

Accreditation Criteria

Applicants will be expected to provide the following information:

- Details of how each post or institution covered by the application meets each of the accreditation criteria. (Documentation will not need to be duplicated unnecessarily)
- A comprehensive list of the range of clinical attachments being offered (if more than one)

1. Educational Facilities Required

All Registrars must have access to appropriate educational facilities and systems required to undertake training.

Accreditation Criteria	Factors Assessed	Minimum requirements	Within the hospital or network
1a.Computer Facilities with IT support	Computer and internet facilities	<ul style="list-style-type: none"> • Computers and facilities available for information management, online references and computer searches • Terminals at flexible sites. • 24 hour computer access. 	Computers should be within the hospital. IT support should be within the network. Within hospital Within hospital
1b.Access to relevant library material and journals	Access to appropriate learning materials	<ul style="list-style-type: none"> • Library, journals on site OR distance access OR online access 	Within Hospital
1c.Tutorial Room available	Booking process if required Feedback from supervisor and registrars	Tutorial rooms available when required.	Within the hospital
1d.Access to Private Study area	Designated Study area	<ul style="list-style-type: none"> • Designated Study area available isolated from busy clinical areas • 24 hour access 	Within the hospital or close accommodation.
1e. General Educational Activities within the Hospital	Weekly hospital educational program Feedback from registrars	<ul style="list-style-type: none"> • Weekly program publicized in advance • Opportunities for trainees to present cases and topics. 	Within the hospital
1f.ClinicalMeetings	Regular clinical meetings. Eg	<ul style="list-style-type: none"> • Regular clinical meetings appropriate 	In hospital

Accreditation Criteria	Factors Assessed	Minimum requirements	Within the hospital or network
	multidisciplinary meetings, morbidity and mortality meetings, X-Ray review meetings.	to the institution.	

2. Quality of Education, Training and learning

Trainees will have the opportunity to participate in a range of educational activities, the focus of which is inclusive of their training objectives

Accreditation Criteria	Factors Assessed	Minimum Requirements	Hospital or Network
2a.Coordinated schedule of learning experiences for each registrar.	Publicised weekly timetable of roster that incorporates the learning needs of the registrar, but does not detract from spontaneous learning opportunities.	Regular meetings with rotational supervisor to ensure learning needs being met.	In the hospital
2b.Clearly defined learning objectives for each registrar- set by Division, but made clear for Rotational Supervisor.	Skills log books Portfolios. Discussion with registrars.	Ongoing review and formative assessment as detailed in training documents	In the hospital
2c.Opportunities for research, inquiry and scholarly activity	Protected non clinical time on roster. Audit or research activities. Feedback from registrars	Four hours per week rostered study/non-clinical time. Enabled access to medical records (after ethical approval if needed is obtained)	Private study area Within the hospital
2d. Access to External Educational Activities	Documented HR Policy on educational leave for registrars. Documentation on	Registrars given negotiated leave to attend obligatory face to face University Courses and Rural Hospital Medicine Conference e.g. skype,	Within hospital network

Accreditation Criteria	Factors Assessed	Minimum Requirements	Hospital or Network
	equipment provided for modern educational approaches to distance learning.	videoconferencing, audio conferencing.	

3. Clinical Supervision

Program managed by appropriate and accessible Rotational Supervisor supported by the institution and committed staff, delivering regular education, training and feedback.

Accreditation Criteria	Factors Assessed	Minimum requirements	Within Hospital or network
3a. Level of Responsibility	Registrar will accept the level of responsibility that ensure experience, and allowing them to practice safely	Positions at registrar level, reporting directly to consultant.	Within hospital
3b.Clinical Backup	Appropriate clinical back up. Feedback from registrars	Back up from senior staff at all times. If back up is not on site, it must be available immediately by phone and onsite within 20 minutes	Within hospital
3c.Designated Rotational Supervisor	Details of Supervisor's qualifications and special interests. Feedback from registrars	For Rural Hospital Runs, the Rotational Supervisor will be a vocationally registered Rural Hospital Doctor who has undergone relevant teacher training OR Position is accredited by another college and/or Rotational Supervisor is a Fellow of the relevant college. Adequate senior staff to enable training and oversight. Preference will be given to specialists accredited to teach trainees by their own college.	Within Hospital

