Document review

Timeframe for review: every two (2) years, or earlier if required
Document authorisation: Council of Education
Document implementation: Accreditation Subcommittee
Document maintenance: Manager, Standards

Revision history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Pages revised / Brief explanation of revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June 2017</td>
<td>Approved by Council of Education</td>
</tr>
<tr>
<td>1.02</td>
<td>Jan 2018</td>
<td>Changed name to FACEM Training Program</td>
</tr>
<tr>
<td>1.03</td>
<td>Aug 2018</td>
<td>Added updated EMTN definition</td>
</tr>
<tr>
<td>1.04</td>
<td>Nov 2018</td>
<td>Clarified the definition of a Paediatric patient as “up to the age of 16”. Fixed up inconsistent bullets and broken links</td>
</tr>
</tbody>
</table>
| 1.05    | Dec 2019 | 1.1.3 – Added Orientation manual to orientation program and an explanation on how the site delivers the FACEM training program.  
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 up to 3 years from original accreditation to appoint a separate DEM and DEMT roles  
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 |
## Contents

<table>
<thead>
<tr>
<th>Domain 1.0 Promotes the health, welfare and interests of trainees</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1.1 Governance, safety and quality assurance</td>
<td>6</td>
</tr>
<tr>
<td>Standard 1.2 Infrastructure, facilities and educational resources</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2.0 Ensures trainees have the appropriate skills and supervision to delivery quality patient care</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 2.1 Department specialist staffing and supervision</td>
<td>16</td>
</tr>
<tr>
<td>Standard 2.2 The provision of clinical experience and work is relevant</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3.0 Supports a wide range of educational and training opportunities</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 3.1 Education, training, teaching and learning opportunities</td>
<td>26</td>
</tr>
<tr>
<td>Standard 3.2 Multidisciplinary clinical support services and equipment</td>
<td>31</td>
</tr>
<tr>
<td>Standard 3.3 Research opportunities are promoted and facilitated</td>
<td>33</td>
</tr>
</tbody>
</table>

| Terminology | 36 |
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 New Zealand as specialist emergency medicine physicians. The College sets the standards for clinical practice in emergency medicine in Australia and New Zealand. As such, ACEM is responsible for delivering and managing the training, education and professional development programs that serve to ensure the provision of emergency medicine care at the standard and quality expected by the Australian and 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 trainees to train towards Fellowship of the College. As such, training is a partnership between training sites, specialist 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, the preferences, needs and values of patients.

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

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 provider of specialist emergency medicine training. The requirements are mandatory actions that support the criteria.

The framework consists of three domains, eight standards, 15 criteria and 52 specific requirements.

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.

Information relevant to emergency medicine training providers is set out in the ‘Requirements’ of each criterion.

This document provides explanation and advice for health services, training sites and members of the College who undertake site inspections to assess sites for accreditation in order to deliver the FACEM Training Program.

The ACEM **FACEM Training Program Site Accreditation** guide provides information in relation to the College’s accreditation processes, accreditation outcomes and the obligations that arise from ACEM accreditation.

**FACEM Training Program**

The FACEM Training Program is a structured post-graduate program that comprises 12 months of Provisional Training and 48 months of Advanced Training. There are four stages within the FACEM Training Program:

- **Provisional Training**
- **Advanced Training** – Stage 1
- **Advanced Training** – Stage 2
- **Advanced Training** – Stage 3

The requirements of the FACEM Training Program, including the associated assessments, are set out in the College’s Regulations, Regulation B, and associated policies and guidelines.
Adult/Mixed and Paediatric Emergency Departments

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

Emergency Departments must be accredited by the College in order for trainees to accrue Emergency Department training time within the FACEM Training Program. Emergency Departments are accredited by the College for 24, 18, 12, or 6 months of Advanced Training time.

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

Emergency Medicine Training Network

An Emergency Medicine Training Network (EMTN) is a group of 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 level of accreditation of the site
• 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 length of advanced training time that each hospital holds individual accreditation for.

Rotations

The Network is expected to:

• have central coordination of the recruitment process is recommended for all sites within the network
• there is central coordination and oversight of the allocation of rotations to trainees across the network to ensure that the trainees’ needs are met. The network DEMT will participate in this process.
• there is central review of each trainee’s progress coordinated by the network DEMT in consultation with the site DEMT(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.

Linked Emergency Departments

The College also utilises 6 months (linked) accreditation, whereby smaller training sites can utilise formal linkages to an 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 linked site.
Domain 1.0  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:

- a) education and training;
- b) workplace health, safety and welfare of trainees;
- c) trainee participation in governance; and
- d) improved safety and quality.

Requirement 1.1.1.1  The site prioritises, promotes and supports education and training

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.

