

ANZAN EDUCATION AND TRAINING COMMITTEE

ACCREDITATION OF CORE TRAINING POSITIONS IN INNOVATIVE SETTINGS

PREAMBLE

There remains a shortage of consultant neurologists in Australia and New Zealand, in part because of insufficient training posts. Recent Commonwealth initiatives, such as the STP program, makes it possible for departments to access funding for trainees. ANZAN encourages neurology training in innovative settings, such as rural and private hospitals.

ANZAN has a long-standing process for accreditation of core training posts. This includes a standard application form detailing departmental resources (unchanged for 10 yrs +), review of the written application by members of the Education and Training Committee (ETC), a site inspection by two independent neurologists, review of the report by the ETC and ANZAN Council, with final sign-off by the President of ANZAN.

It is apparent that this process is directed towards the evaluation of 'traditional' applications from academic neurology departments in large public hospitals. It is recognised that excellence in training can be achieved in innovative settings, but our current application process does not express requirements clearly for new centres wishing to establish a core training post.

RECOMMENDED CRITERIA FOR A CORE TRAINING POST

1. Adequate supervision of a trainee. Supervisor should be at least 0.5 EFT, should attend supervisors' workshops, must be familiar with the contents of the neurology curriculum, and must complete assessment tasks.
2. Exposure to a range of neurology consultants. It is recommended that a department have at least 4 consultants with substantive appointments.
3. Direct, day-to-day care of general neurology patients. This should encompass a broad range of common and rare neurological conditions.
4. Major experience in the management of unselected patients with neurological emergencies, presenting to emergency departments.
5. Major experience of neurological consultations in general medical and surgical patients.
6. Major experience in management of acute stroke, including thrombolysis, stroke unit management and multidisciplinary team meetings.

7. Dedicated neurophysiology teaching including supervised reporting of EEGs and one supervised EMG session per week.
8. Supervised general outpatient clinic experience.
9. Exposure to specialised outpatient clinics.
10. Weekly academic activities including neurological grand rounds, journal club or similar, neuroradiology meetings, exposure to neuropathology.
11. Supported attendance at Brain School plus access to appropriate electronic and library resources.
12. Experience in teaching of medical students, junior doctors and basic physician trainees.

SPECIAL NOTES

These criteria are meant as a guide. The ETC will assess each application individually, and a final decision will be by consensus.

It is acknowledged that each training post will have strengths and weaknesses. Some departments may not be able to provide a full core training experience, precluding accreditation for a full year of core training. It may be that such positions are better suited to be an accredited elective training position. However, applicants in this situation are also encouraged to:

1. Explore the possibility of forming links with established departments to broaden the training exposure. For example, neurophysiology and academic activities may potentially be undertaken at a larger centre on a regular basis.
2. Consider a share arrangement with another centre. For example, a trainee may be able to spend 3-6 months in an innovative post, and 6-9 months in a larger established centre. There are existing core training positions with such a share arrangement, and these positions provide an excellent training experience.

Accreditation of the innovative post will be provisional for the first year, pending a report from the trainee(s).

Innovative posts currently accredited for elective training wishing to apply for core training should supply a logbook of the trainee's experience.

*Peter J Hand,
Chair ANZAN Education & Training Committee,
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