Australasian College
for Emergency Medicine

Communiqué

Workforce Planning Strategy

23 March 2022

1. Message from President

I am pleased to present ACEM's inaugural Workforce Planning Strategy. This Strategy is both the culmination of a significant period of work and the beginning of our next steps.

We are at a critical juncture. Across both our countries, we are continuing to experience significant issues associated with the maldistribution of our specialist workforce. This Strategy outlines ACEM's way forward to address key issues in our training pipeline – leading to a more equitable distribution of the broader emergency medicine workforce, as well as expanding the range of settings our trainees get to work and learn in.

I would like to take this opportunity to thank all our members and trainees and our external partners who took the time to contribute valuable feedback on the College's work in the development of this strategy over the last two years. We have undertaken extensive consultation during this time, in an effort to reach a balanced and constructive way forward and I am confident that we have achieved this.

This is long-term work that will be progressed over the coming years. It will require a change in culture from us as a College as well as significant collaboration as we work with services, governments and other Colleges to undertake these reforms. This work cannot be done by the College in isolation, and we will work together to ensure our patients continue to receive the right care, at the right time and in the right place.

I look forward to providing you updates over my term as this work progresses.

Dr Clare Skinner
March 2022

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2. Workforce Planning Strategy

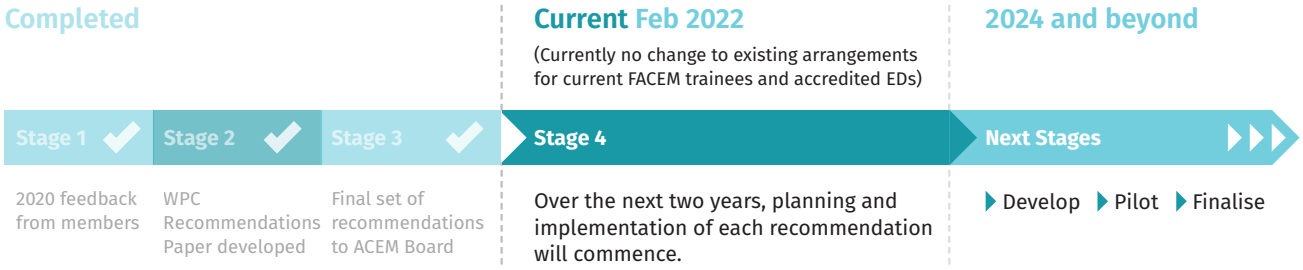
This Strategy represents the results of work undertaken by ACEM's Workforce Planning Committee (WPC) on behalf of the ACEM Board, over the last two years.

In late 2020 ACEM sought feedback from its membership on the key issues facing the Emergency Medicine (EM) specialty and its workforce. This consultation process confirmed that the following factors were severely impacting both the delivery of emergency care across Australia and Aotearoa New Zealand and the wellbeing of the wider EM workforce. FACEM and FACEM-trainee workforce. The results of this consultation can be found here.

Following this, the WPC developed a *Recommendations Paper* proposing a series of solutions aimed at addressing the key workforce issues facing the Emergency Medicine specialty – persistent issues of geographic maldistribution, sustainability of a long-term FACEM career and the complicated interaction between the needs of FACEM trainees with jurisdictional workforce needs. This consultation paper can be found here.

The WPC subsequently provided a final set of recommendations to the ACEM Board in December 2021. The final set of recommendations approved by the ACEM Board are summarised below and now form ACEM's Workforce Planning Strategy.

The diagram below summarises broadly the work undertaken to develop the Strategy so far, and that still to come. This is followed by an outline of the four recommendations to be progressed under the Strategy.



Recommendation 1 – Accredited Training Networks

ACEM will establish a new integrated system of FACEM training site accreditation that includes a series of accredited training networks across Australia and Aotearoa New Zealand. Each network would be assessed against the ACEM training site accreditation standards, and include an appropriately defined range of sites, with consideration given to the case-mix, patient presentation numbers and geographic location of each site and the overall network training experience.

Each of the sites that make up the networks will comprise a set number of accredited training posts, with the numbers to be developed through consultation with jurisdictional stakeholders as employers and funders of the system.

There will be a formal agreement that the sites involved in a defined EM Training Network will work together to provide an integrated and comprehensive training program experience and deliver safe, high-quality training.

The recommendation includes the formation of networks that contain a combination of sites that allow for predominantly RRR training. As such, a significant range of regional, rural and/or remote (RRR) health services can choose to provide an integrated FACEM training experience across a range of RRR sites.

