



Australasian College for Emergency Medicine

Accreditation requirements

V3 AC549

Document Review

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Revision History

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v1.02	Jan 2018	Changed name to FACEM Training Program.
v1.03	Aug 2018	Add updated EMTN definition.
v1.04	Nov 2018	Clarify the definition of a Paediatric patient as "up to the age of 16". Fixed up inconsistent bullets and broken links.
v1.05	Dec 2019	1.1.1.3 – Added Orientation manual to orientation program and an explanation on how the site delivers the FACEM training program 1.1.1.6 – Added a recommendation to have a trainee representative appointed at the site or one for the EMTN. Combined 2.1.2.1 and 2.1.2.2 (DEM and CST). Combined 2.1.3.1 and 2.1.3.2 (DEMT and CST). 2.1.3.1 – Added a specific mention a PDEMT is required and a requirement the PDEMT works 0.5 FTE at the PED. 2.1.3.2 – Added clause to allow sites 3 years from original accreditation to ensure there is a separate DEM and DEMT. 2.1.3.3 – Changed to require DEMT to work minimum 0.5 FTE clinically in the ED. 2.2.1.3 – Removed requirement for an on-site Paediatric unit for PLB status 3.1.1.1 - Added bedside and on-floor teaching to processes which facilitates clinical teaching and learning opportunities. 3.1.2.3 – Added requirement to provide Paediatric content in the education program – 4 hours/month. Remove that requirement from the 2.2.1.3
V2	Sep 21	3.1.2.3 – Amended - Tier 1 sites are required to provide their own protected structured teaching time Removed four hours of monthly paediatric content for PLB status as it is now compulsory for all sites and has been added to 3.1.2.3 2.1.3.3 – Clarify DEM requirement Changed to reflect the new 2022 Curriculum and Accreditation structure (the new TS4 requirements approval).

V3	Dec 23	Routine review. Changed terminology: <ul style="list-style-type: none">• Accreditation Subcommittee changed to Accreditation Committee• Conditions are mandatory with due dates. Recommendations are suggestions and are not mandatory.• Align DEMENT and LWBAC requirements with the position descriptions.• TS4 requirements – “intentions” added, and “suggested strategies” amended to provide better clarity.• Rename PLB/PER to just PER as all trainees will be transitioned in 2024.
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1. Introduction

The Australasian College for Emergency Medicine (ACEM; 'the College') is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and Aotearoa New Zealand as specialist emergency medicine physicians. The College sets the standards for clinical practice in emergency medicine in Australia and Aotearoa New Zealand. As such, ACEM is responsible for delivering and managing the training, education and professional development programs that ensure the provision of emergency medicine care at the standard and quality expected by the Australian and Aotearoa New Zealand public.

The College's specialist level FACEM Training Program occurs primarily within hospitals. These hospitals provide the teaching and learning opportunities and clinical experience necessary for training towards Fellowship of the College. As such, training is a partnership between training sites, FACEM trainees, Fellows and the College. In delivering the FACEM Training Program, this partnership supports the provision of patient-centred care that is respectful of, and responsive to, patients' preferences, needs and values.

Accreditation seeks to ensure that defined minimum acceptable levels of training are provided at a site. This document outlines the requirements for sites seeking ACEM accreditation.

The framework of the ACEM Accreditation Requirements for Emergency Medicine Training Providers ('the Accreditation Requirements') is as follows:

Domains	The accreditation domains are the goals of emergency medicine training.
Standards	The accreditation standards support each goal of emergency medicine training.
Criteria	The accreditation criteria are specific actions required to achieve each standard.
Requirements	The requirements specific to accreditation as a specialist emergency medicine training provider. The requirements are mandatory actions that support the criteria.

The framework consists of four (4) domains, 11 standards, 18 criteria and 55 specific requirements. (Domain 4 for training stage four (TS4) may not be applicable to all sites.)

The Accreditation Requirements conform to the Australian Health Ministers Advisory Council and Health Workforce Principal Committee's Accreditation of Specialist Medical Training Sites Project (2011-2014), which requires all specialist medical colleges to utilise the same terminology with respect to domains, standards and criteria.

This document (AC549) provides explanation and advice for health services, training sites and members of the College who undertake site inspections to assess sites for accreditation for the delivery of the FACEM Training Program.

The ACEM Accreditation Process Guide (AC550) document provides information about College's accreditation processes, accreditation outcomes and the obligations that arise from ACEM accreditation. This document (AC549 Accreditation Requirements) should be read in conjunction with the AC550 Process Guide and the AC808 TS4 Guidelines.

1.1 FACEM Training Program

The FACEM Training Program is a structured post-graduate program that comprises 60 months of training. There are four stages (1 – 4) within the FACEM Training Program, with specific requirements at each stage of training.

The requirements of the FACEM Training Program, including the associated assessments, are set out in the College's Regulations, Regulation B and Regulation G, and associated policies and guidelines, which can be found on the ACEM website [here](#).

12 Adult/mixed and paediatric emergency departments

ACEM recognises that there are mixed (adult and paediatric), adult-only and paediatric-only Emergency Departments across Australia and Aotearoa New Zealand. The Accreditation Requirements apply to all types of Emergency Departments.

Emergency Departments must be accredited by the College for trainees to accrue core Emergency Department (ED) training time for the FACEM Training Program.

There are five (5) types of accreditation for Emergency Departments*:

- Tier 1 - maximum 36 months core ED time
- Tier 2 - maximum of 24 months core ED time
- Tier 3 - maximum of 12 months core ED time (including Linked-EDs).
- Private ED - maximum of 12 months core ED time
- Paediatric ED - maximum of 12 months core ED time

**Site can also be assessed for Training Stage 4 requirements and TS4 accreditation.*

ACEM and the Royal Australasian College of Physicians (RACP) contribute to a Committee for Joint College Training - Paediatric Emergency Medicine (CJCT-PEM) that works with the Accreditation Committee on matters relating to the accreditation of Paediatric Emergency Departments (PED).

13 Emergency Medicine Training Network

An Emergency Medicine Training Network (EMTN) is a group of two (2) or more ACEM accredited training sites that have formally agreed to provide a coordinated education and training program for emergency medicine trainees.

Intentions of an EMTN:

- Education
 - Each site must contribute to the education program in proportion to the amount of time each site holds individual accreditation for
 - The Education program is expected to cover both preparation for the Primary and Fellowship Examinations
 - The education program can be held at one site or rotate between sites of the network. However, FACEM contribution to the delivery of the program is encouraged to be delivered by FACEMs from each site in proportion to the amount of time that each hospital holds individual accreditation for.
- Rotations

The Network is expected to have:

- where possible, central coordination of the recruitment process for all sites within the network
- central coordination and oversight of the allocation of rotations to trainees across the network to ensure that the trainees' needs are met. The network DGMT will participate in this process.

- central review of each trainee's progress coordinated by the network DEMENT in consultation with the site DEMENT(s).

Although the Network is expected to coordinate the recruitment of trainees across sites, there is no requirement/expectation for a trainee to rotate to all the sites within the network.

14 Tier 3 emergency departments

Smaller training sites (Tier 3) can utilise formal linkages to a Tier 1 or 2 accredited host training site to meet the relevant Accreditation Requirements. This may occur via the host site providing education, training and other resources not otherwise available at the smaller site.

15 Terms and definitions

For the purposes of the Accreditation Requirements, the following terms and definitions are applicable:

Clinical Lead in Paediatric Emergency Medicine

An individual who is officially designated as the senior clinician responsible for leading and managing the Paediatric Emergency Medicine service in departments where there is not a formal Director of Paediatric Emergency Medicine position (PDEM).

Clinical Support Time (CST)

Time which is other than that for direct on-floor clinical duties and is designated for approved teaching, research or administrative duties related to the FACEM training program.

Conditions

Based on the information provided via the Accreditation Report and/or at Inspection, should the College determine that the relevant requirement has not been satisfactorily addressed, and there is insufficient/no evidence to confirm an appropriate level of satisfaction with the intent of the requirement. An accreditation requirement assessed as 'Not Met' will result in the relevant criterion and standard being assessed at 'Not Met'. This will result in an accreditation 'condition' being placed upon the site with a due date for addressing the requirement. In making this determination, the College considers the outcome as it relates to trainees, their training and the training environment.

Direct Fellow Clinical Supervision

Direct Fellow clinical supervision refers to Fellow staff rostered clinically to the floor to supervise the department and its staff.

It involves clinical oversight of trainees at the point-of-care to ensure patient safety and quality of care whilst serving as an educative process where the trainee is learning specific competencies, including the application of knowledge, skills and attitudes from the Fellow(s) on the floor.

Emergency Department (ED)

A site that meets the ACEM definition of an Emergency Department as defined in ACEM Statement S12—Statement on the Delineation of Emergency Departments. Sites that do not meet this definition will not be considered for accreditation for the purposes of FACEM training.

