Proposed Revisions to the FACEM Training Program Accredited Site Classification System
June 2020

1. Executive Summary

The system of site classification used by the College to accredit training sites for the FACEM Training Program has been reviewed as part of ACEM's ongoing quality improvement process. The proposed *three-tier system* (12/24/36 months of core ED training time) detailed in this document aims to maximise trainee exposure to patient cohorts and ensure adequate supervision. Bedside supervision and teaching of trainees (working alongside trainees, explaining, challenging and participating in constructive discussions regarding the management of patients) are essential components of the FACEM Training Program, and the accreditation process recognises sites that provide appropriate opportunities for trainees. While minimum levels of supervision are specified in the revised system, the assessment of 'safe and effective clinical supervision' will continue to be at the discretion of the accreditation team.

ACEM highlights that the accreditation process provides sites with an essential leverage tool to advocate for appropriate staffing and resources. This important function is central to the accreditation process, along with ensuring high quality training for our trainees.

The proposed time limits include all core ED training in Training Stages 1 to 4. This core ED training time equates to 36 FTE months in the current three-phase training program and 42 FTE months in the revised four-stage Training Program. The time limits do **not**, however, include:

- non-ED training time;
- TS4 Elective/ED training time (6 months);
- maintenance time; and
- additional training time (formerly *remediation*).

The revised system is based on the current levels of accreditation that already consider appropriate supervision and casemix. **Under this proposal, all public mixed/adult sites will either retain or increase their current minimum accreditation time.**

Table 1 (over page) provides a summary of the current and proposed systems.

Table 1. Summary of the Current and Proposed Accreditation Systems for Public Mixed/Adult EDs

Current System	Revised System
Levels	
Five (5) levels - 6-linked/6/12/18/24 months	**Three (3) Tiers -** 12/24/36 months
Training time included in the system	
• Advanced training - 30 FTE months core ED • Discretionary time	• All **core** ED training time - 42 FTE months in revised Training Program
Training time excluded from the system	
• Provisional training (first 12 FTE months of FACEM training) • Maintenance and additional training time (formerly *remediation*) • Non-ED/Critical Care	• Elective ED time (6 FTE months in Training Stage 4 of new Training Program) • Maintenance and **additional training time (formerly *remediation*)** • Non-ED/Critical Care
Safe, Effective, Direct Fellow[1] Clinical Supervision[2] (minimum hours per day / days per week)	
24-month sites – Multiple FACEM cover 14 hours / 7 days **18-month sites** - 14 hours / 7 days **12-month sites** - 14 hours / 5 days **6-month sites** - 10 hours / 5 days **6-linked sites** – 30% of clinical time	**Tier 1** – 14 hours/7 days that includes a minimum of 2 Fellows at any one time **Tier 2** - 14 hours/7 days that includes a minimum of 1 Fellow at any one time **Tier 1, 2 and 3** - 50% of trainee clinical time under direct Fellow clinical supervision
Casemix	
• **24-month sites** – A comprehensive casemix and a broad range of acute and complex patients • **18-month sites** - 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 • **12-month sites** - A broad casemix; however, some patient cohorts may be limited • **6-month sites** - Casemix may be limited and not all patient cohorts will routinely be encountered.	• **Tier 1** – A generally comprehensive casemix and a broad range of acute and complex patients • **Tier 2** - A broad range of acute and complex patients; there may be some limitations with respect to the numbers of some patient cohorts. • **Tier 3** - A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered *For all Tiers, sites will, in general, have a similar profile to peer sites across casemix variables and associated resources.*
DEMT CST	
• **24/18/12/6-month sites -** 1 hour per trainee per week, with minimum 10 hours per week • **6-month linked sites** - 1 hour per trainee per week, with minimum 5 hours per week	• **Tier 1** – DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater); Director of Research (Major Referral sites only) • **Tier 2** - DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater) • **Tier 3 -** DEMT CST – 5 hours per week
Director of Research	
• **24-month sites** - Director of Research required • **18/12/6/6-month linked sites –** No requirement	• **Tier 1** – Director of Research required for sites designated as Major Referral only • **Tier 2 and 3** – No requirement

[1] *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. See Appendix 3 for further information.*

[2] ***Clinical supervision** 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 application of knowledge, skills and attitudes from the Fellow(s) on the floor. This requirement describes the minimum Fellow clinical supervision coverage required for each Tier. 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. 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.*

As the revised system is based on the current levels of accreditation that already consider appropriate supervision and casemix, sites can be easily transitioned to the revised system at the beginning of the 2022 Training Year.

