

Policy

Subject:	Laboratory Accreditation for Training Programs
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Preamble

The Royal College of Pathologists of Australasia (RCPA) has a responsibility for training pathologists.

Training is coordinated by the College. Part of this process is to ensure that laboratories which have expressed an interest in or are providing training in pathology are appropriately staffed and equipped and have appropriate selection, training and supervision processes in place in accordance with College requirements. The College has a 2 stage site inspection to ensure that standards of training are in accordance with College requirements. Each accredited laboratory is visited ideally once in every five year accreditation period (provided there is a Trainee in position) or as the need arises. Routine visits are carried out by College Fellows in conjunction with NATA/RCPA Laboratory Accreditation safety and quality visits as per below. If problems are flagged during this visit or by other means a full site visit will 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 laboratories to participate in regional or state based rotations for Trainees.

1. New Applicants

• Procedure

- 1.1 A laboratory writes to the College requesting accreditation. The Application Form, the Accreditation Criteria (Appendix I) and this policy are sent to the laboratory.
- 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 for Accreditation Board of Censors.
- 1.4 Provisional accreditation may be granted to a laboratory 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.

The site visit team will 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 and, optionally, a recently-qualified Fellow. At least one member of the team should be from a different State/Region.

The pathology laboratory is notified of the date of the accreditation visit. At least six weeks notice should be provided.

The laboratory accreditation visit will include meetings and interviews with at least the following:

- a) Trainees or potential Trainees
- b) Head of the Pathology Department
- c) Pathologists who will be supervisors
- d) Pathologists who will be involved in training
- e) Medical Administration/administration staff for pathology.

A verbal report will be given to interested parties at the conclusion of the visit.

A draft written report on the accreditation visit will be provided to the pathology laboratory, including all Fellows and Trainees who were interviewed ordinarily, within eight weeks of the visit.

The laboratory will be asked to review the report and forward any comments to the College in relation to misinterpretation of issues under review. This will be done within four weeks.

The report and recommendation is to go to the following Board of Censors meeting.

- 1.6 The laboratory will be notified of the outcome. If successful, a Certificate of Accreditation for Training will be issued.

- **Outcome of Applying for Accreditation for Training**

A laboratory may obtain accreditation in single discipline training or general training.

- **Duration of Time a Laboratory is Accredited for Training**

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

- **Length of Accreditation for Training for the Laboratory**

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

2. Routine site visits in Australia to be held in conjunction with NATA/RCPA laboratory accreditation

NATA will:

- 2.1. Every six months identify laboratory facilities due for assessment by NATA/RCPA.
- 2.2. Liaise with the RCPA as to which of the facilities 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.
- 2.3. Advise the laboratories that their capability as a training facility will be reviewed as part of the NATA/RCPA assessment.
- 2.4. Forward a data collection questionnaire from RCPA for the laboratory to complete at the same time as the NATA pre-assessment questionnaire is forwarded. Each discipline has its own form.
- 2.5. Select the pathologists assessor with a view to having him/her conduct the review of the training facility and 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 assessment.

The RCPA will:

- 2.6. Provide a list of the laboratories which are accredited as training facilities and the names of the supervisors at those facilities.
- 2.7. Provide the data collection form to NATA so that it can be forwarded for the laboratory to complete pre-assessment.
- 2.8. Provide an assessor checklist for the training site review (Appendix 2).
- 2.9. Provide the assessor with a copy of the Supervisor's module and Trainee Handbook by way of background.
- 2.10. Receive the completed sheet from the pathologist assessor re the training aspects.

The review at the NATA/RCPA assessment is designed to accredit a laboratory that clearly meets standards for training, with the intention that the RCPA, through the Board of Censors, will undertake any further review should the assessor flag significant issues.

3. Training in New Zealand, Hong Kong, Singapore, Malaysia and Saudi Arabia

Similar programs will be developed in New Zealand and Hong Kong, Singapore and Malaysia

4. RCPA Site Visits

If the Assessor during a NATA/RCPA visit or for other reasons concerns are raised by Supervisors or Trainees, an RCPA site visit will be organised. This will be done in accordance with the procedure outlined above.

5. Management of Accredited Laboratories after Initial Accreditation Granted

1. Laboratories will be entered on to a central database in the College with the date for reaccreditation flagged.
2. If there are any changes in patterns of work that may affect training opportunities or changes in the supervisors, number of pathologists or number of Trainees during the period of accreditation, the laboratory must notify the College in the prescribed form. The College will send a form to each laboratory requesting notification of any changes on an annual basis.
3. The changes will be reviewed by the Registrar/Deputy Registrar and if there are any concerns, the matter will be referred to the Chief Examiner and the Board of Censors as appropriate.
4. If the change is of significant concern, or the Board of Censors becomes aware of any issues of concern in relation to training, the Board of Censors reserves the right to review the accreditation status of the laboratory.