Examples of evidence

Examples of evidence are provided for each accreditation requirement to assist and guide sites as to what may be required by the College to demonstrate the meeting of the requirement. The examples of evidence are not exhaustive, and not all examples are necessarily required to be submitted.

Fellow

For adult-only and mixed Emergency Departments, a Fellow is an individual who holds a Fellowship of the Australasian College for Emergency Medicine (i.e. FACEM).

For Paediatric Emergency Departments accredited for FACEM Training (note that supervision for joint PEM Training is a separate matter), a Fellow is an individual:

- a) who is a FACEM;

OR

- b) who is a Fellow of the Royal Australasian College of Physicians (FRACP);

- o who has been awarded completion of, or granted equivalence to, Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion or Equivalence by the Committee for Joint College Training in Paediatric Emergency Medicine;

OR

- o who, if they obtained FRACP prior to 1 January 2009, can demonstrate:
 - 24 FTE months of consultant experience working in a PED since obtaining FRACP; and
 - current clinical work (0.2 FTE or greater) in a PED.

For Non-Specialist, Co-located Paediatric Emergency Departments (a separately accredited, dedicated area for paediatric attendances that functions distinctly from the adult section of the department within a mixed ED by way of design, resources and staffing), a Fellow is also considered to be an individual:

- who is a FRACP who can demonstrate:
 - o 24 FTE months of consultant experience working in a PED since obtaining FRACP; and
 - o current clinical work (0.2 FTE or greater) in a PED.

For the purposes of this document, it is understood that in Aotearoa New Zealand, some doctors registered in the vocational scope of practice in Emergency Medicine may not be Fellows of ACEM. As such, the College accepts that these doctors are recognised as specialists in Emergency Medicine with the same scope of practice as a FACEM.

Fulltime Equivalent (FTE)

Full-time work (1.0FTE) is determined by the hours and conditions applicable in the relevant jurisdiction.

Junior Clinicians

Junior clinicians include JMOs, interns, junior registrars, EMC/D/AD trainees, TS1-2 trainees but excludes medical students.

Paediatric Emergency Department

A Paediatric Emergency Department (PED) is an Emergency Department that is either:

- A dedicated specialist Paediatric Emergency Department; or
- An appropriate, dedicated area within a mixed Emergency Department for paediatric attendances that functions distinctly from the adult section of the department by way of design, resources and staffing.

Paediatric Patient

A paediatric patient is a patient who has yet to reach their 16th birthday (i.e. aged up to 15 years and 364 days).

Recommendation

A recommendation or suggestion for improvement may be provided for a 'Met' or 'Not Met' requirement where the College has identified quality initiatives that a site is encouraged to consider as part of its quality improvement processes. They relate to matters that the College considers best-practice and which may enhance the training provided at a site. Suggestions for Improvement are not mandatory and have no due dates; however, sites can respond to the College through the Quality Improvement plan regarding consideration and adoption of a recommendation.

Suggested strategies

Within this guide, there is an explanation of the intent of each accreditation requirement. In general, the requirements specify what needs to occur, not how, so that sites may evolve and develop novel methodologies in the delivery of the FACEM Training Program having regard to local circumstances, including resourcing. Suggested strategies to meet an accreditation requirement are provided as guidance for sites. The suggested strategies are not inclusive, nor are they mandatory, and their undertaking does not in and of itself guarantee the meeting of an accreditation requirement.

2. Guide to the general accreditation requirements

Domain 1: Promotes the Health, Welfare and Interests of Trainees
Standard 1.1: Governance, safety and quality assurance
Criterion 1.1.1: The training site has clear governance structures which support: <ul style="list-style-type: none">a) Education and training;b) Workplace health, safety and welfare of trainees;c) Trainee participation in governance; andd) Improved safety and quality
<p>Requirement 1.1.1.1 The site prioritises, promotes and supports education and training</p> <p>The intent of this accreditation requirement is to ensure an organisation-wide commitment to the training of FACEM trainees. The organisation is expected to promote high quality learning and foster an environment of inquiry, scholarship and professional development.</p> <p>Suggested strategies:</p> <ul style="list-style-type: none">• The needs of the trainees are considered in the operational aspects of the Emergency Department that includes: service delivery, staffing, and resources• The site utilises mechanisms to regularly monitor, evaluate and improve the quality of the training provided <p>Examples of evidence:</p> <ul style="list-style-type: none">• A strategic level description of how service delivery, staffing and the resources available support the delivery of the FACEM Training Program• Departmental operational, strategic, planning or policy documents demonstrating commitment to the FACEM Training Program• Documents that demonstrate the site's monitoring, evaluation and continuous improvement processes for the FACEM Training Program• Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement <p>Requirement 1.1.1.2 The site supports the workplace health, safety and welfare of trainees</p> <p>The intent of this accreditation requirement is to ensure that the site:</p> <ul style="list-style-type: none">• is physically safe• is free from discrimination, bullying and sexual harassment• is an inclusive and culturally safe environment that promotes cultural competence within its workforce• supports trainees and actively encourages them to maintain their health and wellbeing.

Suggested strategies:

- Fellows and trainees are orientated to the site's workplace policies and procedures relating to physical safety in the Emergency Department
- Trainees receive adequate orientation to the site's policies, procedures and practices relating to the management of violence in the Emergency Department
- Trainees receive orientation to the site's workplace policies and procedures relating to discrimination, bullying and sexual harassment and associated grievance mechanisms
- The site ensures social/family circumstances, including the parenting and carer role of trainees, are considered in training related activities
- The site ensures trainee employment conditions enable trainees to meet the FACEM Training Program requirements
- Trainees are orientated to the site's staff support services
- The site monitors trainees' workload and has appropriate fatigue management mechanisms in place
- Trainees receive adequate support following critical incidents
- The site is aware of the College's Reconciliation Action Plan and works to implement local actions that help to promote and support this (Refer to [ACEM Reconciliation Action Plan](#) in Australia, and for Aotearoa Manaaki Mana Strategy in Aotearoa New Zealand).

Examples of evidence:

- Description of the security measures in place within the department that serve to protect staff from physical violence (e.g. proximity access systems, duress alarms and timely access to security staff)
- Description of the orientation of trainees to the security measures and procedures in place within the department
- Occupational Health and Safety policies and procedures concerning the safety of staff from physical violence and other occupational health and safety risks
- Procedures and processes that reflect current best practice in Critical Incident debriefing
- Relevant policies, procedures or processes relating to the management of discrimination, bullying and sexual harassment incidents with clear and safe reporting processes that do not adversely affect the trainee
- Description of cultural strategy and safety training and other educational activities that enhance cultural competence in the workplace
- Departmental, hospital or health service staff support services
- Description of how trainees are encouraged to maintain their wellbeing and the resources available for them to achieve this
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 1.1.1.3

The site provides an orientation program, including an orientation manual for trainees commencing at the site

The intent of this accreditation requirement is to ensure trainees are adequately orientated to the workplace and the site's training program upon commencement.

Suggested strategies:

- The site provides an orientation program that includes, but is not limited to, the following features:
 - Introduction to key personnel within the Emergency Department
 - Orientation to the hospital and its services
 - Orientation to the layout of the Emergency Department and relevant clinical equipment
 - Orientation to the casemix of the department
 - Orientation to the models of care, work practices, roles, responsibilities and Fellow supervision system
 - Orientation on expectations with the on-call guidelines
 - Relevant processes relating to improving the delivery of Indigenous health
 - Orientation to clinical and decision support resources (e.g. clinical guidelines)
 - Orientation to how the site or EMTN delivers the training program, including the structured education program, workplace-based assessment system and mentoring program
 - Relevant cultural safety training for patient care
 - Orientation to the site's policies and procedures concerning workplace health and safety
 - Orientation to the site's policies and procedures concerning discrimination, bullying and sexual harassment, and cultural safety
 - Orientation to the site's staff support services
- The site utilises a combination of on-line and in-person orientation methods

Examples of evidence:

- Description of the orientation program delivered to trainees
- Trainee orientation material (e.g. an orientation manual including on-call guidelines and timetable of activities)
- Documentation relating to position description, roles and responsibilities of trainees
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 1.1.1.4

A formal mentoring program is available for trainees

The intent of this accreditation requirement is to ensure there is a mentoring program that aligns with the ACEM mentoring model and is available to support trainees at the site.

Suggested strategies:

- The site provides a mentoring program that aligns with the ACEM mentoring model and includes, but is not limited to, the following features:
 - It is coordinated, monitored and supported by a mentoring program coordinator(s)
 - It is a voluntary program for trainees
 - It incorporates a mentor and mentee matching process
 - Training in mentoring skills is provided to mentors
 - It ensures confidentiality and mentoring is separated from supervision and performance management of the trainee

- It is culturally safe and accessible to all trainees
- It utilises ACEM resources to assist in providing an effective program (refer to Mentoring at ACEM).