Table 2. Number of sites in each proposed tier and transition arrangements

Tier	No. of current accredited EDs*
Tier 1 – 36 months	Current 18/24 month sites - 59 sites • 14 of the current 18-month sites increase by 6 months
Tier 2 – 24 months	Current 6/12 month sites - 59 sites • 16 of the current 6-month sites increase by 6 months
Tier 3 – 12 months	Current 6-month linked sites – 8 sites • All linked sites increase by 6 months

*Numbers current at the time of data collation.

1.1 Private Hospital EDs

Training time in a single private hospital ED will be limited to 12 FTE months across all core ED training time (excluding TS4 Elective/ED time for which an additional 6 FTE months may be available at TS4 approved sites).

1.2 Implementation

It is proposed that, along with revisions to the FACEM Training Program and the ACEM Curriculum Framework, all sites be transitioned to the revised system at the beginning of the 2022 medical training year and given until January 2024 to meet any new requirements that may be applicable. All sites will be required to comply with the new requirements from January 2024.

- Sites due for inspection before 2024: following their inspection, sites will be provided with a quality improvement report detailing the requirements that are to be met by January 2024.
- Sites accredited from 2024: will be assessed according to the new accreditation system.

Effective from 26 February 2020, applications from currently accredited sites seeking to increase their site time limit will not be accepted until the implementation of any revised system (commencement of the 2022 medical training year), unless the site is due for a routine five-yearly accreditation inspection. New sites may apply for accreditation as per the current process.

2. A Revised Three-tier System

Under the current system, sites are accredited for a maximum period of time during Advanced Training (i.e., years two to five) that a trainee can spend at a site - either 6/12/18/24 months of Advanced Training time - based on the site's casemix and FACEM supervision. Under the revised *three-tier system,* sites will be accredited for either 12/24/36 months of core ED training time including the first year of training in the revised FACEM Training Program (currently termed Provisional Training).

The revised system is based on the current levels of accreditation that consider appropriate supervision and casemix. Further details regarding the rationale for reducing the number of levels can be found in Appendix 1.

2.1 Casemix and Supervision

In addition to the existing FACEM Training Program Accreditation Requirements, specific requirements for supervision and casemix, as outlined in Table 3 below, are proposed for each tier.

Table 3. Proposed requirements for each tier of accreditation for public mixed/adult EDs

Accreditation type	Requirements
Tier 1 - 36 months maximum at a single ED Current 18/24 month sites	• Safe, effective, direct Fellow[1] clinical supervision[2] for a minimum of 14 hours per day / 7 days per week that includes a minimum of two (2) Fellows at any one time • 50% of trainee clinical time must be under direct Fellow[1] clinical supervision[2] • A generally comprehensive casemix and a broad range of acute and complex patients • DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater) • Director of Research (Major Referral sites only)
Tier 2 - 24 months maximum at a single ED Current 6/12 month sites	• Safe, effective, direct Fellow[1] clinical supervision[2] for a minimum of 14 hours per day/7 days per week that includes a minimum of 1 Fellow at any one time • 50% of trainee clinical time must be under direct Fellow[1] clinical supervision • A broad range of acute and complex patients; there may be some limitations with respect to the numbers of some patient cohorts. • DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater)
Tier 3 – 12 months maximum at a single Tier 3 ED Current 6 month linked sites	• Safe, effective, direct Fellow[1] clinical supervision[2] as per requirement 2.1.1.3; whereby a minimum of 50% of a trainee's clinical time must be under direct Fellow[1] clinical supervision • A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered • DEMT CST – 5 hours per week

[1,2] Refer to Appendix 3

2.2 Private EDs – maximum of 12 months at a single site

Informed by feedback received as part of the September 2019 and March 2020 stakeholder consultations, the following apply to private hospital EDs:

i. **Trainees may undertake a maximum of 12 months of core ED training time at a single private hospital ED.** For most private sites, this means an increase of 6 months as Provisional trainees do not generally train in private sites. For other private sites, there is no change to their training limit.

ii. **TS4 Elective/ED time is not included in site limits.** This provides the opportunity for trainees to undertake an additional 6 FTE months of training, provided the site meets the TS4 accreditation requirements (see 2.4 below). This enables trainees to return to a private

hospital ED for TS4 elective ED time thereby undertaking a total of 18 months ED training time at the private site.

iii. Maintenance time is not included in site limits.

