

Policy

Subject: Accreditation of sites for Training Programs
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Preamble

The Royal College of Pathologists of Australasia (the **College**) is responsible for accrediting workplaces for the training of pathologists and Faculty members. This Policy sets out the guidelines by which the College will endeavour to address both accreditation and reaccreditation of laboratories or Faculty training sites (hereafter, "**Training Sites**").

The College endeavours to ensure, as part of this process, that Training Sites that have expressed an interest in, or are, providing training are appropriately staffed and equipped, and have appropriate selection, training and supervision processes in place in accordance with College requirements.

The College has a two stage site inspection process for accreditation.

The College will endeavour to visit each accredited Training Site once in every five year accreditation period (provided there is a Trainee in a position) or as and when the need arises.

Routine visits are carried out by College Fellows in conjunction with NATA/RCPA or RCPA/IANZ Laboratory Accreditation visits as outlined below. If issues are raised during these routine visits, or by other means, a full site visit may be conducted by the College.

Visits may be carried out in collaboration with representatives of the Royal Australasian College of Physicians where joint training programs are in place.

The College strongly encourages Training Sites to participate in regional or state based rotations for Trainees.

This Policy can be updated, or amended from time to time, or where appropriate deviated from, by the College at its absolute discretion.

1. New Applicants

The procedure for new applicants includes the following steps:

- 1.1. A Training Site writes to the College requesting accreditation. The Application Form, the Accreditation Criteria (set out in Appendix I of this Policy) and this Policy are sent to the Training Site.
- 1.2. The Application Form is completed by the Department Head and forwarded to the College.
- 1.3. The Application is received by the Administrator, Board of Education and Assessment (the **BEA**).

- 1.4. Provisional accreditation may be granted by the Registrar following discussion with the appropriate Chief Examiner.
- 1.5. The Chief Examiner may require a site visit on initial application if further clarification of information contained in the application is required.
- 1.6. Any site visit team may be determined by the Chief Examiner. The team will ordinarily consist of the appropriate Chief Examiner(s) (or nominee), State Councillor (or nominee), one other Fellow/ Faculty Fellow and, optionally, a recently-qualified Fellow/ Faculty Fellow. The College will endeavour to include at least one member of the team from a different State/Region.
- 1.7. The Training Site is notified of the date of the accreditation visit. The College will endeavour to provide a reasonable period of notice, such as six weeks, prior to the accreditation visit.
- 1.8. The accreditation visit will likely include meetings and interviews with at least the following:
 - a) Trainees or potential Trainees;
 - b) Head of the Department;
 - c) Potential Supervisors;
 - d) Others who will be involved in training;
 - e) Scientific staff involved in supervision; and/or
 - f) Medical Administration/administration staff.
- 1.9. A verbal report will likely be given to interested parties at the conclusion of the accreditation visit.
- 1.10. A draft written report on the accreditation visit will likely be provided to the Head of the Department within eight weeks of the visit.
- 1.11. The Training Site will likely be asked to review the report and forward any comments to the College in relation to issues under review. This will likely be done within four weeks.
- 1.12. The report and recommendation is sent to the next BEA meeting for consideration.
- 1.13. The Training Site will be notified of the outcome of the BEA consideration in an official letter.

- **Scope of Accreditation for Training**

A Training Site may obtain accreditation in single discipline training or general training.

- **Duration of Accreditation for Training for an individual Trainee**

Depending on the range of services, the caseloads and level of supervision, a Training Site can only be accredited for training for any individual candidate for a maximum of four years (please see Policy 15/2001 Training Time Limitation).

- **Duration of Accreditation for Training for the Training Site**

Once accredited, each Training Site will undergo reaccreditation every five years. A site visit will ideally occur at least once in those five years, provided a Trainee is in a position.

2. Routine visits for pathology training in Australia to be held in conjunction with NATA/RCPA and in New Zealand with RCPA/IANZ laboratory accreditation

2.1. NATA/IANZ will:

- (a) every six months identify laboratory facilities due for assessment by NATA/RCPA or IANZ/RCPA;
- (b) liaise with the College as to which of those laboratories that are due for assessment hold recognition as a training facility – including for which specific discipline/s, and whether they will be actively engaged in training at the time of the assessment;
- (c) advise the laboratories that their capability as a training facility will be reviewed as part of the NATA/RCPA or IANZ/RCPA assessment;
- (d) forward a College data collection questionnaire to the laboratory at the same time as the NATA/IANZ pre-assessment questionnaire is forwarded. Each discipline has its own form; and
- (e) select the pathologist assessor with a view to having him/her conduct the review of the laboratory and who therefore should be of the same discipline. Note that there is a degree of overlap between what this review will cover and the areas already covered as part of the NATA/RCPA or IANZ/RCPA assessment.

2.2. The College will endeavour to:

- (a) provide a list of the laboratories that are accredited as training facilities and the names of the Supervisors at those training facilities;
- (b) provide the data collection form to NATA/IANZ so that it can be forwarded for the laboratory to complete pre-assessment;
- (c) provide an assessor checklist for the training site review;
- (d) provide the assessor with appropriate links to the website to access copies of the Supervisor's Handbook and the relevant Trainee Handbook by way of background; and
- (e) receive the completed checklist from the assessor regarding the training aspects.