Examples of evidence:

- Description of the mentoring program, including details on how trainees access the program, mentor and mentee matching processes, and how the program is evaluated
- List of mentors at the site who have completed the ACEM mentoring modules
- Feedback from internal or College trainee surveys that demonstrates the site is meeting this requirement

Requirement 1.1.1.5

A rostering process for trainees that ensures timely roster distribution and equitable exposure to all shift types whilst balancing trainee workload, casemix exposure, FACEM Training Program requirements, the service needs of the training site, safe working hours and leave arrangements

The intent of this accreditation requirement is to ensure rostering processes are in place to balance the needs of the trainees with the needs of the department.

Suggested strategies:

- The site provides the ability for trainees to submit roster requests for consideration. In particular, requests to enable work/life balance and to accommodate the parental and carer role of trainees
- The site provides rosters in suitable advance and of such a duration that trainees can meaningfully plan their lives
- The site provides trainees with equitable exposure to all shift types (i.e. weekdays, weekends, days, evenings and nights) and clinical areas (e.g. resuscitation, acute, ambulatory care, Fast-Track, etc.) within the department, whilst having regard to their stage of training and training requirements; and to the skill mix amongst all the medical staff rostered at any one time
- The site ensures compliance with safe working hours, fatigue management and leave arrangement policies and procedures

Examples of evidence:

- Description of the trainee rostering process, including, but not limited to, the following:
 - The person(s) responsible for trainee rostering
 - How trainee roster requests are considered in the development of the rosters
 - How the site ensures equitable exposure to all shift types whilst having regard to the trainee stage of training
 - Roster distribution timing
 - Duration of the roster provided to trainees
 - An indication that it meets jurisdictional safe working hours and leave arrangement policies and procedures
- Six (6) months previous and three (3) months future trainee rosters
- Departmental, hospital or health service policies and procedures concerning the rostering of trainees
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 1.1.1.6**Trainees are able to participate in relevant decision-making processes at the departmental level**

The intent of this accreditation requirement is to ensure trainees have the opportunity to be involved in appropriate processes of the site at the departmental level.

Suggested Strategies:

- The site provides trainees the opportunity to be involved in relevant departmental committees or working groups
- The site undertakes regular interviews or surveys of the trainee group to seek feedback on the site's operations (e.g. models of care) and the delivery of the FACEM Training Program for continuous improvement
- The site appoints a trainee representative to attend relevant consultant group meetings to allow for trainee representation in departmental decision-making as well as liaison with the Trainee Committee via the Regional Trainee Representative. Where a site is part of an EMTN, there can be one trainee representative across the network.
- The site provides trainees the opportunity to be involved in feedback on junior medical staff performance and to undertake a mentoring role where appropriate

Examples of evidence:

- Documentation relating to departmental trainee surveys or interviews
- Name of site's trainee representative
- Description of trainee involvement in operational and training program decision-making
- Description of trainee involvement in departmental committees or working groups
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Criterion 1.1.2: Trainee management structures are effective

Requirement 1.1.2.1

Clearly defined management structure that effectively manages and supports the FACEM Training Program and trainees

The intent of this accreditation requirement is to ensure sites have a management structure that assumes responsibility for the delivery of the FACEM Training Program in accordance with the College's requirements. This includes responsibility for the coordination of the FACEM Training Program by the Director(s) of Emergency Medicine Training in consultation and collaboration with the Director of Emergency Medicine and other Fellow staff.

Suggested strategies:

- The site or EMTN utilises a management structure dedicated to the delivery of the FACEM Training Program with articulation of lines of responsibility
- The site or EMTN utilises the College's resources to assist Directors of Emergency Medicine Training in undertaking their role

Examples of evidence:

- Organisational chart that demonstrates a management structure which supports the FACEM Training Program
- Description of the consultation and collaboration between the DEM, DEMA and other Fellow staff concerning the delivery of the FACEM Training Program and the management of trainees
- Feedback from internal or College trainee surveys that demonstrates the site is meeting this requirement

Requirement 1.1.2.2

Processes for identifying and managing trainees in difficulty

The intent of this accreditation requirement is to ensure sites can identify trainees who may be in difficulty and can provide the trainee with the necessary support and management they may require.

Suggested strategies:

- The site or EMTN ensures trainees are aware of the staff they may approach if in difficulty, such as the DEMA or mentor
- The site or EMTN utilises the College resources that assist Directors of Emergency Medicine Training with trainees in difficulty
- The site or EMTN utilises Fellow and/or multi-source feedback processes with respect to trainee performance to identify issues
- The site's or EMTN's policies and procedures outline how trainees in difficulty are supported
- Trainees are orientated to the site's or EMTN's staff support services
- Fellows and trainees are familiar with the ACEM Policy on supporting trainees in difficulty and the resources available from the College

Examples of evidence:

- Description of the system that enables the site / EMTN to identify trainees who may be in difficulty
- Description of the support services, resources and strategies that are potentially available to assist trainees in difficulty

- De-identified case examples of trainees in difficulty managed at the site / EMTN and the processes followed

Requirement 1.1.2.3

A process for managing trainee grievances

The intent of this accreditation requirement is to ensure that sites have processes in place to manage trainee grievances. This includes allegations concerning discrimination, bullying and sexual harassment.

Suggested strategies:

- Fellows and trainees are orientated to the site's / EMTN's workplace policies and procedures relating to discrimination, bullying and sexual harassment and processes for managing trainee grievances
- Trainees are orientated to the process of lodging a grievance and to the hospital's / EMTN's complaint management processes
- The site / EMTN develops a culture of clear and safe reporting processes without adverse impacts on the trainee
- Fellows and trainees are orientated to the College's relevant policies and procedures, including:
 - Complaints Policy
 - Discrimination, Bullying and Sexual Harassment Policy
 - Policy on Procedural Fairness
 - Procedures for Resolving Discrimination, Bullying and Sexual Harassment Complaints
 - Whistleblower Policy

Examples of evidence:

- Departmental, hospital or health service policies and procedures concerning lodging and managing grievances
- De-identified case examples of the site's management of trainee grievances

Criterion 1.1.3: There are appropriate quality assurances in place

Requirement 1.1.3.1

A quality framework that is informed by the *ACEM Quality Standards for Emergency Departments* and relevant national safety and quality health service standards

The intent of this accreditation requirement is for sites/ EMTNs to operate within a quality framework to ensure an appropriate training environment. It is acknowledged that the ACEM Quality Standards for Emergency Departments references the Australian Commission for Safety and Quality in Health Care's National Safety and Quality Health Service Standards and are endorsed by the College.

The Health Quality and Safety Commission New Zealand utilises a quality and safety framework focusing on quality improvement and patient safety. The document, *From knowledge to action: A framework for building quality and safety capability in the New Zealand health system*, provides a high-level overview of the fundamental capabilities required of health care groups under seven broad domains.

For accreditation purposes, the College does not prescribe the type or number of quality improvement activities a site / EMTN should undertake.

Suggested strategies:

- The site / EMTN utilises a quality framework informed by The ACEM Quality Standards for Emergency Departments and other Hospital-Based Emergency Care Services (1st Edition 2015) and relevant national safety and quality health service standards
 - ACEM website
 - *Policy on a Quality Framework for Emergency Departments*
 - *Quality Standards for Emergency Departments and other Hospital-Based Emergency Care Services*
 - Australian Commission on Safety and Quality in Health Care
 - <https://www.safetyandquality.gov.au>
 - Health Quality and Safety Commission New Zealand
 - <https://www.hqsc.govt.nz>

Examples of evidence:

- Description of the quality framework and quality improvement activities undertaken with reference to the ACEM Quality Standards for Emergency Departments and other Hospital-Based Emergency Care Services (1st Edition 2015) and relevant national safety and quality health service standards
- Documentation relating to the site's quality framework and quality improvement activities
- Description of the use of the [Emergency Medicine Events Register](#)
- Description of changes initiated as a result of quality improvement activities

Requirement 1.1.3.2

Trainees are able to be involved in quality improvement activities

The intent of this accreditation requirement is to ensure trainees have the opportunity to be involved in quality improvement activities at the site.

Suggested strategies:

- Trainees are actively involved in formal morbidity and mortality meetings
- Trainees are involved in clinical audit processes
- Trainees are involved in radiology and pathology results checking processes
- Trainees are involved in departmental or hospital quality focus groups
- The site encourages trainees to use the Emergency Medicine Events Register available on the ACEM website

Examples of evidence:

- Description of the involvement of trainees in quality improvement activities
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Standard 1.2: Infrastructure, facilities and educational resources

Criterion 1.2.1: There are appropriate educational resources and these are available to trainees

Requirement 1.2.1.1

Access to educational resources, including current ACEM recommended resources

The intent of this accreditation requirement is to ensure trainees have access to the educational resources that will assist them in meeting the requirements of the FACEM Training Program.