2.3 Linked sites (Tier 3) and Private Hospital EDs – combined limit

Due to the comparative limitation in exposure to diverse casemix and acuity, the maximum core ED training time that can be completed at a combination of both Tier 3 and private hospital EDs is limited to 18 FTE months.

2.4 Training Stage 4

In the revised FACEM Training Program, Training Stage 4 comprises six (6) FTE months of core ED training and six (6) FTE months of Elective (ED or non-ED) training. To be accredited to provide Training Stage 4 training (core ED and/or elective), sites will be subject to additional accreditation requirements that align to the learning outcomes specific to Training Stage 4 (detailed in Appendix 5) and ensure that trainees are able to meet the requisite training and assessment requirements of this stage that focus on senior leadership and management skills.

2.5 Paediatric Emergency Departments

Sites are designated as Specialist Children's or Non-Specialist Children's, the latter of which includes adult EDs with a co-located but separately accredited Paediatric ED that is accredited for Paediatric Emergency Medicine training.

Trainees will be limited to 18 months *total core ED* training in Paediatric EDs. Trainees may undertake an additional 6 FTE months of TS4 Elective ED time in Paediatric EDs approved for TS4. For general FACEM training, paediatric EDs will be accredited for either 6 or 12 months of core ED time.

Trainees may undertake either:

- A dedicated paediatric ED term in either a Specialist Children's ED or non–Specialist Children's ED; OR
- An adult/mixed term, recognising that they may be proportionately rostered across all areas of the department, including the co-located paediatric ED.

2.6 Regional /Rural Sites

Under the proposal, no sites accredited as regional or rural will lose accreditation time for trainees relative to the current maximum allowed training time. The overall effect on accredited rural/regional sites is, in fact, positive: 21 sites would receive an additional six (6) FTE months of core ED training time and a potential six (6) FTE months of elective ED time in TS4, provided the site addresses the learning outcomes for TS4 (see Appendix 5).

Rural/regional sites*	
24-month sites – 2 sites **18-month sites** – 3 sites	**Tier 1** – 5 sites
12-month sites – 16 sites **6-month sites** – 13 sites	**Tier 2** - 29 sites
6 month-linked sites – 5 sites	**Tier 3** - 5 sites

*Numbers current at the time of data collation.

2.7 Emergency Medicine Training Networks

An Emergency Medicine Training Network (EMTN) is a group of two or more ACEM-accredited training sites that have formally agreed to provide a coordinated education and training program for FACEM trainees. No change has been proposed to EMTNs.

Appendix 1 Background

The FACEM Training Program Accreditation system aims to ensure that all sites that offer training for the FACEM Training Program provide trainees with the necessary resources, education, supervision and training to enable trainees to meet the training program requirements. The Accreditation Requirements were revised and implemented at the start of 2018. Unlike the previous Accreditation Guidelines, all requirements - except for two - must now be met by all sites. Sites are also approved for either 6-linked/6/12/18/24 months of Advanced Training time. These site time limits were put in place to optimise the training experience by limiting training time at smaller sites with lower casemix and reduced direct Fellow supervision levels. Whilst the 2018 Accreditation *Requirements* were reviewed, the five-tier (6-linked/6/12/18/24 months) *accreditation system* was continued with the intention that it would be reviewed in future.

The revised FACEM Training Program to be introduced from 2022 comprises four Training Stages that are aligned to the ACEM Curriculum Framework. When the site limits were introduced, they provided structure to the four years of Advanced Training in the pre-2015 training program. The revisions to the training program prompted an examination of whether the existing time limits under the current system of site accreditation are optimising the training experience as intended, or whether they are unintentionally reducing flexibility for trainees and complicating recruitment for sites.

