

Australasian College for Emergency Medicine

Position Statement

Clinical Support Time Allocation

This document relates to the proportion of clinical and clinical support time assigned to specialist practitioners in emergency medicine, excluding Directors of Emergency Medicine Training (DEMTs)¹.

The specialist role in emergency medicine includes both clinical and clinical support components.

The clinical role includes coordination, liaison, supervision and clinical patient-based teaching as well as direct patient care.

The clinical support components² of the specialist role in emergency medicine include:

- · disaster planning;
- quality improvement;
- teaching;
- research;
- personal development;
- risk management;
- representation of the emergency department on hospital committees;
- ACEM-related bodies and work;
- and other projects.

ACEM believes that these roles are of great value to the individual, the department and the organisation, and the whole system of healthcare delivery. ACEM believes that the clinical support component of practice time for (non-director) FACEMs should be 30% and no less than 25% as measured as a total of the employed hours for each FACEM, irrespective of total hours worked. This allows a department to appropriately allocate a greater or lesser clinical support load to individuals, and for individuals to exercise choice about their proportion of clinical time.

ACEM believes that a practitioner in active clinical practice should spend an average of at least 20% (or eight hours per week) of their time in the direct clinical role.

¹ <u>FACEM Training Program Site Accreditation – Requirements (AC549; Criterion 2.1.3)</u>

^{2 &}lt;u>Guidelines on Constructing and Retaining</u> <u>a Senior Emergency Medicine Workforce (G23)</u>

Document Review

Timeframe for review: Every three years, or earlier if required.

Document authorisation: Council of Advocacy, Practice and Partnerships

Document implementation: Standards and Endorsement Committee

Policy Officer, Policy and Research

Revision History

	Version	Date	Pages revised / Brief Explanation of Revision
	1	July 1994	First version
·	2	July 2011	Revised document
	3		Updated accreditation docments; content revised and new template adopted