Suggested strategies:

- The site / EMTN provides internet access to the ACEM website and its associated resources
- The site / EMTN provides access, on- or off-site, to anatomy models, or equivalent, to assist trainees in preparation for the ACEM Primary Examination
- The site / EMTN provides access to current ACEM-recommended texts (on-line or hard copy)
- The site / EMTN provides internet access to emergency medicine educational websites and peer reviewed journals

Examples of evidence:

- Description of the educational resources accessible to trainees
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 1.2.1.2

Access to the ACEM online assessment platforms

The intent of this accreditation requirement is to ensure trainees and Fellows have access to the College's online assessment platforms for the completion of Workplace-based Assessments (WBAs).

Suggested strategies:

- The site / EMTN provides internet access for trainees and Fellows to undertake WBAs through the College's online assessment platforms

Examples of evidence:

- Description of the computer and internet access for trainees and Fellows within the department
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 1.2.1.3

Clinical and decision support resources are available to trainees

The intent of this accreditation requirement is to ensure trainees have access to decision support resources (e.g. clinical guidelines, policies and procedures) within the workplace to assist them in delivering quality emergency care.

Suggested strategies:

- The site / EMTN utilises electronic or online platforms to optimise access to clinical and decision support resources
- The site / EMTN utilises, as an example, the Clinical Care Standards developed by the Australian Commission on Safety and Quality in Health Care
- The site / EMTN utilises relevant Health and Disability Service Standards set by the Ministry of Health New Zealand

Examples of evidence:

- Description of the clinical and decision support resources available to trainees within the workplace
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Criterion 1.2.2 The training site provides a physical environment that supports trainees

Requirement 1.2.2.1

A private room or facility with computer access in a non-clinical area is available for trainee use for teaching and learning activities and their assessment requirements

The intent of this accreditation requirement is to ensure trainees have adequate access to an appropriate area within the facility for teaching and learning activities and their confidential discussion on their assessments.

Suggested strategies:

- The trainees are provided with access to a private room or space with a computer for completing WBAs
- The trainees are provided a designated room or space with a computer for personal study or group discussions
- The trainees have access to a dedicated room, with appropriate audio-visual resources, in which to conduct education sessions

Examples of evidence:

- Description of the facilities provided to trainees for teaching and learning activities
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Domain 2: Ensures Trainees have the Appropriate Knowledge, Skills and Supervision to Deliver Quality Patient Care

Standard 2.1: Department specialist staffing and supervision

Criterion 2.1.1 There are appropriate staff to ensure effective supervision of trainees at all times

Requirement 2.1.1.1

Commensurate with the number of trainees on the floor at any one time, their stage of training and having regard to the casemix of the site, the Fellow clinical roster provides for appropriate clinical supervision of trainees at all times

The intent of this accreditation requirement is to ensure that for trainees, there is appropriate Fellow clinical supervision (direct and on-call) that provides for patient safety, quality of care and education where the trainees learn specific competencies, including the application of knowledge, skills and attitudes from the Fellow(s) on the floor.

In determining the appropriateness of the clinical supervision provided at a site, the following variables are considered: the number of Fellows and trainees and non-trainees on the floor at any one time, the trainees' clinical role within the models of care, the trainees' stage of training and their satisfaction with the supervision provided, along with the number, breadth, acuity and complexity of the site's casemix, the department's physical layout and overall staffing.

It is accepted at smaller Tier 3 training sites that Senior Medical Officers or Career Medical Officers (or equivalent) may be involved in the clinical supervision of trainees; however, requirement 2.1.1.3 must also be met within any supervision structure.

Note:

The College may utilise training site profile data from all accredited training sites for peer benchmarking with respect to evaluating the appropriateness of the Fellow clinical supervision.

Suggested strategies:

- The direct clinical supervision ratio is, in general, no greater than one Fellow to three trainees at any one time; the trainees' clinical role within the model of care, stage of training and the site's physical layout, casemix and overall staffing will be relevant variables for this ratio to ensure appropriate supervision
- The site utilises the College's resources to assist training sites in providing quality clinical supervision. (Refer to the "How to become a Training Leader" Information section on the ACEM [website](#).) The site utilises internal trainee surveys concerning clinical supervision to inform continuous quality improvement
- The site ensures there is a rostered on-call Fellow for trainees to access when there is no direct Fellow clinical supervision (also see Requirement 2.1.1.2)

Examples of evidence:

- Description of the Fellow and trainee rostering system with respect to clinical supervision
- Six (6) months previous and three (3) months future Fellow rosters
- Six (6) months previous and three (3) months future trainee rosters
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 2.1.1.2

The site provides guidelines for notification, seeking advice from and attendance of the on-call Fellow

The intent of this accreditation requirement is to ensure trainees are supported by the on-call Fellow with respect to the care of patients within the Emergency Department. It is accepted at smaller Tier 3 rural regional training sites that Senior Medical Officers or Career Medical Officers (or equivalent) may be involved in the on-call system.

It is acceptable for Aotearoa New Zealand sites that Medical Officer of Specialist Scale (MOSS) with vocational registration may be involved in the on-call system.

For the purpose of developing leadership skills for transitioning to a junior consultant role, a TS4 trainee (in the 2022 training program) or a trainee in the last 12 months of training who has passed the Fellowship Written examination (pre-2022 program) may participate in the on-call roster, but such participation should be **optional and only undertaken by mutual agreement between a trainee and the site**. A trainee electing to participate in the on-call roster should do so only as the first on-call supported by a Fellow as the second on-call who will be available to attend in person when required, and/or in Aotearoa New Zealand, by a Medical Officer of Specialist Scale (MOSS) with vocational registration with the Medical Council of New Zealand. **(Sites must provide a documented escalation strategy to show that trainees are appropriately prepared and supported.)**

Suggested strategies:

- Trainees are orientated to the guidelines for notification, seeking advice from and attendance of the on-call Fellow

Examples of evidence:

- The orientation manual includes the description of, or documentation relating to, the guidelines for notification, seeking advice from and attendance of the on-call Fellow
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 2.1.1.3

A minimum of fifty percent (50%) of a trainee's clinical time is under direct Fellow supervision.

The intent of this accreditation requirement is to ensure all trainees receive an appropriate minimum amount of time under direct Fellow clinical supervision.

Suggested strategies:

- The site utilises rostering processes that ensure all trainees receive the required clinical time under direct Fellow supervision

Examples of evidence:

- Description of how the Fellow and trainee roster ensures a minimum of fifty percent (50%) of the trainees' clinical time is under direct Fellow supervision
- Six (6) months previous and three (3) months future Fellow rosters
- Six (6) months previous and three (3) months future trainee rosters

Requirement 2.1.1.4

Fellow clinical coverage that meets one of the following.

- **Tier 1 training site:** Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week, and this involves a minimum of two (2) Fellows at any one time.

- **Tier 2 training site:** Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week, and this involves a minimum of one (1) Fellow at any one time.
- **Tier 3 training site:** Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee's clinical time is under direct Fellow clinical supervision.
- **Private ED training site:** Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee's clinical time is under direct Fellow clinical supervision.
- **PED training site:** Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of one (1) Fellow at any one time.

t Fellow as defined for Paediatric EDs in the accreditation requirements

The intent of this accreditation requirement is to describe the minimum direct Fellow clinical supervision coverage required for the different types of accreditations. (See also Requirement 2.2.1.2, which outlines appropriate casemix for Tier 1, Tier 2, Tier 3, Private ED and PED sites).

It is emphasised that this requirement describes the minimum Fellow clinical supervision coverage required for each type of accreditation. Separate to this and with respect to the quality of the clinical supervision provided, all sites must meet Requirement 2.1.1.1, and as such, the number of Fellows required to provide appropriate direct Fellow clinical supervision at any one time at a site may be more than the minimum outlined above.

Examples of evidence:

- Description of the Fellow clinical coverage across a standard week
- Six (6) months previous and three (3) months future Fellow rosters

Criterion 2.1.2: Supervisory staff understand their roles and responsibilities and are supported in their supervisory roles

Requirement 2.1.2.1

The Director of Emergency Medicine is a Fellow and is provided with resources, inclusive of clinical support time, to fulfil the role

The intent of this accreditation requirement is to ensure there is a Fellow responsible for the executive management of an accredited department and they are able to effectively undertake their role.

In a co-located Paediatric Emergency Departments, the College accepts the position of Clinical Lead in Paediatric Emergency Medicine, where there is no formal Director of Paediatric Emergency Medicine position (PDEM). This Fellow is responsible for leading and managing the Paediatric Emergency Medicine service.

It is accepted that sites may utilise a shared Co-Director or Deputy Director of Emergency Medicine executive structure to cover the roles and responsibilities of the position, particularly in larger departments or where fractional appointments are utilised. It is also accepted that smaller sites may utilise a non-Fellow within a Co-Director executive structure; however, it is required that one of the Co-Directors be a Fellow.