2.3. Roles and responsibilities of the NATA/IANZ assessor

- (a) The assessor must be a current RCPA Fellow in the relevant discipline and preferably should have experience as a trainee supervisor and have completed supervisor training within the past five years.
- (b) The assessor will interview trainees without supervisors or other staff present
- (c) The assessor is expected to provide commentary on the form where relevant. This is essential if any area has been identified as requiring improvement
- (d) Reports must be treated as confidential and not identify any individual trainee
- (e) The assessor will notify the RCPA CEO or deputy CEO immediately if there is any concern about the suitability of the site for ongoing accreditation or any matters that need to be addressed urgently

2.4. The review at the NATA/RCPA or IANZ/RCPA assessment is designed to accredit a laboratory that clearly meets standards for training, with the intention that the RCPA, through the BEA, will likely undertake any further review should the assessor review raise any issues.

3. Training in Singapore, Malaysia and Saudi Arabia

Similar programs will be developed in Singapore, Saudi Arabia and Malaysia.

4. Site Visits

If the Assessor identifies issues during a NATA/RCPA or IANZ/RCPA visit or for other reasons concerns are raised by Supervisors and/or Trainees, an College visit may be organised. This will likely be done in accordance with the procedure outlined in Clause 1 above.

In accordance with an agreement with the Medical Council New Zealand in the event that a formal site visit makes a recommendation to limit or withdraw accreditation of any training site the College will notify the Council of this decision.

5. Management of Accredited Training sites after Initial Accreditation Granted

- 5.1. Training sites will be entered on to a central database maintained by the College, including the date for reaccreditation.
- 5.2. If there are any changes in patterns of work that may affect training opportunities or changes in the Supervisors, number of pathologists/ Faculty Fellows and/or number of Trainees during the period of accreditation, the site must notify the College in the prescribed form. The College will send a form to each site requesting notification of any changes on an annual basis.
- 5.3. The changes will be reviewed by the Registrar/Deputy Registrar and if there are any issues, the matter may be referred to the Chief Examiner and the BEA as appropriate.
- 5.4. If the change is of significant concern, or the BEA becomes aware of any issues in relation to training, the BEA reserves the right to review the accreditation status of the training site.

6. Reaccreditation of Training Sites

- 6.1. The procedure for reaccreditation includes the following steps:
 - (a) Six months before the date of expiry for the Accreditation for Training, the College will send the Training Site an Accreditation Application Form, which is to be returned to the College within eight weeks.
 - (b) The arrangements for reaccreditation will be the same as for accreditation (referred to above from 1.1).

7. Problems with Training

In the event concerns (including interpersonal difficulties) are raised by either the Supervisor and/or Trainee in relation to the training, that party should contact any one of the following:

- the State or Regional Councillor;
- RCPA Educational Advisor;
- Registrar of the Board of Education and Assessment;
- General Manager - Operations
- RCPA Chief Executive Officer or DCEO; or
- College Ombudsman.

8. Detailed Criteria

Refer to the following appendices for detailed criteria on the accreditation of training sites.

- Criteria for Accreditation of Training Sites– Relevant for all sites (Appendix I)
- Additional Criteria for the Accreditation of Training Sites for Clinical Forensic Medicine (Appendix 2)

9. **Related Policies and Procedures**

- RCPA Guideline: Selection of Trainees
- RCPA Policy: Supervision of Training and Accreditation of Supervisors
- RCPA Supervisor Resource Manual
- RCPA Policy: Complaints Handling
- RCPA Policy: Anti-Discrimination, Harassment, and Bullying
- RCPA Policy: Trainees in Difficulty Support

Appendix I

CRITERIA FOR ACCREDITATION OF TRAINING SITES FOR CANDIDATES IN PATHOLOGY OR FACULTY MEMBERS

- The Board of Education and Assessment grants accreditation to a Training Site on the recommendation of the Registrar of the Board of Education and Assessment and the relevant Chief Examiner. Accreditation will only be considered upon the receipt of a completed application form.
- Training Sites that have a unified structure under a single overall director may submit a single application with appropriate completed forms attached. Single discipline Training Sites with individual directors are welcome to submit separate applications for each discipline.
- Any Training Site included in a network or rotational arrangement must be accredited.
- Training Sites may be accredited for any or all of the major disciplines in pathology, viz: Anatomical Pathology, Chemical Pathology, Genetic Pathology, Haematology, Immunopathology, Microbiology, and for the separate disciplines within General Pathology in addition to Forensic Pathology. This accreditation will likely also cover the laboratory component of joint training programs with the RACP. If a Training Site is accredited for pathology training this accreditation will include training programs for the corresponding disciplines in the Faculty of Science. Oral and Maxillofacial and Clinical Forensic Medicine Training Sites will be accredited separately.
- Essentially it is the training program that is accredited and consideration will be given not only of the physical facilities and range of services, but also of the staffing and educational program.
- A limit of four years will be imposed on the length of time a Trainee may work in a particular Training Site.
- Similarly a limit may be placed on the number of candidates a Training Site may train at any one time.
- Accreditation status will remain valid only while the Supervisor/s nominated on the application form and the function of the Training Site remain essentially unchanged. A change of either of the above must be notified **immediately** to the Registrar of the Board of Education and Assessment.
- An annual audit will be required from each accredited Training Site.
- The Board of Education and Assessment may require reapplication for accreditation at any time, and reapplications must be made at least once every five years. Training Site accreditation may be granted for a period of up to five years, however, if at any time Training Sites fail to meet a satisfactory standard in providing training, they may have this accreditation revoked as a result.