A Working Group was formed in January 2019 to evaluate the implications of the proposed revised FACEM Training Program and Curriculum for the current accreditation system. The Working Group, guided by agreed principles for decision making (Appendix 2), acknowledged that appropriate casemix and supervision are needed to prepare a FACEM trainee for work as a consultant and found that while both sites and trainees are clearly aware of the site limits, the process for determining the time limit for which each site is accredited requires greater clarity. In areas such as casemix and supervision. For example, regular and consistent feedback from trainees and DEMTs indicates that there is no clear distinction for many aspects in the overall training experience between 18/24-month sites and 6/12-month sites. Subsequently, the Working Group developed a proposal that was circulated for stakeholder consultation in September 2019, along with proposed revisions to the FACEM Training Program and Curriculum.

While there was a high level of support for a simpler system of accreditation, concerns were raised in the September 2019 consultation about some aspects of the proposal, including mandated FACEM cover linked to number of presentations, restrictions on Training Stage 4 training and the potential for sites to lose accredited training time. A revised proposal that addresses feedback received previously has been developed. While the current stakeholder consultation is focussed on the Site Accreditation System, all proposed revisions to the FACEM Training Program, ACEM Curriculum Framework and the system of FACEM training site accreditation will be provided to internal and external stakeholders for a final period of consultation as advised in the November 2019 communique. The final consultation will be held in June/July 2020, prior to COE finalising a set of recommendations at its meeting scheduled for late July 2020 for the consideration of the ACEM Board.

With the introduction of the Selection into FACEM Training (SIFT) process in 2018, it is now recognised that the first year of FACEM training is no longer undertaken on a 'provisional' basis, and that FACEM training commences at the beginning of the first year. It follows then that accreditation limits should be inclusive of this first year of training and be applied to Training Stages 1 to 4 for the revised training program.

A three-tier system of ED accreditation is proposed for adult/mixed EDs, a reduction from the current five-tier system. Trainee and DEMT feedback indicate that there is little difference in the experience in sites accredited for 18/24 months or 6/12 months. Therefore, a simpler accreditation system is proposed that removes potentially unnecessary levels of accreditation that are not wholly supported by objective evidence. It is felt that a three-tier system will better support trainees in identifying sites that offer varying training experiences and assist trainees in making an informed decision about their training.

ACEM needs a mechanism to accredit some sites for a limited time where the site is unable to address all requirements of accreditation (e.g. FACEM cover) but can still provide valuable training. This is particularly relevant for rural and regional sites. It is, therefore, important to maintain the *linked* site classification to support these sites (Tier 3). The core ED training time limit on these sites has been increased to 12 months.

Appendix 2 Design Principles used to Guide Development of a Revised System of Classification

To develop a system for both classification and delineation of FACEM Training Sites that:

For Trainees:

- addresses the curriculum
- is flexible in allowing trainees to choose placements that meet their career (and personal) objectives within the constraints of the training program
- assumes ownership of own training in collaboration with DEMT
- ensures that trainees experience different types of EDs
- provides experience in the inter-hospital transfer of patients and practising emergency medicine with limited access to specialty services
- attempts to limit training time in sites that may not have access to the full spectrum of emergency medicine practice

For sites:

- is workable
- transparent
- is fair
- removes barriers to recruitment and retention for regional and rural sites
- provides a leverage tool to advocate for appropriate staffing and resources

For ACEM:

- is workable
- enables transparent and defensible decision making
- separates accreditation of sites from training requirements

To address these principles, the system needs to include:

- clearly articulated criteria for classification of sites
- training time limits at sites where training experience is limited
- a robust and stable system of delineation, possibly including reference to an external system
- consideration of relevant training requirements (minimum number of EDs and site types)

Appendix 3 Supervision of trainees at currently accredited adult/mixed sites

Definition of a Fellow (as described in the current Accreditation Standards)

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 mixed EDs that have a PEM accredited ED, the ED will be considered as a single ED for FACEM training, in which case the definition of a Fellow includes that outlined for Paediatric Emergency Departments below.

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.

Clinical supervision

Clinical supervision 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 application of knowledge, skills and attitudes from the Fellow(s) on the floor.

