ACCREDITATION FEEDBACK FORM Auckland Psychiatric Regional Training Committee

NAME OF RUN:	DATE LAST REVIEWED:			
NAMES OF REVIEWER(S):				
THOSE INTERVIEWED WERE:				
Circle Y or N. If N is circled (i.e. the standard is not met) add details in right-hand column regarding specific problems and recommendations for improvement.				
RUN STANDARDS - UNDERLYING SERVICE REQUIREMENTS:				
Does the run have a written Run Description? Is the registrar aware of this & do they have a copy? Does the Run Description cover Service Objectives determined by the Clinical Director & Service Manager, specifying at least: The place, nature and quantity of clinical work? Communication about and recording of clinical activities? (eg. documentation, letters, summaries, liaison with others) Participation in key clinical and administrative meetings? Teaching responsibilities? On-Call responsibilities?	Y N			
Is there a process in place for job-sizing the registrar's workload / caseload? Is the registrar aware of this process & how to address this issue?	Y N			
Is an adequate orientation process to the team &/or service provided at the start of the run?	Y N			
Is there provision of Inservice Training on appropriate matters? eg. the Treaty of Waitangi (if not previously covered), SPEC, CPR etc. (add others as appropriate)	Y N			
Are aggression or threats to registrars in the run minimised & registrars supported and debriefed?	Y N			
Does the registrar have access to a weekly joint supervision/support session with experienced local psychiatrists? (for groups of registrars within the district)	Y N			
Are there clear processes for Problem Resolution within the service? (re administrative issues, clinical issues and training issues)	Y N			

RUN STANDARDS - TRAINING - THE RUN ITSELF:

Is there a clear line of clinical responsibility to a psychiatrist - for all patients in the registrar's care? • ideally to the registrar's principal supervisor during normal work hours • to an on-call psychiatrist when on-call after hours	Y N
 Does the run provide appropriate clinical experience for a trainee psychiatrist? Does it provide a mandatory training experience or a useful subspecialty experience? Does this run contain a reasonable breadth and balance of experience regarding the place, nature and scope of clinical work? 	Y N
Does this clinical team work well with the registrar in terms of: • some knowledge of their training needs? • team processes generally?	Y N
 Quality Assurance - Are appropriate procedures in place at the workplace for: Critical Incident Review? Quality Assurance? 	Y N
Is there assured access to the Auckland RTC teaching programme? (for the appropriate day-release or other sessions relevant to the registrar's stage of training)	Y N
Are there weekly opportunities to engage in critical discussion and evaluation of the scientific literature? • Journal Clubs and Case Conferences	Y N
Are there adequate facilities for confidential interviews, physical exams, necessary clerical work and study? • Ideally the registrar should have an office • If this is shared with others, facilities as above must be provided for assessments and treatment – e.g. bookable interview rooms, adequate computer & internet access, and if a hotdesk system's in place, registrar must at least have a locked locker or cupboard.	Y N
Is there ready access to suitable library & information facilities? Min. requirements are: • basic psychiatry texts • a representative range of journals • access to intranet and internet systems	Y N
For Consultation-Liaison runs only: Does the run include Liaison as well as Consultation experience?	Y N

RUN STANDARDS - TRAINING - SUPERVISION and SUPERVISORS:

Is the run's supervision provided by not more than two supervisors in total? If there are 2 supervisors, are there still clear lines of clinical responsibility & back-up? Is the primary supervisor clearly identified & known to the trainee? If the clinical experience is provided in two distinct workplaces (eg. an inpatient and a community setting), is there an appropriate supervisor in each workplace?	Y N
 1:1 supervision - are minimum requirements met regarding this? Is the individual hour provided per week? (2 hours weekly for 1st Year registrars) Is this available for a minimum of 40 weeks each year (~20 weeks per run)? Is it scheduled & regular? 	Y N
 Clinical supervision - Is this & the overall availability of the registrar's main clinical supervisor adequate? are 3 clinical hrs of supervision provided each week? Does the supervisor work alongside the trainee in the same clinical setting for a minimum of 3 half-days per week? Is the ratio of trainees to supervisors on this run not more than two trainees to one full-time consultant? Does the supervisor regularly observe the registrar conducting diagnostic and therapeutic interviews and provide feedback? Does the registrar also regularly observe their supervisor conduct such interviews, and have opportunity to discuss and learn from these? for first-year registrars, are 2 of the total of 4 weekly hours definitely provided outside ward meetings? 	Y N
 Does the content of supervision involve an integrated & comprehensive approach to assessment and treatment? Does supervision enhance the registrar's skills, knowledge & attitudes in line with RANZCP curriculum learning objectives? Is on-call work also discussed as needed? 	Y N
Are all 4 weekly hours of supervision provided by approved and accredited supervisors – • either an RANZCP fellow or a formally approved non-RANZCP psychiatrist	Y N

Has the supervisor developed rapport and provided a safe and motivating supervision environment? • Does the supervisor show the registrar respect and not exploit them? • Does the supervisor provide regular verbal feedback to help shape the registrar's skills, knowledge & attitudes? • Is this feedback clear, direct & specific & does it address strengths as well as weaknesses?	Y N
 Does the Supervisor provide 3-monthly and 6-monthly written feedback for the registrar and the Training Committee? Is this discussed with the registrar at the time? Is the registrar given a copy by the supervisor? Does the principal supervisor consult with other supervisors, on-call psychiatrists and senior members of the clinical team, before providing this feedback? 	Y N
 Did the supervisor provide orientation? to the aims, structure and content of supervision for the registrar, (especially for junior registrars) did they assist in the registrar's orientation to the clinical team? 	Y N
Were Learning Objectives appropriate to the run and also specific for the registrar discussed and documented in 1:1 supervision early in the run? (both to have copies) • Were these reviewed 3 & 6 monthly? • Did the supervisor help the trainee identify objectives which were achievable, measurable, specific & appropriate to stage of training?	Y N
 Accreditation & approval of supervisors: Has the supervisor attended a supervision workshop as required, with update workshops at least every 5 years? Has the supervisor been formally accredited if not an RANZCP fellow? Has the supervisor attended at least 3 Peer Review meetings for supervisors each year 	Y N
For supervisors of first-year registrars: • Has additional orientation on the particular requirements of training in the First Year been provided?	Y N
For supervisors of 2012 Regulations registrars: • Has the supervisor attended a workshop on the 2012 regulations?	Y N

MAIN STRENGTHS AND POSIT	IVE FEATURES OF THIS RU	N:	
PROBLEM AREAS - SUMMARY	OF RECOMMENDATIONS F	OR IMPROVING THIS R	UN:
ISSUE	PLAN	BY WHOM	BY WHEN
SPECIFIC PLANS TO RECTIFY	ANY MAJOR PROBLEMS IN	I THIS RUN BEING ACC	REDITED:
(attach typed plan if this is complex			
ISSUE	PLAN	BY WHOM	BY WHEN