Australasian College for Emergency Medicine

Blended Supervision Placement Guidelines

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1. Abbreviations

AACEM	Associateship of ACEM
ACRRM	Australian College of Rural and Remote Medicine
ARST-EM	RACGP Advanced Skills Training in Emergency Medicine
ASGS-RA	Australian Statistical Geography Standard – Remoteness Area
AST-EM	ACRRM Advanced Skills Training in Emergency Medicine
CbD	Case Based Discussion
BSP	Blended Supervision Placement
DEMT	Director of Emergency Medicine Training
ED	Emergency Department
EM	Emergency Medicine
FTE	Full-time equivalent
FDRHMNZ	Fellowship of the Division of Rural Hospital Medicine New Zealand
GCH	Geographical Classification for Health
ITA	In-Training Assessment
LDP	Learning Development Plan
Mini-CEX	Mini Clinical Evaluation Exercise
MMM	Monash Modified Model
RACGP	Royal Australian College of General Practitioners
RG	Rural Generalist (includes – FRACGP, FACRRM or FDRHMNZ with EM qualification).
RNZCUC	Royal New Zealand College of Urgent Care
RRR	Regional, Rural and Remote
SSP	Special Skills Placement
WBA	Workplace Based Assessment

2. Purpose and Scope

The Blended Supervision Placement (BSP) model provides the opportunity for trainees in Training Stage 2 and 3 to train in a rural or remote area ED that

- is not already accredited by ACEM for trainees to accrue core Emergency Department (ED) training time for the FACEM Training Program.
- where direct FACEM supervision is limited and not as readily available.

A maximum of 1.0 FTE FACEM trainee is permitted to train at a BSP-approved ED at any one time.

The purpose of these guidelines is to outline the minimum criteria, roles and responsibilities for BSPs.

The model is a combination of onsite clinical and offsite training supervision.

- Onsite supervision is provided by a Local Supervisor at the placement site, with additional clinical supervision provided by FACEMs and RGs (FACRRM/FRACGP/FDRHMNZ), with an appropriate EM qualification.
- Offsite supervision is provided by a DEMT at a site accredited for FACEM core ED training.

3. Site Eligibility

To be eligible for BSP approval, sites must meet the following criteria:

Geographic classification

- MM3 – 7 locations (in Australia) and
- Level 1, 2 or 3 Rural areas as per GCH (in Aotearoa New Zealand - See Appendix A for details).

ED Service Level Classification

- Classification as a Level 3-6 ED as per ACEM's S12 guidelines for service design and delivery.

Service support

- 24-hour access to radiology and pathology.
- An established clinical escalation and referral pathway.

Staffing

- On-site FACEM (a minimum of 1.0 FTE which can comprise of multiple individuals as permanent staff or locum) with appropriate leave cover arrangements (if greater than a 2-week continuous period).
- A Local Supervisor (a FACEM, or RG with appropriate EM qualification) employed at a minimum of 0.5 FTE on staff at the site with appropriate leave cover arrangements (if greater than a 2-week continuous period).

Supervision

- On-call supervision 24/7. Trainees must have access to on-call support from a suitably qualified specialist with competence in emergency medicine to protect patient and trainee safety. A clearly documented process/protocol detailing how a trainee can contact a more experienced clinician/specialist for advice/assistance 24/7 when required must be provided.
- 50% of trainee's clinical work must be under direct on-site supervision by Fellows (FACEM or RGs with appropriate EM qualification)
- Clinical supervision is tailored to and appropriate for the trainee's Training Stage
- An offsite DEMT arrangement with a site accredited for FACEM Core ED training

Accreditation

Sites may have only one of the following at any one time:

- ACEM ED / Paediatric ED accreditation
- ACEM approval as a BSP ED for core ED

- ACEM approval for a Rural/Remote Health Special Skills Placement.

4. Trainee Eligibility

BSPs contribute to:

- core ED time, subject to a successful Trainee Progression Review (TPR) panel review.
- the RRR Training Requirement.

Trainees must be:

- undertaking Training Stage 2 or 3

Recommended:

- Prior Critical Care experience (e.g. ETM course or completion of FACEM Training Program Critical Care Placement requirement)

Trainees can complete a maximum of 6 FTE months core ED in a combination of the following placements, as per Regulation G2.1.6.7:

- Blended Supervision
- Overseas ED

5. Roles and Responsibilities

On-site Local Supervisor

Requirements:

- FACEM or RG with EM qualification (ACEM Advanced Associateship or equivalent) employed at a minimum of 0.5 FTE at the site
- Demonstrated experience in EM, ideally a minimum of two years (post EM qualification)
- Present and not on prolonged, planned leave during the placement period (should have alternate arrangements in place if the leave exceeds more than 2 continuous weeks)
- Completed all relevant online modules that include: Clinical Supervision module, of the WBA Training modules must complete Mini-CEX module, CbD module, DOPS, Giving Effective Feedback, Communication Skills Referral and Handover and attended a Blended Supervision Orientation Workshop
- Knowledge of the requirements of the FACEM Training Program, particularly regarding EM Workplace Based Assessment (WBA) requirements and trainee progression.