Suggested strategies:

- The Director of Emergency Medicine be a 1.0FTE position
- The site provides the Director of Emergency Medicine with a minimum of 0.5FTE clinical support time

- The site utilises a Co- or Deputy Director of Emergency Medicine executive structure to cover the roles and responsibilities of the position, particularly in larger departments or where fractional appointments are utilised
- The site provides the Director of Emergency Medicine with adequate administrative support

Examples of evidence:

- Name and qualifications of the Director(s) of Emergency Medicine
- Description of the FTE and clinical support time of the Director of Emergency Medicine
- Description of Co- or Deputy Director of Emergency Medicine positions
- Description of the administrative support provided to the Director of Emergency Medicine
- Description of the support provided to the Director of Emergency Medicine role by the hospital executive

Requirement 2.1.2.2

There is a Local Workplace-Based Assessment (WBA) Coordinator(s) at the site who is employed at least a minimum of 0.25 FTE and working one (1) clinical shift per week in the Emergency Department which they are the Local WBA Coordinator

The intent of this accreditation requirement is to ensure there is a Fellow(s) responsible for a system of Workplace-Based assessments of trainees. The Local WBA Coordinator(s) is expected to comply with the College document Local WBA Coordinator Position Description (PD 453).

Suggested strategies:

- The site has a Local WBA Coordinator(s) who is ideally not the DEMA or DEM; however, it is accepted that at smaller Tier 3 training sites, this role separation may not be possible. But this will be assessed on a case by case basis, and the site is expected to address this within three (3) years from the date of original accreditation

Examples of evidence:

- Name of the Local WBA Coordinator(s)
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 2.1.2.3

The site provides at least one (1) hour per trainee per month of clinical support time for the Local WBA Coordinator role

The intent of this accreditation requirement is to ensure the Local WBA Coordinator(s) has an appropriate amount of clinical support time to fulfil their role.

The prescribed clinical support time ratio is based on the number of trainees (TS1 – 4) required to complete WBAs in the Emergency Department roster (e.g. if there are eight trainees in the roster—the site is required to provide eight hours of clinical support time per month for Local WBA Coordinator duties. If there is more than one Local WBA Coordinator at a site, the clinical support time is not eight hours for each person, but rather eight hours to be shared by the coordinators in any ratio).

Examples of evidence:

- Description of the clinical support time provided per month to the Local WBA Coordinator(s); with reference to the number of trainees in the department roster

Requirement 2.1.2.4

All Fellows at the site are expected to be actively involved in the training, education and assessment of trainees

The intent of this accreditation requirement is to ensure that all Fellows are expected to actively contribute to the training, education and assessment of their trainees.

It is acknowledged that the level of involvement of Fellows in the training, education and assessment of trainees will vary according to the site's needs; however, a Fellow's involvement within a site's training program is a core function of the specialist role within an accredited training site. The College encourages Fellows to continuously upgrade skills that enhance the delivery of the FACEM Training Program.

Suggested strategies:

- The site employs rostering systems to allow Fellows to be involved in the site's education program and WBA system
- The site utilises Fellow feedback mechanisms on trainee clinical performance for the completion of ITAs

Examples of evidence:

- Description of the involvement of Fellows in the training, education and assessment of trainees

Requirement 2.1.2.5

Fellows involved in the training, education and assessment of trainees are provided with clinical support time to fulfil their role

The intent of this accreditation requirement is to ensure that Fellows can effectively undertake their role in the training, education and assessment of trainees and are sufficiently supported in the role.

With reference to the ACEM Statement on Clinical Support Time Allocation (S17), 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 components of the specialist role in emergency medicine may include, but not be limited to, 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 considers these roles to be of great value to the individual, the department, the organisation, and the healthcare delivery system as a whole.

With respect to the Accreditation Requirements, the Fellows' role in training, education and assessment of trainees is paramount.

Suggested strategies:

- As per the College Statement on Clinical Support Time Allocation, the clinical support component of practice time for (non-Director) Fellows should be thirty percent (30%), but no less than twenty-five percent (25%) as measured as a total of the employed hours for each Fellow, 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

Examples of evidence:

- Description of the clinical support time provided to Fellows

Requirement 2.1.2.6

Fellows are provided with administrative support and resources to enable their involvement in the training, education and assessment of trainees

The intent of this accreditation requirement is to ensure Fellows can effectively undertake their role in the training, education and assessment of trainees.

Suggested strategies:

- The site ensures Fellows have access to a desk and computer in a non-clinical area to enable them to fulfil their role
- The site provides Fellows with access to administration officer support to enable them to fulfil their role

Examples of evidence:

- Description of the administrative support and resources provided to Fellows and evidence that it is meeting their needs

Requirement 2.1.2.7

The site has the capacity for Fellows to voluntarily contribute to College committees, panels and activities relating to trainee education, assessment and examinations

The intent of this accreditation requirement is to ensure sites provide the ability for Fellows to contribute to College activities relating to trainee education, assessment and examinations. Sites are required to provide Fellows with sufficient time to attend and fulfil their obligations to relevant Committee and/or assessment activities, including the requirements and duties involved in being an examiner.

In Paediatric Emergency Departments, this involvement extends to RACP committees, panels and activities relating to trainee education, assessment and examinations.

Suggested strategies:

- Fellows who volunteer for College-related training activities are provided with access to clinical support time to assist their involvement in accordance with the relevant membership Terms of Reference

Examples of evidence:

- Description of the Fellows' involvement in College committees, panels and activities that relate to trainee education, assessment and examinations

Criterion 2.1.3: The designated Director(s) of Emergency Medicine Training is supported in the role and is available to trainees

Requirement 2.1.3.1

The Director(s) of Emergency Medicine Training is a Fellow. For a Paediatric Emergency Department, the Director(s) of Emergency Medicine Training is a Fellow of ACEM or RACP.

The DEMA must be provided with clinical support time as follows (as applicable):

- 10 hours per week; or one (1) hour per trainee per week, whichever is greater
- Five (5) hours per week for Tier 3 sites and Private EDs

The intent of this accreditation requirement is to ensure there is a Fellow responsible for the FACEM Training Program at the site and to ensure the Director of Emergency Medicine Training has an appropriate amount of clinical support time to fulfil their role.

The prescribed clinical support time ratio is based on the 'per head' number of trainees in the Emergency Department roster (e.g. if there are 13 trainees in the roster—the site is required to provide 13 hours of clinical support time per week. If there is more than one DEMENT at a site, the clinical support time is not 13 hours for each person but 13 hours to be shared by the DEMENTs). In Co-DEMENT structures, the division of the clinical support time for DEMENT duties may occur in any ratio.

Examples of evidence:

- Name and qualifications of the Director(s) of Emergency Medicine Training
- Description of the clinical support time provided per week to the Director(s) of Emergency Medicine Training at the Emergency Department they are DEMENT; with reference to the number of trainees in the department roster

Requirement 2.1.3.2

The Director(s) of Emergency Medicine Training is not the sole Director of Emergency Medicine at the site

The intent of this accreditation requirement is to recognise the significant role of Director of Emergency Medicine Training and the separate full time role of Director of Emergency Medicine. In smaller training sites where a single Fellow holds both roles, the site has three (3) years from the original accreditation date to appoint separate Fellows to these roles.

Suggested strategies:

- The site has different Fellows for the DEM and DEMENT positions; however, it is accepted that at smaller Tier 3 training sites, this may not always be possible, but the site is expected to address this within three (3) years from the date of original accreditation
- A single Fellow may have fractional appointments to the roles of DEM and DEMENT; however, a Fellow cannot be a DEMENT and the sole DEM at a site

Example of evidence:

- Description of the DEMENT and DEM structure at the site

Requirement 2.1.3.3

The Director(s) of Emergency Medicine Training is employed at a minimum 0.5 FTE of which a minimum of 0.25 FTE or a minimum of one (1) clinical shift per week within the Emergency Department for which they are the DEMENT

The intent of this accreditation requirement is to ensure the Director(s) of Emergency Medicine Training is employed for an adequate number of hours and has adequate clinical exposure to the trainees to fulfil their role.

Examples of evidence:

- FTE of the Director(s) of Emergency Medicine Training
- Six (6) months of the current Fellow roster to demonstrate the clinical exposure the Director(s) of Emergency Medicine has to their trainees
- Feedback from internal or College trainee surveys that demonstrates that DEMENT clinical exposure is meeting this requirement

Requirement 2.1.3.4

The Director(s) of Emergency Medicine Training fulfils their role in accordance with the College's requirements

The intent of this accreditation requirement is to ensure that the Director(s) of Emergency Medicine Training understands their role and responsibilities in the delivery of the FACEM Training Program and the management of the trainees.

The Director(s) of Emergency Medicine Training is expected to comply with the College document Director of Emergency Medicine Training Position Description (PD416). In particular, the timely and accurate completion of the College assessment requirements to a high quality standard is considered a core function of the role.

A Co-DEMT structure involving more than two Fellows requires submission of documentation to the College outlining the rationale for the proposed structure.