Suggested strategies:
- 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

Examples of evidence:
- 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

Requirement 1.1.1.2  The site supports the workplace health, safety and welfare of trainees

The intent of this accreditation requirement is to ensure that the site:

- 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 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).

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 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 orientated to the workplace and to 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
  — 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

continued
— 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, 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 while 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 there are rostering processes 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 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 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
• Three months of the current trainee roster
• 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 the purpose of continuous improvement
• The site appoints a trainee representative to attend relevant consultant group meetings to provide trainee representation in departmental decision-making and to liaise 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
• 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
Domain 1.0  Promotes the health, welfare and interests of trainees

Standard 1.1  Governance, safety and quality assurance

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, DEMT and other Fellow staff with respect to 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  Process for identifying and managing trainees in difficulty

The intent of this accreditation requirement is to ensure sites are able to identify trainees who may be in difficulty and are able to provide the trainee 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 DEMT 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 ensures 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
Domain 1.0  Promotes the health, welfare and interests of trainees

Standard 1.1  Governance, safety and quality assurance

Criterion 1.1.3  There are appropriate quality assurances in place

Requirement 1.1.3.1  A quality framework that is informed by ACEM’s 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 is endorsed by the College.

The Health Quality and Safety Commission New Zealand utilises a quality and safety framework with a focus 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 use of the Emergency Medicine Events Register (refer to ACEM website)
- 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 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 within quality improvement activities
- Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement
Domain 1.0  Promotes the health, welfare and interests of trainees

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 (online 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 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

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
Domain 1.0  Promotes the health, welfare and interests of trainees

Standard 1.2  Infrastructure, facilities and educational resources

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

Requirement 1.2.2.1  A room or facility with computer access in a non-clinical area is available for trainees to use for teaching and learning activities

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

Suggested strategies:

- The trainees are provided access to a room or space, with a computer, for personal study
- 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 2.0  Ensures trainees have the appropriate knowledge, skills and supervision to delivery quality patient care

Standard 2.1  Department specialist staffing and supervision

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

Requirement 2.1.1.1  Commensurate with their stage of training and having regard to the casemix of the site, the Fellow clinical roster provides for supervision of trainees at all times

The intent of this accreditation requirement is to ensure there is Fellow clinical supervision (direct and on-call) of trainees appropriate to their level of training and the site’s casemix.

It is accepted at smaller 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.

Suggested strategies:

- The site utilises models of care and rostering practices to ensure trainees are supervised in the workplace appropriate to their level of training and the site’s casemix
- The direct clinical supervision ratio is, in general, no greater than one Fellow to three trainees (Advanced and Provisional) at any one time; the trainees’ clinical role, stage of training and the site’s 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 DEMT 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
- Three months of the current Fellow roster
- Three months of the current trainee roster
- 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 training sites that Senior Medical Officers or Career Medical Officers (or equivalent) may be involved in the on-call system.

Suggested strategies:

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

Examples of evidence:

- 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 50 per cent of a trainee’s clinical time is under direct Fellow supervision for sites accredited for 6, 12, 18 or 24 months of Advanced Training time. A minimum of 30 per cent is required for 6 month (linked) sites

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 50 per cent (or 30 per cent for 6 month linked sites) of the trainees’ clinical time is under direct Fellow supervision
- Three months of the current Fellow roster
- Three months of the current trainee roster

Requirement 2.1.1.4  Fellow clinical coverage that meets one of the following for sites accredited for 6, 12, 18 or 24 months of Advanced Training time (as applicable)

- Direct Fellow clinical supervision for a minimum of ten hours per day (day or evening coverage), five days per week: minimum required to be accredited for 6 months of Advanced Training time
- Direct Fellow clinical supervision for a minimum of 14 hours per day, five days per week, with the remaining two days having a minimum of ten hours per day (day or evening coverage): minimum required to be accredited for 12 months of Advanced Training time
- Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week: minimum required to be accredited for 18 months of Advanced Training time in adult and mixed departments
- Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves multiple Fellow coverage (i.e. more than one) at any one time: minimum required to be accredited for 24 months of Advanced Training time in adult and mixed departments, and for 18 months of Advanced Training time in paediatric departments

The intent of this accreditation requirement is to categorise direct Fellow clinical supervision coverage for the purpose of determining the duration of Advanced Training that can be attributed to a site. (See also Requirement 2.2.1.2 which outlines appropriate casemix for sites accredited for 6, 12, 18 or 24 months.)

For 6 months (linked) accreditation, this requirement does not need to be met. Trainee supervision is governed by accreditation requirement 2.1.1.3 for 6 month (linked) sites.

Examples of evidence:
- Description of the Fellow clinical coverage across a standard week
- Three months of the current Fellow roster
Domain 2.0  Ensures trainees have the appropriate knowledge, skills and supervision to delivery quality patient care

Standard 2.1  Department specialist staffing and supervision
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 who 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 that they are able to effectively undertake their role.