Minimum FACEM Supervision

Currently, supervision is covered under Accreditation Requirement 2.1.1.4. The consultation paper circulated in September 2019 requested feedback on the proposed 16 hour/7 days per week FACEM coverage to ensure appropriate supervision for trainees. Feedback indicated that sites in some regions would be unable to meet this due to jurisdictional requirements and in response COE agreed at its November 2019 meeting that the minimum requirement for Fellow supervision for accredited sites (excluding linked sites) is 14 hours/7 days per week. It was felt that this is reasonable because, based on 2018 site census data, ninety-seven percent (97%) of currently accredited mixed/adult public EDs meet the minimum 14 hours/7 days (weekday day and evening and weekend day and evening). However, sites are encouraged to aim for 16 hours / 7 days (weekday day and evening and weekend day and evening.

Multiple FACEM cover

The proposed Tier 1 sites (current accredited 18/24-month sites) have, on average, higher presentations, complexity and acuity than Tier 2 and 3 sites. In addition, 93% of these sites have multiple FACEM cover 14 hours/7 days.

It is proposed that when the system is implemented in 2022, all sites will be classified based on their current classification – current 18 and 24-month sites will be classified as Tier 1 sites. Tier 1 sites will then have until 2024 to address the requirement for multiple FACEM cover as well as any other new requirements. If a Tier 1 site cannot meet the requirement for multiple FACEM cover by 2024, the site will be downgraded to Tier 2. If a site is due for inspection prior to 2024, the site will need to demonstrate how (or whether) it intends to address the requirement for multiple FACEM cover by 2024.

Assessment of Appropriate Supervision

While it is considered appropriate to continue to consider FACEM cover during the accreditation process, the range of models of care and physical layout of EDs mean that additional information will continue to be utilised to make an assessment of appropriate supervision. The Working Group therefore felt it was reasonable that Tier 1 sites be required to have, as a minimum, multiple FACEM cover (two or more as appropriate for their site). The Accreditation Subcommittee will continue to assess whether safe and effective supervision and training is provided for FACEM trainees and will make any additional recommendations based on each site's specific circumstances.

Appendix 4 Casemix

Currently, casemix requirements are addressed under Accreditation 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*
>
> *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, 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*
> - *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.*

In the September 2019 consultation, it was proposed that sites be classified based on presentation numbers and transfers occurring at the site. However, the feedback indicated that this was felt to be too simplistic a tool on which to base accreditation decisions. Following this feedback, the Working Group agreed that while peer comparison data is useful in informing and guiding the inspection panel, additional information gleaned from the site inspection would continue to play a major role in the accreditation process. It is suggested that the data be used only as a guide for inspection panels in comparing casemix across the peer groupings.

Data from current sites (based on 2018 Site Census data) is summarised in Table 9 over the page.

Table 4. General casemix characteristics of Tier 1, 2 and 3 sites (2018 site census data updated from accreditation inspections where possible)

	Tier 1 – 59 sites (18/24 month sites)	Tier 2 – 59 sites (6/12 month sites)	Tier 3 – 8 sites 6 month linked sites
Total attendances (mean)	61710 95% of sites ≥50 000	42126 95% >25 500	31605
Admit/transfer* (mean)	22931 95% ≥11,000	11170 95% >5,000	5304
Admit/transfer* % (mean)	33% 95% ≥23%	27% 95% ≥18%	20% 95% ≥14%
Ambulance arrivals (mean)	21900 95% ≥12,000	10761 95% ≥4,800	5072
ATS Category 1&2 (mean)	11833 95% ≥6,500	5473 95% ≥2270	3890
ATS 1 & 2 % (mean)	17% 95% ≥11%	13% 95% ≥8%	12%
ICU on site	100% of sites	76% of sites	38% of sites
Number of specialties accredited for training (mean)	26 95% ≥7	11 95% ≥1	2

*Exclusive of SSU

Appendix 5 Training Stage 4

TS4 Core and Elective ED Training - Learning Outcomes pertaining to Leadership and Management

In previous consultations, there was concern that some small sites and private sites may not provide adequate opportunities for management and leadership, or development of non-technical skills, that are deemed necessary for effective practice as a new FACEM. However, it is acknowledged that smaller EDs may provide other unique experiences that would be valuable to a TS4 trainee.

MEDICAL EXPERTISE

- Adapt skills to any patient presentation of any complexity.
- Prepare a critically unwell patient for transfer, arrange the transfer and, when required, undertake emergency escort of unstable patients for definitive management.
- Confirm and enhance admission plans created by more junior clinicians working within the Emergency Department.