Suggested strategies:

- The site utilises the College's resources to assist Directors of Emergency Medicine Training in undertaking their role available through the ACEM website e-learning portal (See the DEMT Resources tab)
- To maintain a balance between DEMT resources and the number of trainees, training sites should, in general, operate within the ratio of 10-15 trainees per DEMT

Examples of evidence:

- Evidence of completion of the DEMT Course and ongoing participation in DEMT educational activities
- College provided data detailing the site's quality of In-Training Assessments (ITAs) and rate of late ITA submissions

Requirement 2.1.3.5

The Director(s) of Emergency Medicine Training is provided with administrative support and resources to fulfil their role

The intent of this accreditation requirement is to ensure the Director(s) of Emergency Medicine Training can effectively undertake their role.

Suggested strategies:

- The site ensures the DEMT(s) has access to a private room/space with a desk and computer in a non-clinical area to enable them to fulfil their role, in particular, the completion of assessments and having challenging conversations
- The site provides the DEMT(s) access to administration officer support to enable them to fulfil their role

Examples of evidence:

- Description of the administrative support and resources provided to the Director(s) of Emergency Medicine Training

Standard 2.2: The provision of clinical experience and work is relevant

Criterion 2.2.1: The training site provides the appropriate breadth and volume of clinical experience

Requirement 2.2.1.1

The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training

The intent of this accreditation requirement is to ensure trainees have increasing clinical responsibilities as they progress through training.

Suggested strategies:

- The site utilises the FACEM Curriculum learning outcomes for the stages of training to inform a trainee's clinical responsibilities
- The site provides trainees with roles and duties that allow for increasing clinical responsibilities

Examples of evidence:

- Description of the models of care the site utilises to allow for adequate and appropriate clinical involvement at all stages of training in assessment, procedures and management
- Documentation relating to position description, roles and responsibilities of trainees
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 2.2.1.2

The number, breadth, acuity and complexity of the casemix, and trainee exposure to it, provides an appropriate clinical training experience

The intent of this accreditation requirement is to ensure a site's casemix, and the trainees' exposure to it, is appropriate for training and to describe the casemix required for a Tier 1, Tier 2, Tier 3, PED or Private ED training site. (See also Requirement 2.1.1.4, which outlines the minimum Fellow clinical supervision coverage for Tier 1, Tier 2, Tier 3, PED and Private ED sites).

With respect to trainee casemix exposure and gaining of expertise, the volume, breadth, acuity and complexity of the casemix, as well as the frequency of the trainee's exposure to it, is considered in determining the period of time a trainee can train in the Emergency Department.

In determining a site's casemix categorisation/profile, the College considers information obtained from the Annual Census, the Site Accreditation Report, the Site Visit and Trainee Placement Surveys.

The data the College utilises includes, but is not limited to, the following:

- Trainee exposure to patient cohorts
- Presence of on-site specialty services (including services accredited and unaccredited for training)
- ED attendances
- Attendances by triage category
- Ambulance arrivals
- Admission rates (Inpatient and Short Stay)
- Admission destinations (ICU, HDU, CCU etc.)
- Presence of specific clinical services (Trauma, Cardiac Catheter Lab etc.)
- Ambulance bypass for certain conditions or patient groups
- Streaming of patient groups out of the ED, such that they bypass significant involvement from trainees
- Trainees' ability to meet the complexity requirements with respect to their Workplace-Based Assessments
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

The College may utilise training site profile data from all accredited training sites for peer benchmarking with respect to these casemix variables. With respect to the benchmarking data, the College recognises that no single variable is, of itself, a reliable indicator of casemix; however, comparison of a training site's data with their peers across a suite of casemix variables can provide meaningful guidance to the Inspection Team and the Accreditation Committee when considering this requirement, and in determining the period of time a trainee can train in the Emergency Department.

The College considers the following patient cohorts, as represented by specialty services, as most relevant to trainee clinical exposure: Anaesthetics, Cardiology, Endocrinology, ENT, Eye, Facio-Maxillary, Gastroenterology, General Medicine, General Surgery, Geriatrics, Gynaecology, Infectious Disease, Intensive Care, Neurology, Neurosurgery, Obstetrics, Oncology, Orthopaedics, Paediatrics, Plastic Surgery, Psychiatry, Renal, Respiratory, Trauma, Vascular Surgery and Urology.

With respect to Paediatric Emergency Departments, the College considers the following specialty services and their associated casemix groups as most relevant to trainee clinical exposure: Anaesthetics, Cardiology, Endocrinology, ENT, Gastroenterology, General Medicine, General Surgery, Neurology, Neurosurgery, Oncology, Orthopaedics, Paediatric Intensive Care, Plastic Surgery, Psychiatry, Renal, Respiratory, Trauma, and Urology.

Lack of exposure to a patient cohort listed above is considered more significant than lack of exposure to a cohort not listed above. For adult/mixed Emergency Departments, paediatrics is not considered a major determinant in overall casemix categorisation as it is a required component of training and adequate trainee exposure is thus ensured within the requirements of the FACEM Training Program.

In general, the College accepts the presence of a specialty service accredited for training in that specialty by the relevant specialist college as indicating there is the potential for sufficient trainee exposure to that patient cohort. The presence of a specialty service that is not accredited for training or lack of a specialty service may require the site to provide evidence (e.g. case numbers, admission data etc.) of sufficient trainee exposure to that specific patient cohort.

With respect to Emergency Departments, the site will, in general, have a similar profile to peer sites across casemix variables and associated resources:

- **For Tier 1**, it is expected that the site will have a comprehensive casemix with a broad range of acute and complex patients.
- **For Tier 2**, it is expected that the site will have a broad range of acute and complex patients; however, it is recognised that there may be limitations with respect to the numbers of some patient cohorts.
- **For Tier 3**, PED and Private ED, it is expected the site will have a broad casemix; however, it is recognised that there may be limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered.

Requirement 2.2.1.3

For Paediatric Emergency Requirement accreditation (if applicable):

- There is a minimum of 5,000 paediatric attendances per annum or 500 admissions / transfers per annum (inclusive of admissions to a Short Stay Unit)
- A Paediatrician or Paediatric Registrar on-call system operates 24 hours per day
- There are formal referral arrangements to major-referral paediatric services

The intent of this accreditation requirement is to define the characteristics required for Paediatric Emergency Requirement accreditation.

Examples of evidence:

- Description of, or documentation relating to, how the site meets the requirements for Paediatric Emergency Requirement accreditation

Domain 3: Supports a Wide Range of Educational and Training Opportunities aligned to the FACEM Curriculum Requirements

Standard 3.1: Education, training, teaching and learning opportunities

Criterion 3.1.1 Teaching and learning opportunities in the workplace are targeted and enable exposure to the breadth of experience in the learning environment

Requirement 3.1.1.1

Within clinical supervision, there are processes that facilitate clinical teaching and learning opportunities, which include bedside and on-floor teaching.

The intent of this accreditation requirement is to ensure trainees receive clinical teaching through Fellow clinical supervision.

Clinical teaching refers to the patient-based teaching that occurs through the course of the provision of patient care by trainees and the supervision of such care by Fellows.

Suggested strategies:

- The site / EMTN utilises models of care and clinical supervision systems that allow for clinical teaching to occur
- The site/ EMTN utilises specific clinical teaching shifts for Fellows
- The site / EMTN utilises Workplace-Based Assessments as teaching opportunities
- The site / EMTN utilises the College's resources to assist Fellows in providing quality clinical supervision (refer to the "How to become a Training Leader" Information section on the ACEM website)

Examples of evidence:

- Description of how clinical teaching is carried out within the department
- Feedback from internal or College trainee surveys that demonstrate that the site is meeting this requirement

Requirement 3.1.1.2

The site has resources and systems for monitoring and assessing trainee performance via the completion of Workplace-Based Assessments, including Direct Observation of Procedural Skills (DOPS)

The intent of this accreditation requirement is to ensure sites / EMTNs have the resources and systems in place to facilitate and complete, within the specified timeframes, Workplace-Based Assessments (WBAs) and provide all trainees the opportunity to meet their WBA requirements. This includes DOPS, In-Training Assessments (ITA) and Emergency Medicine WBAs (EM-WBAs).

Suggested strategies:

- In addition to opportunistic assessments, the site utilises rostering or scheduling of trainees and Fellow staff to ensure trainees can complete their EM-WBA requirements; in particular, via trainees maintaining the required EM-WBA completion
- The site utilises the College resources that assist training sites in effectively undertaking WBAs (see [Workplace-Based Assessments](#) section on the ACEM website); in particular, ongoing training in the use of EM-WBAs is provided to Fellows by the Local WBA Coordinator(s)
- Conduct regular WBA calibration exercises for consistent feedback

- For ITAs, the Director(s) of Emergency Medicine Training gathers feedback via surveys or equivalent independent processes from all Fellows with respect to the performance of the trainees
- The site ensures that Fellows complete and submit the EM-WBAs they undertake with trainees to a high quality standard and within the specified timeframes
- The site ensures the DEMENT(s) completes and submits ITAs to a high quality standard within the specified timeframes

Examples of evidence:

- Description of the system for facilitating EM-WBAs for the trainees
- A current EM-WBA roster
- Description of the process utilised by the DEMENT(s) to obtain feedback from Fellows with respect to trainee performance for the purpose of completing ITAs
- Evidence of WBA calibration
- College provided data detailing the site's quality of WBAs and the rate of expired EM-WBAs and late ITAs
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 3.1.1.3

Access, whether on- or off-site, to accredited non-Emergency Department training placements

The intent of this accreditation requirement is to ensure sites can provide access, whether on- or off-site, to accredited non-Emergency Department training placements, which allow trainees to meet some or all of their non-Emergency Department training requirements.

