



Australasian College
for Emergency Medicine



HR Needs for ED Ultrasound Programs

This document has been provided by the ACEM and EMUGs Collaboration Working Group to assist Clinical Leads in Ultrasound in developing ED ultrasound training programs. The suggestions outlined are not required for accreditation for the FACEM Training Program. Due to the variation in size and resources available at sites throughout Australia and Aotearoa New Zealand, the guidance provided in this document may or may not be appropriate for your site.

Human Resources necessary to design, implement, deliver and govern an Emergency Department Point of Care Ultrasound (ED POCUS) program

The staff and time required will vary from program to program depending on a number of factors, including (but not limited to):

- the size of the department
- trainee numbers
- other clinicians completing training (including FACEMs and other Emergency clinicians)
- network support

The staff for each component of the program will potentially include:

Design

- Clinical Lead in Ultrasound (CLUS) or, if appropriate for institution, Director of Emergency Medicine Ultrasound (DEM-US)
- Sonographer Educators in ED (SEEDS)
- Other internal providers in the hospital
- Other external providers (training organisations, universities, private imaging providers)

Delivery

- CLUS/DEM-US
- SEEDS
- Other Faculty members (FACEMs/Senior Registrars/Nursing staff with Ultrasound qualifications)
- The time required for delivery of this program is significant and frequently underestimated. Accordingly, you must consider the time faculty members can realistically contribute whilst maintaining other responsibilities in your department.

Consider time for:	Including:
1 Didactic education	Frequency x duration, including preparation time
2 Practical education – demonstrations, proctored scanning	No. of trainees x frequency x duration
3 Assessments – Formative and Summative	No. of trainees x duration x no. of assessments required for competency
4 Image/Study review	Time required will depend on the infrastructure and workflows designed for each department, but this can be a considerable time commitment.

Administration

- CLUS
- SEEDS
- Administrative support to the program to include logistics for the education activities, bookings, clerical activities, and general organisational tasks. Time required will depend on the size of the program and the number of clinicians enrolled in the program, but ACEM suggests a minimum of 4 hours per week.

Governance

- Director of Emergency Medicine: Emergency Department leadership must provide clear and unambiguous support and advocacy for the ultrasound training program and all the components of teaching, governance, quality, research, service development etc.
- Hospital Executive/Clinical Governance Committees: Emergency Departments should have clear governance structures in place, including representation and reporting lines to the departmental and hospital clinical governance and/or safety committees.

NB. ACEM recommends the following allocated Ultrasound CST for CLUS duties:

- 1 – 10 trainees – 0.1 FTE
- 11 – 20 ACEM trainees – 0.2 FTE
- for >20 trainees – 0.4 FTE

It is recommended that the CLUS role be shared between two clinicians where possible, especially in larger departments with >20 trainees.

Administrative support is independent of this recommendation.

Further information:

ACEM Guideline COR742, *Guideline for the Provision of Emergency Department Focused Ultrasound Training and Governance*.



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