6. Reaccreditation of Laboratories

Procedures

1. Six months before the date of expiry for the Accreditation for Training, the College will send the laboratory an Accreditation Application Form to be returned within eight weeks.
2. A schedule of laboratory site visits will be devised on a rolling five year cycle by the Management Team in conjunction with the Registrar/Deputy Registrar and the Board of Censors.
3. The arrangements for reaccreditation will be the same as for accreditation.

7. Problems with Training in Laboratories

In the event concerns are raised with the training program from Supervisors and Trainees or interpersonal difficulties arise between a Trainee and Supervisor, either party may seek or be advised to seek the assistance, as appropriate, of the State or regional councillor, the Registrar of the Board of Censors, the Chief Executive Officer of the college or of a mentor, if available.

Please also refer to the following Policies/By-laws:

- Complaints Handling 13/1999
- Regulations Governing Review Processes for Review of Decision of Committees of the College Council under Article 49A 7/1999
- Criteria for Accreditation of Laboratories at Appendix I.
- Guideline: Selection of Trainees

Appendix I

ACCREDITATION OF LABORATORIES FOR THE TRAINING OF CANDIDATES IN PATHOLOGY

- The Board of Censors grants accreditation of a laboratory on the recommendation of the Registrar of the Board of Censors and the relevant Chief Examiner. Accreditation will be considered upon the receipt of a completed application form.
- Laboratories which have a unified structure under a single overall director, may submit a single application with appropriate attached sheets. Single discipline laboratories with individual directors are welcome to submit separate applications for each discipline.
- Any laboratory included in a network or rotational arrangement must be accredited
- Laboratories will be accredited for any or all of the major disciplines in pathology, viz: Anatomical Pathology, Chemical Pathology, Genetics, Haematology, Immunology and Microbiology, and for single discipline, General Pathology or JSAC training (Joint Specialist Advisory Committee program with the RACP).
- Essentially it is the training program that is accredited and cognisance will be taken not only of the physical facilities and range of experience, but also of the staffing and educational program.
- A limit will be imposed on the length of time a Trainee may work in a particular laboratory, up to a maximum of four years.
- Similarly a limit may be placed on the number of candidates a laboratory may train at any one time.
- During the period of accreditation, a site visit will ordinarily be undertaken..
- Accreditation status will remain valid only whilst the supervisor nominated on the application form and the function of the laboratory remain essentially unchanged. A change of either of the above shall be notified **immediately** to the Registrar of the Board of Censors.
- An annual paper audit will be required from each accredited laboratory. A proforma will be posted mid-year.
- The Board of Censors may require reapplication for accreditation at any time, and reapplications must be made at least once every five years. Laboratory accreditation may be granted for a period of up to five years, however, laboratories which fail to meet a satisfactory standard in providing training may have this accreditation revoked.

Laboratory Requirements for College Accreditation for Training

In order to gain accreditation all laboratories must conform to certain minimum requirements as follows:

- **Professional Staff:** It is expected that there will be a full time specialist medical or, for training in Oral Pathology, dental graduate on the diagnostic service of the particular discipline. In general this person should be a Fellow of the College or, for training in Oral Pathology, a Fellow of the Faculty of Oral Pathology. Whenever this is not so, a full curriculum vitae of the appropriate professional staff will be required. Appropriate qualifications will be necessary.
- **Supervisor:** One of the professional staff is to be nominated as the supervisor of the Trainee. Please refer to the RCPA policy on Supervision of Training. 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, 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 must support supervisors of training in their roles and provide appropriate resources to do so.

- **Selection of Trainees:** Training organisations are expected to follow an appropriate selection process, as set out in the RCPA Guideline: Selection of Trainees.
- **Education Program:** The Trainee should be exposed to all aspects of the work of the laboratory, 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 institution should be available to the Trainee. Trainees should also be available to attend such sessions at neighbouring institutions. Details of the education program must be given in the prospective plan submitted to the Board of Censors at the beginning of every year.
- **Library/Internet Facilities:** A reasonable number and variety of journals and up to date textbooks should be made available in the laboratory and preferably a large medical library with borrowing facilities should be conveniently near. 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 the discipline.
- **Accreditation:** NATA/RCPA or IANZ accreditation is mandatory for laboratories in Australia and New Zealand. In training sites outside Australia and New Zealand, accreditation to a prescribed external standard, generally ISO is required.