The College does not prescribe the type or number of accredited non-Emergency Department training placements a site has access to; rather, there are formal or informal arrangements in place that can assist trainees with the support and facilitation of the DEMENT(s) in meeting some or all of their non-Emergency Department training requirements.

Suggested strategies:

- The Director(s) of Emergency Medicine Training assists trainees in facilitating access to non-Emergency Department training placements
- The site utilises formal or informal arrangements with other sites to assist trainees in accessing non-Emergency Department training places

Examples of evidence:

- Description of the site's access to non-Emergency Department training placements
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Criterion 3.1.2: Structured education programs and continuing medical education sessions are accessible to the trainees

Requirement 3.1.2.1

The structured education program is aligned to the content and learning outcomes of the FACEM Curriculum

The intent of this accreditation requirement is to ensure that the structured education program is aligned to the FACEM Curriculum. In Paediatric Emergency Departments, alignment to the content

and learning outcomes of the Committee for Joint College Training - Paediatric Emergency Medicine curriculum for the PEM training program must similarly be demonstrated.

Suggested strategies:

- The site / EMTN utilises the College's resources to assist the Director(s) of Emergency Medicine Training in delivering a quality education program (Refer to the "How to become a Training Leader" Information section on the ACEM website)
- The site EMTN utilises Fellows, other than the Director(s) of Emergency Medicine Training, for coordinating aspects of the structured education program
- The features of a quality structured education program include, but are not limited to, the following:
 - There is the provision of a safe learning environment that reflects adult learning principles and considers the different learning styles of trainees
 - The program's content and learning outcomes are relevant to the trainees' stage of training and guided by the FACEM Curriculum Framework
 - There is the provision of educational activities relating to cultural competence and Indigenous health
 - There is the provision of examination preparation assistance as required (e.g. orientation of trainees to, and use of, College examination resources; content teaching; practice questions and provision of feedback)
 - There is timely distributions of the education timetable or roster
 - The trainees gain experience in delivering education (i.e. teaching) within the program
 - The presence of Fellows within the education sessions to contribute and to provide oversight of teaching, as well as to facilitate discussion and debate
 - The use of other specialty groups, when appropriate, to deliver education on relevant topics
 - Trainee feedback is sought and utilised to ensure their needs are met and for program evolution
- Utilisation of tools and resources from the College's Indigenous Health and Cultural Competence Program on relevant activities such as the : ACEM Reconciliation Action Plan in Australia, and Aotearoa Manaaki Mana Strategy in Aotearoa New Zealand, available on the College website
- The provision of examination preparation assistance should not be the sole focus of the education program. A focus on the content and learning outcomes of the FACEM Curriculum will allow for acquiring the necessary emergency medicine knowledge and skills to deliver quality emergency care and to prepare for and complete the various assessment formats throughout training

Examples of evidence:

- Name of the person(s) responsible for coordinating the various aspects of the structured education program
- Description of the structured education program, including evidence that it is aligned to the content and learning outcomes of the FACEM Curriculum
- Demonstrated performance in assisting trainees to pass the Primary and Fellowship examinations
- Six (6) months of the current structured education program timetable
- Feedback from internal or College trainee surveys that demonstrate that the site is meeting this requirement

Requirement 3.1.2.2

Simulation education is utilised at the site

The intent of this accreditation requirement is to ensure that sites utilise simulation learning techniques within their education program. In particular, it recognises the role simulation plays in interdisciplinary teamwork and education. The extent of simulation learning experiences within the education program is at the discretion of the site.

It is acknowledged that simulation learning can involve the use of low fidelity (e.g. mannequins) to high fidelity simulation modalities (e.g. simulation centres), and all have the potential to provide benefit to trainees. The College does not prescribe a required fidelity level for simulation learning experiences.

Suggested strategies:

- The site/ EMTN provides access, on- or off-site, to equipment and resources that allow for simulation learning experiences
- The site / EMTN utilises simulation learning experiences for task training and interdisciplinary teamwork training

Examples of evidence:

- Description of the equipment and resources for simulation learning experiences to which the site / EMTN and its trainees have access
- Description of the simulation learning experiences incorporated within the structured education program
- Six (6) months of the current structured education program timetable
- Feedback from internal or College trainee surveys that demonstrate that the site / EMTN is meeting this requirement

Requirement 3.1.2.3

Structured education sessions for trainees are provided for, on average, a minimum of four (4) hours per week, of which twenty-five percent (25%) must be paediatric-specific

The intent of this accreditation requirement is to ensure that sites deliver an appropriate amount of structured education to their trainees. The education sessions must be relevant to the current training needs of the trainees and reflect the FACEM Curriculum Framework.

Tier 1 sites must provide their own on-site structured, protected education program, including Primary and Fellowship Examination Preparation sessions. Selected and occasional external sessions are permitted. Individual sites within the EMTN may provide their own structured education program or may share delivery with other members of their own EMTN or a combination of both.

Suggested strategies:

- The site / EMTN provides four (4) hours per week of structured education sessions in a timetable of their choosing (e.g. four (4) hours per week or eight (8) hours per fortnight in a single session or across multiple sessions and multiple days) as long as Requirement 3.1.2.4 is met

Examples of evidence:

- Six (6) months of the current structured education program timetable
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 3.1.2.4

Trainees are provided with adequate access, through scheduling and rostering, to structured education sessions

The intent of this accreditation requirement is to ensure that all trainees are provided with adequate access to structured education sessions.

Suggested strategies:

- The site / EMTN utilises scheduling and rostering to provide trainees with the ability to achieve an attendance rate of approximately 70 percent (70%) to the structured education sessions, with the majority of the attendance occurring in rostered hours or paid time. The denominator for calculating the attendance rate is based on the weeks where attendance is reasonably expected (i.e. the trainee is not on leave)
- The site / EMTN utilises the College's resources to assist the Director(s) of Emergency Medicine Training in delivering a quality education program (Refer to the "How to become a Training Leader" DMT Information section on the ACEM website)
- The site / EMTN utilises internal trainee surveys concerning the structured education program to inform continuous quality improvement

Examples of evidence:

- Description of how trainees access the structured education sessions
- Details of trainee attendance at structured education sessions
- Feedback from internal or College trainee surveys that demonstrate that the site is meeting this requirement

Standard 3.2: Multidisciplinary clinical support services and equipment

Criterion 3.2.1: Information on relevant supporting services and specialties to support the delivery of the specialty service

Requirement 3.2.1.1

The site has a staffing profile inclusive of medical, nursing, allied health, administrative, security and ancillary staff appropriate to the number and casemix of patients

The intent of this accreditation requirement is to ensure there is appropriate staffing to support the delivery of emergency care to the number and casemix of patients. Issues arising from deficiencies in the staffing Full Time Equivalent are relevant only as they impact upon the trainee and the training environment.

Examples of evidence:

- Details of the staffing profile of the site, inclusive of medical, nursing, allied health, administrative, security and ancillary staff (FTE)

Requirement 3.2.1.2

Access to pathology and imaging services appropriate to the site's casemix

The intent of this accreditation requirement is to ensure the site has access to the pathology and imaging services appropriate to their casemix.

Pathology services are inclusive of point-of-care testing and laboratory based testing.

Examples of evidence:

- Description of the pathology and imaging services available to the Emergency Department

Requirement 3.2.1.3

Timely access to pathology results and imaging reports

The intent of this accreditation requirement is to ensure that the turnaround times for pathology results and imaging reports do not significantly impact timely clinical decision making.

Suggested strategies:

- The site utilises systems that prioritise pathology and imaging requests from the Emergency Department
- The site ensures turnaround times conform to the recommendations of the Colleges for Radiology and Pathology

Examples of evidence:

- Description or documentation relating to turnaround times for pathology results and imaging reports

Requirement 3.2.1.4

Critical care resources are appropriate to the casemix of the site (e.g. Intensive Care Unit, High Dependency Unit, Coronary Care Unit, Cardiac Catheter Laboratory and Special Care Nursery). If these resources are located off-site, there are processes for accessing these services

The intent of this accreditation requirement is to ensure the site has access to critical care resources appropriate to their casemix.