Requirements for College Accreditation for Training

In order to gain accreditation all Training Sites must conform to certain minimum requirements in accordance with the *AHMAC Agreed Domains and Standards criteria as follows:

1. Governance and management

- **Trainee management:** The organisation should enable trainee participation in governance and must protect the health, safety and wellbeing of trainees
- **Discrimination, Harassment and Bullying:** The Training Site must be committed to providing a work environment that is free from discrimination, harassment, bullying, vilification and victimisation, where employees are treated with dignity, courtesy and respect. The Training Site must have appropriate policies and procedures to address any issues of this nature. This includes a training program for all Supervisors as to how to address issues raised of this nature, and how to deal with any complaints. The Training Site must work cooperatively with the College as appropriate when any issue of this nature involves Trainees, Supervisors, Fellows, Associates, Members, Affiliates, Associates of Faculties and any other individual (in respect of activities undertaken in connection with the College).

- **Selection of Trainees:** Organisations running Training Sites must follow the selection process, as set out in the RCPA Guideline: Selection of Trainees.
- **Library/Internet Facilities:** A reasonable number and variety of journals and up to date textbooks should be made available at the Training Site and preferably a large medical library with borrowing facilities should be conveniently located. Access to literature search and internet facilities should be available.
- **Equipment and Floor Space:** These should be adequate for the volume of work undertaken. Trainees must have adequate work space and facilities relevant to their discipline.
- **Laboratory Accreditation:** NATA/RCPA or IANZ accreditation is mandatory for laboratories in Australia and New Zealand. In laboratories outside Australia and New Zealand, accreditation to a prescribed external standard -generally ISO- is required. The one exception to this is for laboratories that have been approved by Chief Examiners for Trainees to undertake a research rotation as a part of their training program.

2. Supervision and clinical experience

- **Professional Staff:** It is expected that there will be a full time specialist medical, scientific or, for training in Oral Pathology dental, graduate working in the service of the particular discipline for which accreditation is being sought. In general, this individual should be a Fellow of the College or a Fellow of the respective Faculty. Whenever this is not so, appropriate qualifications will be necessary and a full curriculum vitae of the individual should be submitted.
- **Supervisor:** One of the professional staff is to be nominated as the Supervisor of the Trainee. Please refer to the RCPA Policy: Supervision of Training and Accreditation of Supervisors. The Supervisor is required to submit a proposed training program at the commencement of each year and to complete a Supervisor's report by 20 July of each year, if the Trainee is undertaking an examination, or by the end of the calendar year, for inclusion with the following year's registration forms.

The organisation running the Training Site must support Supervisors in their roles and provide appropriate resources to do so.

- **Clinical experience:** The training site and/or network provides the appropriate breadth and volume of relevant clinical experience

3. Educational opportunities

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- **Education Program:** The Trainee should be exposed to all aspects of the work of the Training Site, including clinical liaison and bench work, so that a thorough practical understanding of the discipline is achieved. Participation in conferences and seminars in the clinical environment of the organisation should be available to the Trainee. Trainees should also be able to attend such sessions at neighbouring organisations. Details of the education program must be given in the prospective plan submitted to the Board of Education and Assessment at the beginning of every year.
- **Research:** Research opportunities are promoted, facilitated and supported by the site.

Appendix 2:

ADDITIONAL CRITERIA FOR ACCREDITATION OF SITES FOR TRAINING IN CLINICAL FORENSIC MEDICINE

Accreditation of training sites for Clinical Forensic Medicine is based on the capacity to provide training and assessment leading to entrustment of trainees in the Entrustable Professional Activities (EPAs) specified in the Trainee Handbook.

The RCPA will accredit primary and secondary training sites for Clinical Forensic Medicine. A primary training site must be able to address most EPAs as set out in the EPA Training Site Matrix. Applications for accreditation of a primary training site must include a training program indicating which EPAs are to be entrusted at the primary site and which are to be entrusted by rotations to other sites. The program must also indicate any attachments required for exposure to different contexts if applicable.

A secondary site may be accredited for the purpose of providing rotations to address entrustment of a limited number of EPAs that may not be achievable at a primary site. Applications for accreditation must include a training program for the specific EPAs to be entrusted at that site.

Accreditation is not required for sites that are for attachments required for exposure to different contexts and where no entrustment of EPAs will be granted.

***Reference**

Agreed Domains, Standards and Criteria for use by Medical Colleges accrediting training sites for medical specialist training. Australian Health Ministers' Advisory Council (AHMAC) and Committee of Presidents of Medical Colleges (CPMC). 2015.