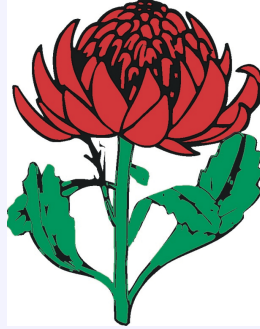


Australian and New Zealand Association of Neurologists



Site Accreditation and Re-accreditation Form

APPLICATION FOR RE-ACCREDITATION OF CORE TRAINING POSITION(S) IN NEUROLOGY

Hospital *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Head of Neurology Department *

First Name

Last Name

Head of Department email *

example@example.com

Number of accredited core positions

Number of position(s) to be re-accredited *

Supervisors

Probable Supervisor #1 *

First Name

Last Name

FTE *

Date last attended RACP Supervisor Workshop *

Date

Indicate which RACP training modules have been undertaken?

Probable Supervisor #2 *

First Name

Last Name

FTE *

Date last attended RACP Supervisor Workshop *

Date

Indicate which RACP training modules have been undertaken?

List all neurology consultant staff Indicate FTE – Staff or VMO, indicate who has undertaken the RACP training modules and which ones

A. Dr John Brown –consultant, 0.4 FTE , RACP Modules 1,2,3

Total FTE for the Unit:

e.g., 23

EMG Supervisor *

First Name

Last Name

EMG Level *

Hours spent supervising *

e.g., 23

EEG Supervisor *

First Name

Last Name

EEG Level *

Hours spent supervising *

Please list all Consultants who are accredited by ANZAN for NCS/ EMG & EEG – at which Level

eg: Dr xxx – EMG level 2

Please list ALL junior medical staff working on the unit

a. Include the position (ie Intern, SMO, BPT , Fellow etc) and FTE devoted to the Unit. b.How staff are covered for their ambulatory clinics including EMG sessions and teaching sessions such as Brain School
c. The on call roster for each AT

Trainees and Training

Mandatory requirements for Core training of an AT : 1. AT's should be undertaking on average minimum of two ambulatory/ OPD clinics a week 2. One hands on EMG/ NCS clinic a week on average 3. Quarantined time to attend Brain school 4. Weekly EEG education session

On call roster for each AT

Please attach the on call roster separately

Please include a timetable of the Unit (an example can be found as an image below) including which consultants are undertaking the clinics: Please include all teaching sessions (ie EEG) and departmental meetings attended by the trainees

Please attach the timetable separately

General Timetable for the Neurology & Stroke Unit:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Movement Disorders & Epilepsy Clinic (Dr) Case based EMG teaching (Dr)	Div of Medicine Xray & Clinical Case Meeting Neuro-immunology/ General clinic (Dr)	Grand Round	NCS/EMGclinic (Dr) Neuroimmunology clinic (Dr) Neuro-imm/ General clinic (Dr)	
PM	Epilepsy Clinic (Dr) Stroke Clinic (Dr) TIA Clinic	Movement Disorders clinic (Dr) NCS/EMG clinic (Dr) TIA Clinic	EEG Tutorial (Dr) Brain school NCS clinic TIA Clinic	Neurology Clinical Case Meeting Discharge Audit meeting TIA Clinic	Neurology clinic Stroke / Botox Clinic (Dr) TIA Clinic

Please detail the weekly roster of each AT core training position (an example can be found as an image below). 1. Include the OPD clinic and the name of the consultant(s) who supervise the trainee in this clinic. 2. Please include the specific consultant who supervises the NCS/ EMG clinic including which consultants are undertaking the clinics

Please attach the weekly roster separately

Please see example below

a.The on call roster for each AT incl duties b.The times re on call re weekends/ after hours /first on call/ remote call etc

Consults registrar (AT1):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Consults Alt week Case based EMG & EEG teaching (Dr)	Neuro-immunology/ General clinic (Dr)	Consults	Consults NCS/EMG clinic (Dr)	Consults
PM	Consults	Movement Disorders clinic (Dr)	Grand Round – LMH EEG Tutorial (Dr) Brain school every month	Neurology Clinical Case Meeting Discharge Audit meeting	Neuro radiology meeting- Neurology Clinical Case/ neuropath -

|

Ward registrar (AT2):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Ward round Alt week Case based EMG & EEG teaching (Dr)	Ward round NCS/EMG clinic (Dr)	Ward round	Ward round Neuroimmunology clinic (Dr)	Ward round

Year(s) for which accreditation is sought *

- 2024
- 2025
- 2026
- 2027
- 2028

Number of inpatient beds *

Quality assurance program? *

Quality Assurance Program

Attach files to application

On call for emergencies during normal working hours? *

- Yes
- No

On call for emergencies after hours?

Yes

No

No. of Ambulatory Care (outpatients) Clinics/Week *

e.g., 23

Average no. of inpatient consultations/week *

e.g., 23

Number of Part-time Neurologists in the Department? *

e.g., 23

Number of Full-time Neurologists in the Department? *

e.g., 23

Training

Number of EEGs/Week *

e.g., 23

Number of EMGs/Week *

e.g., 23

Number of EPs/Week *

e.g., 23

CT Scan? *

Yes

No

Angiography? *

Yes

No

Ready access to MRI? *

Yes

No

Weekly neuroradiology review meetings? *

Yes

No

Monthly Neuropathology Meeting? *

Yes

No

Neurosurgery Service *

Yes

No

Psychiatry Service *

Yes

No

One Supervised Neuro-rehabilitation session/week for 6 months: *

Yes

No

(*) If the Neuro-rehabilitation session is off-site please nominate facility

Quarantined Time for trainee participation in National Brain School *

Yes

No

Location of video-conferencing facilities at hospital: (including contact details of technical support person):

Will Hospital or Area Health Authority allow access to these facilities at no cost to trainee:

Yes

No

Other sub-specialty training available? If yes nominate specialties

Please indicate any changes in resources since the last accreditation:


Thank you for completing this form

Name *

First Name

Last Name

Signature *

Sign Here 

Please send the completed form and attachments to admin@anzan.org.au

1. On-call roster for each Advanced Trainee
2. Unit Timetable inclusive of department meetings and teaching sessions.
3. Weekly Roster of each Advanced Trainee, inclusive of training sessions and OPD Clinic