Suggested strategies:

- The site utilises formal policies and procedures for accessing off-site critical care resources

Examples of evidence:

- Description of the on-site critical care resources and the processes for accessing critical care resources that may be off-site

Criterion 3.2.2: Equipment is available to provide the specialty service

Requirement 3.2.2.1

Clinical equipment appropriate to the site's casemix is available

The intent of this accreditation requirement is to ensure that the site has the appropriate clinical equipment to support the delivery of emergency care.

Suggested strategies:

- The site assigns appropriate medical and nursing personnel to provide governance of the department's clinical equipment

Examples of evidence:

- Description of, or documentation relating to, the governance of the clinical equipment within the department

Requirement 3.2.2.2

There is a process of orientation, education and training for trainees in relation to relevant clinical equipment

The intent of this accreditation requirement is to ensure trainees are provided with appropriate orientation and training on relevant clinical equipment.

Relevant clinical equipment that is available includes but is not limited to, the following: ventilators, video-laryngoscopes and related equipment for managing difficult airways; ultrasound machines for bedside use; and vascular access devices.

Suggested strategies:

- The site provides specific orientation and training on relevant clinical equipment

Examples of evidence:

- Description of, or documentation relating to, the process of orientation and training to relevant clinical equipment
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Standard 3.3: Research opportunities are promoted and facilitated

Criterion 3.3.1: The training site facilitates and supports specialty specific research

Requirement 3.3.1.1

There is a designated staff member available to provide advice to trainees undertaking the research requirement of the FACEM Training Program

The intent of this accreditation requirement is to ensure there is a person available to provide advice to trainees concerning the research requirement of the FACEM Training Program.

Suggested strategies:

- The site / EMTN utilises a person with the appropriate knowledge of the College's research requirements of training; this person may be the DEMT(s)

Examples of evidence:

- Name of the designated person available to provide advice to trainees concerning the research requirement of the FACEM Training Program
- Feedback from internal or College trainee surveys that demonstrates the site is meeting this requirement

Requirement 3.3.1.2

Trainees undertaking a Trainee Research Project can access expert advice and support

The intent of this accreditation requirement is to ensure there is a person, or persons, whom trainees can access for expert advice and support if they choose to undertake a Trainee Research Project.

Suggested strategies:

- If there is no expert research advice or support available on site, the site ensures trainees can access suitable advice and support off site. The expert advice and support do not have to be from a Fellow but from someone with appropriate research expertise

Examples of evidence:

- Details of the expert research advice and support trainees can access if they undertake a Trainee Research Project
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement

Requirement 3.3.1.3

The site has the ability to support and facilitate the conduct of research, for Tier 1 and Tier 2 sites

The intent of this accreditation requirement is to recognise the importance of research within sites / EMTNs that are accredited for training. Whilst the College does not prescribe a required level of research infrastructure nor research output, there should be evidence of involvement, or an ability to be involved, in emergency medicine research.

Examples of evidence:

- Description of how the site / EMTN supports and facilitates the conduct of research activities by detailing the following as applicable:
 - Fellow staff with active involvement in the site's research activities (if applicable, include the details of their degree)
 - Personnel within the research unit (including FTE and funding source)
 - Current research activities (including details of funding and competitive grants)
 - Previous research activities (including details of funding, competitive grants, publications and presentations for the previous five years)
 - Research infrastructure (e.g. office/laboratory area, research database)
 - University affiliations in research capacities (including advisors to research higher degree candidates)
 - Trainee involvement in the site's research activities (e.g. investigator role, patient enrolment)

Requirement 3.3.1.4

A nominated Director of Emergency Medicine Research, with clinical support time to fulfil the role, for sites accredited as a Tier 1 Major Referral site

The intent of this accreditation requirement is to recognise the importance of research for sites that have trainees for extended periods of time during their training. The Director of Research is not required to be a Fellow.

Suggested strategies:

- Accredited Emergency Medicine Training Networks may utilise a single Director of Research for all sites within the network

Examples of evidence:

- Details of the Director of Research with respect to their qualifications, FTE and clinical support time

Standard 3.4: Accreditation by others where required

Criterion 3.4.1: The facility is accredited by other recognised accreditation bodies

Requirement 3.4.1.1

The site is accredited by an agency approved by the Australian Commission on Safety and Quality in Health Care, the Ministry of Health New Zealand or an equivalent national body

The intent of this accreditation requirement is to ensure the site is operating within a facility that meets national safety and quality health service standards.

Examples of evidence:

- Documentation relating to current accreditation by the Australian Commission on Safety in Health Care, the Ministry of Health New Zealand or an equivalent national body

3. Training stage 4 Accreditation Requirements

Domain 4: Training Stage 4 – Leadership and Management	
Standard 4.1:	Clinical Supervision, Management and Leadership
Criterion 4.1.1	The training site rostering provides opportunities for clinical leadership
Requirement 4.1.1.1 Trainees lead and manage a discrete clinical team / geographical area (manage patients, flow and junior doctors in a specific area such as acute/SSU/fast track) during a shift	
<p>The intent of this accreditation requirement is to ensure TS 4 trainees gain experience in clinical leadership and supervision within a Fellow supported or supervised environment.</p> <p>The clinical leadership and supervision role will involve facilitating and coordinating effective and efficient multi-disciplinary patient care, in particular, through direct and indirect patient management, patient flow and supervision of junior medical staff.</p> <p>Exposure is required to represent all clinical teams / department areas, especially in teams / areas with greater leadership and management opportunities within a Fellow supported or supervised environment. s</p> <p>TS4 trainee night shifts are excluded from fulfilling this requirement unless the site can demonstrate that on-site Fellows are clinically present to provide a supported or supervised environment.</p> <p>Suggested strategies:</p> <ul style="list-style-type: none">• A minimum number of 16 shifts per 6 FTE months of the TS4 trainee’s rostered shifts must be in-charge of a clinical team / area (supervised or supported by a FACEM) on day/evening shifts (excluding night shifts)- this can include shift reports.• Participation in the on-call roster (Trainee participation in the on-call roster (Accreditation Requirement 2.1.1.2) may be a valuable experience in TS4, but such participation should be optional and only undertaken by mutual agreement between a trainee and the site. A trainee electing to participate in the on-call roster should do so only as the first on-call supported by a Fellow as the second on-call. (Sites must provide a documented escalation strategy to show that trainees are appropriately prepared and supported.) <p>Examples of evidence:</p> <ul style="list-style-type: none">• Six (6) months of the trainee roster with highlighted clinical team/area lead shifts and cumulative totals of these shifts for all TS4 trainees• Feedback from internal or College surveys that demonstrates the site is meeting this requirement	
Standard 4.2:	Scholarship and Teaching
Criterion 4.2.1	The training site provides opportunities for TS4 trainees to teach junior clinicians¹
Requirement 4.2.1.1 Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2) junior clinicians¹ while on shift on the floor	

The intent of this accreditation requirement is to ensure TS4 trainees are provided an environment, by way of a minimum number of junior clinicians, to allow for the provision of clinical teaching through clinical supervision.

Clinical teaching refers to the patient-based teaching that occurs through the course of the provision of patient care by junior clinicians and the supervision of such care by TS4 trainees.

TS4 trainees also need to gain experience in preparing and delivering education sessions within the site's structured education program.

Involvement may be within any aspect of the site's structured education program (e.g. primary or Fellowship education sessions, simulation, EMET program, junior clinicians education session, nursing education sessions etc).

¹ Junior clinicians include JMOs, interns, junior registrars, EMC/D/AD trainees, TS1-2 trainees but exclude medical students

Suggested strategies:

- The site rosters TS4 trainees to clinical teams / areas of the department with a minimum of two (2) junior clinicians to supervise
- The preparation and delivery of the education sessions occurs with the support of a Fellow
- The TS4 trainee receives a debriefing session post the delivery of the education session

Examples of evidence:

- Six months (6) of junior clinician rosters to confirm the presence of at least two (2) junior clinicians on shift with the TS4 trainees
- Education roster indicating the TS4 trainee involvement

Standard 4.3: Quality Management

Criterion 4.3.1 Trainees are involved in quality improvement activities

Requirement 4.3.1.1

Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)

The intent of this accreditation requirement is to ensure TS4 trainees actively participate in QA and QI activities at the site.

This Requirement extends, for TS4 trainees, that which is prescribed in Requirement 1.1.3.2.

Suggested strategies:

- A Fellow supported learning environment provides an opportunity for TS4 trainees to lead certain activities
- The TS4 trainees are actively involved with the preparation and delivery of morbidity and mortality (M&M) meetings
- TS4 trainees complete a clinical audit
- TS4 trainees are actively involved in clinical guideline development
- TS4 trainees are actively involved in policy and procedure development

- TS4 trainees are actively involved in departmental or hospital quality focus groups
- TS4 trainees are involved with drafting rosters
- TS4 trainees are involved in stakeholder communication

Examples of evidence:

- Roster / minutes of QI and QA meetings demonstrating TS4 trainee involvement
- Examples of activities / projects completed by TS4 trainees
- CST time allocated to the TS4 trainees for QI and QA activities



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