Accreditation Criteria	Factors Assessed	Minimum requirements	Within Hospital or network
		Rosters organized to allow adequate and appropriate oversight and teaching.	
3d. Rotational Supervisors Assessment Responsibilities	<p>Mini-CEX documentation</p> <p>Skills log book</p> <p>Feedback from registrars</p>	<p>A Mini-CEX to be performed at least once during the rotation.</p> <p>Skills log book completed</p> <p>Objectives and goals discussed at the beginning and end of each rotation.</p>	In the hospital
3e. Hospital Support for doctors involved in education and training	<p>Documentation on service and educational activities of rotational supervisors.</p> <p>Documentation on recognition and support for supervisors.</p> <p>Human Resources Policy for Educational leave for supervisors</p> <p>Secretarial services for rotational supervisors</p> <p>Feedback from Rotational supervisors</p>	<p>The Rotational Supervisor is provided with protected, paid, administrative time to undertake relevant teaching and administrative duties.</p> <p>Rotational Supervisors who attend obligatory educational meetings or courses should have negotiated leave for these.</p> <p>Accessible and adequate secretarial services and IT services should be available for rotational supervisors.</p>	In the hospital
3f. Hospital Response to feedback conveyed by the Division on behalf of the registrars	Mechanisms for dealing with feedback.	Resolution of validated problems	In the hospital

4. Support Services for Trainees

Hospitals committed to the education, training, learning and well-being of trainees who in turn acknowledge their professional responsibilities.

Accreditation Criteria	Factors assessed	Minimum requirements	Within hospital or network
4a. Training Coordinator	Designated training coordinator	Training coordinator arranges registrar appointments, provides support for accommodation (generally in rural areas) Forwards documentation including assessments to the Division at the start and completion of each attachment.	In hospital
4b. Hospital Support for registrars.	Safe hours practiced Hospital environment is safe physically and free of intimidation, abuse or harassment. Human Resources (HR) available Feedback from trainees	To take into account the principles outlined in the MECA (Multi Employer Collective Agreement) or equivalent. Hospital promotes safety, and provides security when necessary. Hospital does not allow abuse, harassment or intimidation Available HR resources including counseling if required.	In the hospital or network In the hospital In the hospital In the hospital or network.
4c. Registrars' professional responsibilities	Feedback from employers	Registrar's recognition of concept of duty of care.	In the hospital

		Joint trainee/ supervisor responsibility	
4d. Supervised Outpatient Clinics (If available)	Documentation of frequency of clinics (if available.) Documentation of which registrars see follow-up or new cases Documentation of alternatives if outpatient clinics not available.	Trainees attend a minimum of one outpatient clinic a week. (If available) Trainees see new and follow up cases under supervision	In the hospital Outside the hospital
4e. Beds available for admission	Documentation on available beds	Sufficient beds to accommodate case load required for training	In the hospital
4f. Senior doctor led ward rounds with educational as well as clinical goals.	Documentation on the frequency of 'consultant' led ward rounds. Registrar feedback.	Two per week Teaching of registrar on each ward round	In the hospital
4g. Case load and case mix	Summary of the case load and case mix from the previous year	A reasonable number and variety of cases will be required to give the registrar experience in the management of a wide variety of cases.	In the hospital

5. Equipment and Support Services

A hospital must have the facilities and the equipment to appropriately manage patients in their care.

Accreditation Criteria	Factors Assessed	Minimum Requirements	Hospital or Network
5a. Facilities and Equipment to carry out diagnosis and management for inpatient care	Appropriate level of resuscitation equipment	Basic resuscitation equipment, including defibrillator, suction, oxygen, emergency airway equipment and IV and medication.	Hospital
5b.	Appropriate level of diagnostic services -Radiology -Laboratory	The level of appropriate diagnostic services will vary with the location and the type of institution.	Hospital or Network.
5c.	Appropriate level of ancillary services -occupational therapy -physiotherapy - social work -other	The level of appropriate and available support services will also vary with the location and the type of institution	Hospital or Network

6. Clinical Governance, Quality and Safety

A hospital involved in rural medicine training must be accredited and have suitable governance structure to deliver and monitor safe medical practices.

Accreditation Criteria	Factors assessed	Minimum Requirements	In the Hospital or Network
6a. Hospital Accreditation Status	Evidence of accreditation	Hospital accredited by NZCHS	In the hospital
6b. Risk Management processes	Documentation of risk management, patient safety, and quality	Quality Assurance Board or equivalent reporting to	In the hospital and may involve network also.

Accreditation Criteria	Factors assessed	Minimum Requirements	In the Hospital or Network
	assessments	appropriate governance body. Documentation published by hospital on HR, Clinical risk management and other safety policies	
6c.Infrastructure	Evidence of Clinical Director, Nurse Manager.	Designated leadership	In the hospital, with support in this from the Network.
6d.Hospital Credentialing or Privileging scheme.	Documentation on credentialing or similar process	Clinicians credentialed or similar at least every 5 years	Within hospital network
6e.Peer Review/Audit activities	Documentation on peer review/audit/morbidity and mortality or significant event meetings	Regular meetings All relevant staff participate Opportunities for registrars to participate.	In the hospital
6f. Clinical guidelines and protocols	Documentation on local clinical guidelines	Access to up to date local clinical guidelines. Process in place for creation and approval of local guidelines.	Within hospital
6g.Occupational safety	Documented measures to ensure safety against hazards	Protocols for dealing with possible risks to safety.	In the hospital