In paediatric emergency departments accredited for 6 months Advanced Training, the College accepts the position of a Clinical Lead in Paediatric Emergency Medicine, where there is not a formal Director of Paediatric Emergency Medicine position. 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 1.0 FTE position
- The site provides the Director of Emergency Medicine with a minimum of 0.5 FTE 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

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 be compliant 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 DEMT; however, it is accepted that at smaller training sites this role separation may not be possible

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 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 required to complete WBAs in the Emergency Department roster (e.g. if there are eight advanced trainees in the roster—the site is required to provide eight hours of clinical support time per month for 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, 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 Advanced 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 needs of the site; 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 Fellows are able to 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 and the organisation, and the system of healthcare delivery 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 30%, but no less than 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 are able to 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
Domain 2.0  Ensures trainees have the appropriate knowledge, skills and supervision to delivery quality patient care

Standard 2.1  Department specialist staffing and supervision

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 is a Fellow of ACEM or RACP

The DEMT must be provided with clinical support time as follows:

- Ten hours per week for sites accredited for 6, 12, 18 or 24 months of Advanced Training time, plus an additional one (1) hour per trainee per week, at sites with more than 10 trainees
- Five hours per week for 6 month (linked) sites

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 Advanced and Provisional trainees in the Emergency Department roster (e.g. if there are seven advanced and six provisional trainees in the roster—the site is required to provide 13 hours of clinical support time per week. If there is more than one DEMT at a site, the clinical support time is not 13 hours for each person, but 13 hours to be shared by the DEMTs). In Co-DEMT structures, the division of the clinical support time for DEMT 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, with reference to the number of Provisional and Advanced 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 roles 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 up to 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 DEMT positions; however, it is accepted that at smaller training sites this may not always be possible, however the site is expected to address this within 3 years from the date of original accreditation
- A single Fellow may have fractional appointments to the roles of DEM and DEMT; however, a Fellow cannot be a DEMT and the sole DEM at a site

Example of evidence:
- Description of the DEMT 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 Full-Time Equivalent and undertakes 50% clinical work within the Emergency Department**

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
- Three 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 DEMT 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 be compliant 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 one DEMT

**Examples of evidence:**
- Evidence of completion of the DEMT Course and of 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 is able to effectively undertake their role.

**Suggested strategies:**
- The site ensures the DEMT(s) has access to a desk and computer in a non-clinical area to enable them to fulfil their role
- 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
Domain 2.0  Ensures trainees have the appropriate knowledge, skills and supervision to delivery quality patient care

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 ACEM Curriculum Framework’s 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 experience

The intent of this accreditation requirement is to categorise a training site’s casemix for the purpose of determining the duration of Advanced Training that can be undertaken at a site (see also Requirement 2.1.1.4 which outlines appropriate Fellow clinical supervision coverage for sites accredited for 6, 12, 18 or 24 months).

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. A training site’s casemix will be categorised as:

- The casemix and trainee exposure is suitable for 6 months of Advanced Training
- The casemix and trainee exposure is suitable for 12 months of Advanced Training
- The casemix and trainee exposure is suitable for 18 months of Advanced Training (N.B. this category is defined differently for Paediatric Emergency Departments as opposed to adult and mixed Emergency Departments—see over page)
- The casemix and trainee exposure is suitable for 24 months of Advanced Training.

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

In considering the casemix profile of a training site, 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

continued
• 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 Subcommittee 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. 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 Adult/Mixed Emergency Departments:

• For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 24 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a comprehensive casemix and a broad range of acute and complex patients
• For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 18 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a comprehensive casemix and a broad range of acute and complex patients; however, it is recognised there may be some limitations with respect to the numbers of some patient cohorts
• For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 12 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a broad casemix; however, some patient cohorts may be limited
• For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 6 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources; however, casemix may be limited and not all patient cohorts will routinely be encountered.
With respect to Paediatric Emergency Departments:

- For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 18 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a comprehensive casemix and a broad range of acute and complex patients.

- For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 12 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a broad casemix; however, some patient cohorts may be limited.

- For a site being considered for the category of ‘The casemix and trainee exposure is suitable for 6 months of Advanced Training’, the site will generally have a similar profile to its peers across the casemix variables and associated resources; however, casemix may be limited and not all patient cohorts will routinely be encountered.

### Requirement 2.2.1.3 For Paediatric Logbook 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)**

- **The structured education sessions accessible to trainees include a minimum of four hours per month of paediatric content**

- **A Paediatrician or Paediatric Registrar on-call system operates 24 hours a 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 Logbook accreditation.