PRIORITISATION AND DECISION MAKING

- Prioritise the assessment and management of a patient with a critically acute presentation.
- Simultaneously assess and manage multiple patients of any age with complex presentations.
- Apply modified risk stratification and prioritisation processes during patient surges and disasters.
- Demonstrate continued situational awareness with increased task loading.
- Review the decisions of others to seek and address situations where either no decision or an incorrect decision has been made.

COMMUNICATION

- Adapt communication skills to any patient presentation and apply principles of appropriate and professional communication in difficult interactions with the healthcare team.
- Provide skills, advice and resources to junior doctors and other members of the ED team in order to overcome communication barriers and minimise risk to patient care.
- Communicate with patients of all ethnicities and cultural backgrounds including Aboriginal and Torres Strait Islander and Maori patients and their families/communities/whanau in a culturally safe and appropriate manner.

TEAMWORK AND COLLABORATION

- Lead resuscitation in any scenario.
- Lead a team debrief after a complex resuscitation.
- Recognise the need for additional resources to aid in debriefing, particularly in highly emotional resuscitation scenarios.
- Support junior members in routine team leader roles.
- Demonstrate understanding of and integrate considerations of cultural safety for all ethnicities and cultural backgrounds and include Aboriginal and Torres Strait Islander and Maori health workers and family/communities/whanau in patient care where possible and appropriate.

LEADERSHIP AND MANAGEMENT

- Proactively assist junior colleagues in the assessment and management of their patients.
- Facilitate the resolution of conflict involving junior staff members in the workplace.
- Apply understanding of different types of clinical supervision to the oversight of the work of junior clinicians.
- Effectively lead the staff of an ED during a shift, including managing staffing allocations to improve patient flow, particularly during times of patient surges.
- Role model appropriate leadership behaviours to junior doctors including ongoing self-reflection, active advocacy against all forms of discrimination and racism, provision of culturally safe care. Manage the process of a departmental morbidity and mortality meeting and its application in the quality cycle.
- Lead a team to collect data for quality assurance, clinical audit and other risk management activities.
- Represent the ED in a hospital-wide quality improvement activity.
- Apply principles of complaint management to responses to complaints in a timely manner, including the compilation of case reports in response to an investigation into patient care.
- Ensure lessons learnt from management of complaints are discussed at team meetings, followed by written reports highlighting concerns and advice to all staff to avoid recurrence of similar incidents.
- Handle patient complaints effectively, in a timely manner, with empathy and compassion.

HEALTH ADVOCACY

- Contribute to the creation of tailored management plans with a focus on complex patients with recurrent presentations, applying additional management strategies when patients are identified with extra vulnerability risk factors.
- Challenge individual and systemic forms of discrimination within the ED and health care service.
- Support sustained relationship with external organisations to improve the delivery of health care to patients of all ethnic and cultural backgrounds including Aboriginal and Torres Strait Islander Peoples, Maori, refugee, asylum seeker and otherwise vulnerable patients.
- Lead the discussion with patients and their family/whānau and/or carers regarding the medical decisions and goals for end of life care.
- Take responsibility for ceasing resuscitation appropriately in a complex presentation.

SCHOLARSHIP AND TEACHING

- Apply the principles of conducting workplace-based assessments to the assessment of junior trainees.
- Deliver constructive feedback to junior medical staff and peers.
- Perform a formal appraisal of a junior clinician with a consultant colleague.
- Effectively teach procedural skills and the use of equipment.
- Integrate simulation aids when delivering teaching as appropriate.
- Teach culturally safe care.

PROFESSIONALISM

- Obtain informed consent from patients for complex and high-risk interventions.
- Communicate with team members to clarify and move forward from complex ethical dilemmas arising from conflicting professionalism and clinical judgements.
- Identify and implement strategies to assist junior staff in dealing with challenging workplace situations.
- Monitor professional competence and currency of junior medical staff.
- Promote values of work-life balance to mentees and junior clinicians.
- Encourage doctors to care for self and others.
- Promote a zero tolerance for bullying and harassment

TS4 Non-ED Elective Training

While it is acknowledged that non-ED rotations may not allow for trainees to function in a senior role, it is recognised that other valuable skills and relationships can be developed in these rotations and that it is important to maintain flexibility for trainees in determining their rotations. Guidelines will be provided for non-ED rotations in TS4 to assist sites and trainees in understanding the expectations.