Accreditation will consider adequate depth and breadth of sites and experiences that will allow a trainee to meet all FACEM Training Program requirements within that network, throughout the length of the training pathway. They may be tailored to meet differing jurisdictional needs.

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Revised Recommendation 2 – Rural Training and Rural Training Sites

As part of establishing a new integrated system of accreditation that includes a series of accredited training networks within each jurisdiction, it is recommended that *each network have an appropriate balance of metropolitan and RRR training sites to satisfy all training program requirements.*[1]

All future FACEM trainees (date to be determined) will also be required to undertake a minimum six-month RRR training placement within an accredited training network.

Each network will therefore be expected to facilitate and ensure the appropriate rotation of FACEM trainees through their respective RRR training sites.

Recommendation 3 – Blended/Remote Supervision

As part of improving access to rural FACEM training opportunities, it is recommended that the feasibility of a blended supervision model is explored, which sees traditional on-site clinical supervision supported with some remote clinical supervision/telesupervision.

It is recommended that this work is undertaken through a pilot remote supervision/telesupervision model, to establish the resources and tools required to implement and sustain a blended supervision training post, which is trialed via a network of accredited rural training sites.

Remote supervision arrangements should not compromise patient or trainee safety, or the quality of training placements, but instead be a mechanism to improve the range and variety of RRR settings capable of establishing viable FACEM training posts that are able to achieve ACEM accreditation.

This recommendation is intended to facilitate unique training opportunities – it is not intended that virtual clinical support replace in-person specialist workforce requirements.

Recommendation 4 – Non-FACEM Senior Decision Makers

As part of improving access to the non-FACEM consultant level (e.g., FACCRM/FRACGP/Rural Generalist) and non-FACEM middle grade EM workforce, it is recommended that ACEM develop detailed guidelines for health services regarding medical workforce models utilising appropriate non-FACEM senior decision makers, and further define the expected qualifications for this role.

ACEM must further define, develop, promote and help to embed different models of care that utilise alternative senior decision makers that are able to work across a range of settings and locations.

This will be done in consultation with a range of external stakeholders involved in the delivery of emergency care. Future workforce model guidelines (including any revisions to *G23 Guidelines on Constructing and Retaining a Senior Emergency Medicine Workforce)* may be considered for inclusion into accreditation requirements, in the future.

3. What does this mean for current trainees and accredited EDs?

This is important strategic work representing significant reform in the delivery of the FACEM Training Program. The implementation of these recommendations will be a significant undertaking for the College.

This work is not to be confused with recent changes to the College's FACEM Curriculum and FACEM Training Program and associated Accredited Site Classification and Delineation System for FACEM training sites. These curriculum and training program changes were approved by the ACEM Board in 2020 and implemented in February this year (2022). There is therefore no impact on existing arrangements for current FACEM trainees and accredited EDs.

It is anticipated that the finalisation and implementation of accredited training networks will take a number of years to develop, pilot and finalise. In addition, any major training program changes will be communicated with a significant notice period, allowing all trainees, FACEMs and participating health services sufficient time to prepare.

1 The minimum proportion of RRR sites within a network will be determined by a project Working Group, who will undertake detailed development of the networked accreditation model.

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4. Next Steps

Over the next two years, planning and implementation of each recommendation will commence.

With regard to the implementation of Recommendations 1, 2 and 3, this will include the following activities being conducted throughout 2022 and 2023:

- Establishing a project Working Group – an expressions of interest process will commence in the second quarter of 2022;
- Research on existing national and international training network models;
- Consultation with members on current informal networks that exist in different jurisdictions and their effectiveness; and
- Consultation with jurisdictions on existing formal networks across specialties, availability of rural and regional training sites and potential trainee rotation processes.

With regard to the implementation of Recommendation 4, this will include the following activities being conducted over the next 12-months:

- Establishing a project Working Group – an expressions of interest process will commence in the first quarter of 2022;
- Identification of potential sites suitable for a pilot of a blended supervision model; and
- Development of pilot training rotation processes and associated regulations and other requirements.

With regard to the development of revised *G23 Guidelines on Constructing an Emergency Department Workforce,* the following activities will be conducted over the next 12 – 18 months:

- Development of revised G23 content throughout 2022; and
- Consultation with members, trainees and external stakeholders from mid-2022.

Further updates will be provided in the coming months as these activities commence, and regular reporting to the membership will be provided.

ACEM encourages everyone keep updated via the ACEM website here.

For any queries please email: workforce@acem.org.au