Australasian College for Emergency Medicine

Submission to emergencyandtrauma@dhhs.vic.gov.au
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Urgent, Emergency and Trauma Care Capability Framework ACEM Feedback on the Draft for consultation April 2019

Introduction

Thank you for the opportunity to provide feedback on the draft (April 2019) capability framework for urgency care centres, emergency departments and trauma care in Victoria's health system. We understand the intention of the document is to describe the scope of service and the complexity managed within each service across the levels 1- 6, and based on this, the workforce skills, infrastructure and equipment plus clinical support services and clinical governance needed to deliver this scope of services.

General comments

ACEM supports improving timely access to safe, quality emergency care for all people in Victoria, and welcomes a commitment from the Department of Health and Human Services (DHHS) to strengthening the capability of health services outside of metropolitan Melbourne. We note that the health status of people living in rural areas is worse than that of urban populations, with poorer health outcomes the result of inadequate access to health care resources and specialist care when needed, combined with social determinants such as lower levels of income and poor access to educational and employment opportunities. Distance to travel and social stigma results in additional barriers to timely access to care. These issues require concerted, coordinated action from system managers and service providers to improve population health outcomes in rural Victoria.

The evidence shows that, as a population group, rural patients present for emergency care with a similar level of complexity and urgency as populations in metropolitan areas. Our members report that rural patients are less likely to present via an ambulance and more likely to have multiple chronic conditions. Over many years, there has been under-investment in rural health care, particularly in primary health care, mental health care, specialist care and allied health. ACEM supports service and policy development to address shortages in the health workforce and infrastructure to improve timely access to expert emergency care. Development and agreement on an Urgent, emergency and trauma care capability framework for Victoria is an important initiative in supporting this outcome.

Specific feedback on the draft Capability Framework

ACEM has a range of concerns with the proposed capability framework, and on this basis cannot endorse the current draft. We highlight the following issues in relation to clinical workforce, standards of care and models of care, which are not acceptable in their current form.

Clinical workforce

People presenting for emergency care need access to FACEM level qualifications, regardless of where they live. ACEM does not consider that there are other medical specialties with expertise in emergency care equivalent to a FACEM.

- The language of "registered medical specialist (FACEM) or equivalent" used under Clinical workforce for Level 2 onwards should be amended to increase clarity in its meaning. While the definition provided in the Glossary of a medical specialist is acknowledged, increased clarity would be ensured by specifying (under Clinical workforce) that the specialist is an emergency physician.
- By their nature, generalist medical degrees (under Clinical Workforce Level 4 onwards) are not specialists in the urgent, emergency and trauma care clinical stream.
- Under "designated paediatric services" (under Clinical Workforce Level 6), the designated registered medical specialist/s does not currently include Paediatric Emergency Physicians, only "RACP General Paediatrics".
- It is not clear why an accredited registrar on the RACP training program is the only registrar role specified in this draft of the Capability framework. FACEM Trainees undertaking the Joint Paediatric

Emergency Medicine Training Program and Trainees in the Emergency Medicine Specialist Training Program have not been included, and should be.

Please note the following in relation to ACEM standards for supervision of trainees, minimum staffing based on volume of presentations and ED leadership, including clinical governance.

- There are currently seven ACEM accredited, public EDs in Victoria that are located outside of metropolitan Melbourne[1]. These sites are required to meet the minimum appropriate staffing required to provide emergency medicine training; this is set at one FACEM for any accredited department providing direct 'on the floor' supervision of trainees.
- Each of these seven ACEM accredited EDs have annual presentations in excess of 15,000 and so must meet the minimum recommended staffing, as modelled in ACEM's Guidelines for Constructing and Retaining a Senior Emergency Medicine Workforce.
- ACEMs Delineation Framework specifies that from Level 2 and upwards, Emergency Departments must employ a FACEM as a Director. Under ACEM's framework a Level 1 Emergency Department Director may be generalist with an ACEM Emergency Medicine Diploma if they are supported by specialists in an emergency medicine network.

ACEM's Guidelines on Constructing and Retaining a Senior Emergency Medicine Workforce are available here.

We note that the draft capability framework references an out of date (2005) version of ACEM's Statement on the delineation of emergency departments, which was last revised in November 2012. The current statement is available here.

Standards of Care

We read with great concern the statement beginning from Level 4[2] and onwards, under Disposition/Discharge, that health systems aim to support a length of stay in EDs less than 24 hours. ACEM does not consider that this is an acceptable level of care for any patient presenting to an ED. This metric is inconsistent with clinical evidence linking long waits in the ED with unacceptable increases in morbidity and mortality, the standard set by the four hour National Emergency Access Target and the Department's own standard for mandatory ministerial reporting of 24 hour stays in the ED.

Models of care

Further work needs to be done before we can agree to the description of the medical workforce in relation to models of care in Victoria's EDs including Short Stay Units and Mental Health Hubs.

ACEM welcomes the attention given to emergency care and the commitment to systems and network development that would support better health outcomes for patients presenting to urgent, emergency and trauma care centres. For further discussion of the issues raised above, please do not hesitate to contact Nicola Ballenden, Executive Director, Policy and Strategic Partnerships, (e: Nicola.Ballenden@acem.org.au) or Helena Maher, Manager of Policy and Advocacy, (e: Helena.Maher@acem.org.au).

Yours sincerely

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[1] The list is available from this link: https://portal.acem.org.au/reports-search/accreditation-reports/accreditation-report
[2] At page 20.