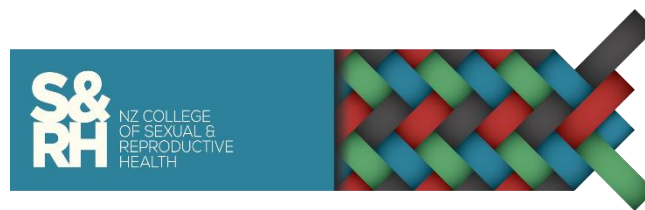


Application Form for Training Site Accreditation



For Advanced Training in Sexual and Reproductive Health

This form is to be used for accreditation of any clinical service proposed as a training site for an advanced trainee in sexual and reproductive health. Pages 1-3 should be completed by the service being accredited prior to the accreditation meeting or site visit. The content will be reviewed at the meeting. The remaining pages will be completed during the accreditation meeting. However, the service is advised to review all of the required information beforehand in order to facilitate the meeting. After completing pages 1-3 this form should be sent to eac@nzcsr.org.nz.

GENERAL INFORMATION		
Name of Service		
Name of Service Lead		
Contact Address		
Contact Telephone Number		
Contact Email Address		
Is the service affiliated with a hospital or university? If yes, which?		
Is this application for a new site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the number of trainees you wish your site accredited for		
Is the service accredited for other specialist training?		

Criterion A – The trainee shall be provided with appropriate supervision.

SPECIALISTS IN THE UNIT/SERVICE				
Name	Full time / Part time	Specialist Qualifications	Position	Supervisors workshop in the last 5 years?
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Yes <input type="checkbox"/> No



Who provides cover when the training supervisor (specialist) is on leave? What is the nature of the cover? (e.g. on-site 5 sessions per week, telephone cover at other times)

Criterion B – The service shall provide sufficient clinical workload to support each trainee.

SERVICE PROFILE	
Activity of Service	Per Year
Total number of referrals	
Number of clinic presentations – new	
Number of clinic presentations – repeat attendances	
Females	
Males	
Gender Diverse	
Fertility Regulation	Per Year
Oral hormonal contraception provision	
Injectable contraception provision	
Contraceptive implant insertions	
Contraceptive implant removals	
Intrauterine contraception insertions	
Vasectomies	
Positive pregnancy tests	
Abortion referrals	
Minor gynae/pain/bleeding	
Cervical cytology	
Breast examinations	
Menopause consultations	
Other hormonal conditions	
Infertility	
STIs & Infections/Conditions	Per Year
New diagnoses of HIV	
HIV maintenance	
HIV Pre-exposure prophylaxis (PrEP)	
Syphilis	
Gonorrhoea	
Chlamydia trachomatis	
Trichomoniasis	
Herpes simplex	



STIs & Infections/Conditions (cont.)	Per Year
Human papilloma virus infections – anogenital	
Vaginal discharge	
Urethral discharge – NSU	
Pelvic Inflammatory Disease	
Epididymo-orchitis	
Acute hepatitis	
Chronic hepatitis	
Sexual dysfunction	
Gender identity	
Sexual assault	
Genital dermatoses	
Genital pain syndromes	

HEALTH PROFESSIONALS		
	FTE – On main site	FTE – At outreach
Specialist Doctors		
Other Doctors		
Nurse practitioners		
Clinical nurse specialists		
Nurse prescribers		
Registered nurses		
Psychologists/counsellors		
Others (state roles)		



Criterion C – The trainee shall be provided with a suitable infrastructure for advanced training.

ACADEMIC OR OTHER CONFERENCES/MEETINGS THAT TRAINEES WOULD ATTEND		
	No. per month	Role of the trainee (Participation, Attendance, Presenting)
ACADEMIC MEETINGS		
MEETINGS		
Clinic Meetings		
Peer Review Meetings		
Other		
INTERDISCIPLINARY MEETINGS		

DESCRIBE THE FACILITIES THE TRAINEE HAS ACCESS TO FOR THE FOLLOWING	
On site on-line internet access to clinical literature including current journals	
Access to current specialist literature	
Facilities for teaching in a clinical setting in Family Planning and Sexual Health	
On-line or face-to-face in person teaching in this specialty – list topics	
Funding for educational activities, e.g. conferences etc.	
Clinic room for patient consultations	
Access to diagnostic resources, including laboratory and radiology services	
Access to equipment and therapeutic modalities appropriate to the specialty	

List the service’s quality assurance, audits and benchmarking activities

Describe the trainee’s potential involvement in the service’s quality activities



COMPONENTS OF TRAINING

	Hours per week	% of hours
Clinic setting		
Outreach setting (if any)		
Study		
Total		100%

Specify type of outreach clinic (if applicable)

Specify any subspecialty services run in this service (if any) e.g.: sexual assault service, vasectomy

ACCREDITATION MEETING

Date	Time	On site	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Service Representatives	Name	Position		
NZCSRH Representatives	Name	Position		

Supporting documents provided for review	Seen and satisfactory	Not seen
Timetable/roster for trainee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
List of teaching activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

ACCREDITATION SUCCESSFUL

Yes No

ON BEHALF OF SERVICE

First Name		Signature
Last Name		
Date		

ON BEHALF OF NZSRH

First Name		Signature
Last Name		
Date		

