

RUN STANDARDS

Auckland Psychiatric Regional Training Committee - April 2000

- 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 - Calming & Restraint, ECT, 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. This will occur at least every 2 years, or sooner if serious problems arise. (See attached *Accreditation Feedback Form*)

Process for conducting these reviews:

- 5.1 Each run will be reviewed by a Review Team comprising:
 - that district's Clinical Director or delegate,
 - that district's Training Facilitator (unless the Training Facilitator's own run is being reviewed - in which case co-opt another district's Training Facilitator)
 - A Registrar Representative as arranged by the Registrar Reps on RTC
- 5.2 Each Review will involve a site visit to the run and discussions with the registrar(s) attached to the run. The Review Team will also have been provided with collated feedback from several prior registrars, via the registrar reps on RTC. The Review team will in addition talk with the supervisor(s), & the team manager. Other staff may be included at the Review Team'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 receive a copy of a blank *Accreditation Feedback Form* as a general guideline to continue shaping all runs toward the desired standards. It is likely to be advisable after some time has passed, prior to a Review, to check that participating staff still have a copy.
- 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 Review Team.
- 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 Regional Coordinator of Training.
- 5.6 It is expected that runs causing concern will be reviewed first and urgently, and others subsequently, so that all runs in a district are reviewed every two years.

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, pain/somatic disorders, maternal mental health, rehabilitation, Maori mental health, Pacific Island mental health, administration, anxiety disorders, psychotherapy, eating disorders, drug & alcohol services, neuropsychiatry, 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 Auckland RTC teaching programme** for the appropriate scheduled days or sessions 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 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, but if this has to be shared with another registrar, facilities as above must be provided in the workplace for assessments and treatment.
9. There should be **ready access to suitable library facilities**. Minimum requirements are basic psychiatry texts and a representative range of journals.

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** and **three clinical hours of supervision** must be provided per week. This supervision must be available for a minimum of **40 weeks each year**.
3. Individual **supervision sessions must be regularly scheduled**. This will often need to apply to clinical supervision in busy community teams, to ensure that the required amount occurs.
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 curriculum 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 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 ward meetings.
8. All supervision must be provided by **approved supervisors** - either RANZCP fellows or formally approved Allied-College 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 there should be a short written **Goal List** (Learning Objectives) - reviewed 3 & 6 monthly. Goals to be specific, measurable, achievable & appropriate to stage of training. A **Supervision Proposal** is to be signed by the supervisor in the Logbook for the 1st 2 runs of 1st Yr.
13. All supervisors should periodically attend a **Workshop in Supervision** arranged via the Training Centre. New supervisors, especially Allied-College supervisors, should attend such a workshop as soon as possible after (ideally before) they start to supervise, and should also receive **basic orientation** regarding RANZCP supervision requirements and a copy of the RANZCP *Guidelines on Supervision* (obtainable from the Training Centre) before undertaking supervision.
14. Special orientation and training is required for all **new supervisors of first-year registrars**. Additional orientation & ideally a special workshop on the particular requirements of training in the first year is essential.