**Examples of evidence:**

- Description of, or documentation relating to, how the site meets the requirements for Paediatric Logbook accreditation.
Domain 3.0  Supports a wide range of educational and training opportunities aligned to the Curriculum Framework 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 which facilitate clinical teaching and learning opportunities which includes 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 DEMT 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

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 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 have the ability to complete their EM-WBA requirements; in particular, via trainees maintaining the required rate of 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)
- 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 DEMT(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 DEMT(s) to obtain feedback from Fellows with respect to trainee performance for the purpose of completing ITAs
- 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 are able to 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 that there are formal or informal arrangements in place that can assist trainees, with the support and facilitation of the DEMT(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
Domain 3.0  Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements

Standard 3.1  Education, training, teaching and learning opportunities

Criterion 3.1.2  Structured education programs and continuing medical education sessions are available to trainees

Requirement 3.1.2.1  The structured education program is aligned to the content and learning outcomes of the ACEM Curriculum Framework

The intent of this accreditation requirement is to ensure the structured education program is aligned to the ACEM Curriculum Framework. In Paediatric Emergency Departments, alignment to the content and learning outcomes of the Joint Training Committee’s Paediatric Emergency Medicine curriculum 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 DEMT 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 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 ACEM Curriculum Framework
  — There is provision of educational activities relating to cultural competence and Indigenous health
  — There is 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 distribution 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 to 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 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 Closing the Gap Day in Australia and Waitangi Day in 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 ACEM Curriculum Framework 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 ACEM Curriculum Framework
- Demonstrated performance in assisting trainees to pass the Primary and Fellowship examinations
- Three 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 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 has access
- Description of the simulation learning experiences incorporated within the structured education program
- Three 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 hours per week**

The intent of this accreditation requirement is to ensure 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 ACEM Curriculum Framework.

Whilst it is expected that training sites will provide on-site education sessions, it is accepted that aspects of their education program may be accessed off-site (either physically or via video-link). Centrally coordinated education sessions are accepted for an EMTN.

**Suggested strategies:**
- The site / EMTN provides four hours per week of structured education sessions in a timetable of their choosing (e.g. four hours per week or eight 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:**
- Three 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 all trainees are provided with adequate access to the structured education sessions.

**Suggested strategies:**

- The site / EMTN utilises scheduling and rostering to provide trainees the ability to achieve an attendance rate of approximately 70 per cent 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 DEMT 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
Domain 3.0  Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements

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 the turnaround times for pathology results and imaging reports do not significantly impact upon 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
Domain 3.0  Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements

Standard 3.2  Multidisciplinary clinical support services and equipment

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 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 to relevant clinical equipment.

Relevant clinical equipment that is available, includes, but is not limited to, the following: ventilators, videolaryngoscopes and related equipment for managing difficult airways; ultrasound machines for bedside use; 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
Domain 3.0 Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements

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, who 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 there is an ability for trainees to access suitable advice and support off site. The expert advice and support does 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 sites accredited for 12, 18 or 24 months Advanced Training time

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 for 24 months Advanced Training time or 18 months Advanced Training time (paediatric EDs)

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
Domain 3.0  Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements

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
Terminology

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.

Clinical Support Time
Time which is other than that for direct on-floor clinical duties and is designated for approved teaching, research or administrative duties.

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

Emergency Department
A site that meets the ACEM definition of an Emergency Department (ED) 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 and mixed Emergency Departments, a Fellow is an individual who holds Fellowship of the Australasian College for Emergency Medicine (i.e. FACEM).

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

For Paediatric Emergency Departments, a Fellow is an individual:

a who is both a FACEM and Fellow of the Royal Australasian College of Physicians (FRACP); or

b who has been awarded completion of Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion by the Committee for Joint College Training in Paediatric Emergency Medicine; or

c who, if they obtained FACEM prior to 1 January 2011, can demonstrate:
  • 12 fulltime equivalent (FTE) months of paediatric experience in their Advanced Training. At least 6 months of this must have been within a paediatric major referral centre; and
  • 12 FTE months consultant experience working in a PED since obtaining FACEM; and
  • current clinical work (0.2 FTE or greater) in a PED; or
  • 24 FTE months consultant experience working in a PED since obtaining FACEM qualification; and
  • current clinical work (0.2 FTE or greater) in a PED; or

d who, if they obtained FRACP prior to 1 January 2009, can demonstrate:
  • 24 FTE months consultant experience working in a PED since obtaining FRACP; and
  • current clinical work (0.2 FTE or greater) in a PED.
For Paediatric Emergency Departments accredited for six months Advanced Training time, a Fellow is also considered to be an individual:

a. who is a FACEM and can demonstrate at least 24 FTE months’ consultant experience working in a PED since obtaining FACEM; or

b. who is a FRACP and can demonstrate at least 24 FTE months’ consultant experience working in a PED since obtaining FRACP.

Fulltime Equivalent (FTE)

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

Paediatric Emergency Department

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

- A dedicated 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 not yet reached their 16th birthday (i.e. aged up to 15 years and 364 days).

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, in order 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, however, 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.