The run will be assessed against basic standards as outlined on the *Accreditation Feedback Form*, which will be used to document the Review and to provide feedback.
- 5.3 It is recommended that all registrars, supervisors and team managers at the run receive a copy of a blank *Accreditation Feedback Form* as a general guide prior to a Review.
- 5.4 On all Reviews, the registrar(s) should be interviewed *first* and *separately*. The supervisor(s) and team manager can be seen separately or together at the discretion of the Reviewer(s).
- 5.5 All participating staff are to receive a copy of the *Accreditation Feedback Form* once this is completed, and a copy is to be forwarded to the DOT.
- 5.6 It is expected that runs causing concern will be reviewed first and urgently, and others subsequently, and ideally that all runs in a district will be reviewed regularly.

APPENDIX I

TRAINING REQUIREMENTS FOR RUN STANDARDS - THE RUN:

Nature of Run:

1. The run must be part of a **Training Programme** approved by the Committee for Training, RANZCP.
2. There must be a **clear line of clinical responsibility** for all patients in the registrar's care (including after-hours on-call work) to a psychiatrist, ideally to the registrar's principal supervisor during normal work hours.
3. The run must provide **appropriate clinical experience** for a trainee psychiatrist. Examples are: general adult psychiatry, child psychiatry, and liaison psychiatry. Examples of subspecialty runs are old age psychiatry, forensic psychiatry, maternal mental health, rehabilitation, Maori mental health, Pacific Island mental health, administration, psychotherapy, drug & alcohol services, intellectual disability. Any more unusual subspecialty experiences must be approved by the Branch Training Committee as being appropriate.
4. Consultation-Liaison runs must include a **Liaison** component, as well as consultation experience.
5. There must be appropriate **critical incident review** procedures and **quality assurance programmes** in place at the workplace.

Access to Teaching:

6. There must be assured **access to the formal teaching programme** for the appropriate scheduled day-releases for the registrar's stage of training.
7. There must be regular opportunities to engage in critical discussion and in evaluation of the scientific literature - i.e. **appropriate weekly Journal Clubs and/or Case Conferences**.

Facilities provided:

8. There should be **adequate office facilities** for confidential interviews, physical examinations, necessary clerical work and study. Ideally the registrar should have their own office or a shared office, and the bare minimum required is computer and internet access via a "hotdesk" system and a locked locker or cupboard for the registrar.
9. There should be **ready access to suitable library and information service facilities**. Minimum requirements are basic psychiatry texts, a representative range of journals and intranet/internet access.

APPENDIX II

TRAINING REQUIREMENTS FOR RUN STANDARDS - SUPERVISION and SUPERVISORS:

1. Ideally this should be provided by **one main supervisor**. If necessary, a 2nd supervisor can assist with aspects of supervision, providing there are clear lines of clinical responsibility and back-up. If the clinical experience is provided in two distinct settings (eg. an inpatient and out-patient setting), clinical supervision should also be split and provided by **appropriate supervisors in each setting**.
2. At least **one individual hour** (2 individual hours for 1st-year registrars) and **three clinical hours of supervision** must be provided per week. This supervision must be available for a minimum of **20 weeks in each 6 month run**.
3. Individual **supervision sessions must be regularly scheduled**. This will often need to apply to clinical supervision as well, in busy community or liaison teams, to ensure the required amount.
4. The registrar's principal supervisor must be working alongside them in the same clinical setting for a **minimum of 3 half-days per week**, and the recommended **ratio of trainees to supervisors** is not more than two trainees to one full-time consultant.
5. Content of supervision should involve an **integrated and comprehensive approach** to assessment and treatment. **On-call work** should be addressed. Supervision should enhance the registrar's skills, knowledge & attitudes in line with the **RANZCP learning objectives**.
6. The **supervisor will regularly observe the registrar** conducting diagnostic and therapeutic interviews and will provide feedback. The **registrar will also regularly observe** their supervisor conduct such interviews, and have opportunity to discuss and learn from these.
7. There should be **direct clinical supervision with a strong training component** rather than a general overview in meetings convened for other purposes. This is **especially the case for first-year registrars** where 2 of the total of 4 weekly hours *must* be provided outside team meetings.
8. All supervision must be provided by **approved and trained supervisors** - either RANZCP fellows or formally approved non-RANZCP psychiatrists.
9. Supervisors will provide **regular verbal feedback** to help shape registrars' skills, knowledge and attitudes. This should be clear, direct, balanced and specific and address strengths & weaknesses. The supervisor should develop rapport so as to provide a **safe and motivating supervision environment**, showing the registrar respect and not exploiting them.
10. Supervisors will provide 3-monthly and 6-monthly **written feedback** for the registrar and RTC. 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.
11. The supervisor should provide **orientation to the aims, structure and content of supervision** for the registrar, especially junior registrars, and assist in their orientation to the clinical team.
12. Early in the run **Learning Objectives** for that run should be discussed and additional registrar-specific goals documented (a **goal list**). This should be reviewed 3 & 6 monthly. Objectives should be specific, measurable, achievable & appropriate to stage of training.
13. All supervisors should be **formally approved and accredited** according to RANZCP Guidelines. They are required to undergo approved training at least every 5 years, to complete the "Application for Selection as a Principal Supervisor" form, and to attend at least 3 Supervisor Peer Review meeting annually.
14. Special orientation and training is required for all **supervisors of first-year registrars** regarding training requirements in first-year, and for all **supervisors of 2012 regulations trainees**.