Responsibilities:

- Provide guidance and support throughout the placement
- With the Offsite DEMT, support the development of the trainee's learning development plan (LDP) and clarifies expected training outcomes at the start of the placement
- Facilitate trainee assessment requirements of the BSP in accordance with Section 8 of these guidelines. Meets all College assessment, training, administration and feedback timelines
- Coordinate In Training Assessment (ITA) completion at the end of each three-month placement period with the trainee and Offsite DEMT
- Ensure trainees can access a minimum of five (5) WBAs, including a Mini-CEX and Cased Based Discussion (CbD)
- Coordinates education program and trainee attendance
- Participates in ongoing monitoring of the BSP through surveys and interviews.

The Offsite DEMT:

Requirements:

- Current DEMT at an ACEM-accredited ED. The DEMT may be the trainee's DEMT from their previous

placement.
- Ideally within the same region as the trainee to understand the local logistical and health system requirements.
- Has attended the Blended Supervision Orientation Workshop.

Responsibilities:
- With the Local Supervisor, support the development of the trainee's learning development plan (LDP) and clarifies expected training outcomes at the start of the placement.
- Provide regular feedback, guidance and support to trainees during the placement.
- Meet with the trainee weekly for the first four (4) weeks, followed by a minimum of monthly thereafter (increase frequency as required).
- Facilitate trainee assessment requirements of the BSP in accordance with Section 8 of these guidelines. Meets all College assessment, training, administration and feedback timelines.
- Complete an ITA at the end of each three-month placement period.
- Complete a CbD (recommended).
- Participate in ongoing monitoring of BSP through surveys and interviews.

WBA assessors:

- FACEMs and **approved RGs with EM qualifications (ACEM Advanced Associateship or equivalent).
- Understand FACEM Training Program requirements, particularly regarding EM-WBAs.
- Have completed all relevant online modules, including WBA Training and attended the assessor training/workshop.

Responsibilities:
- Complete WBAs.
- Facilitate trainee WBA assessment requirements of the BSP in accordance with Section 8 of these guidelines. Meet all College assessment, training administration and feedback timelines.

**Approval of WBA assessors requires orientation to ACEM WBAs and assessor training.

Trainee expectations:

- Complete a Learning Development Plan (LDP) within the first 2 weeks of the placement
- Participate in the ITA process every three calendar months
- Complete a minimum of five (5) WBAs, including a Mini-CEX and CbD (the CbD should be conducted by the DEMT and the Local Supervisor). It is expected that one WBA is completed per month. Comply with the requirements of the FACEM Training Program, including WBAs.
- Attend a minimum 70% of protected, structured education sessions.
- Contact the ACEM Training Team for any placement and assessment related questions and the ACEM Trainee Support team for any support required to address issues or concerns related to BSP

  Further details on ACEM Trainee Support can be found on the College website.

6. Placement Structure and Limitations

The minimum placement duration is three (3) FTE months, as per Regulation G.

6.1. For sites:

A BSP approved ED can have a maximum of one (1) FTE FACEM trainee at any one time. This could be shared by 2 x 0.5 FTE trainees.

6.2. For trainees:

BSPs and Overseas ED placements combined can contribute to a maximum of six (6) FTE months of core ED time per trainee across the training program. Placements can be undertaken part-time (minimum 0.5 FTE).

7. Education

Sites should provide access to an average of 4 hours of structured education per week (this could be 8 hours once a fortnight). A maximum of 50% of this may be provided by an ACEM accredited ED. Sites are encouraged to collaborate to provide education. Proposed alternative arrangements for an education program that achieve the same educational outcome may be outlined at the time of site application.

The education program should address FACEM curriculum learning outcomes and a range of teaching modalities are encouraged. While trainees may attend education programs at other accredited EDs, local formal education tailored to the practice setting is required.

8. Assessment

3 monthly ITA

The Local Supervisor and Offsite DEMT jointly conduct the 3 monthly In-Training Assessment (ITA).

WBAs

A minimum of five Workplace-Based Assessments (WBAs) per 6 FTE month placement is recommended, including at least one Case-Based Discussion (CbD).

9. Supporting Trainee Well-being and Psychosocial Safety

Trainees completing a Blended Supervision Placement will have a supervision model different to other ED placements at ACEM-accredited ED sites. Any ED seeking approval for BSP must be able to demonstrate they have measures in place to enable trainees to seek support and/or raise concerns.

- Reporting mechanisms/pathways:
  This aims to ensure that trainees have access to clear, practical, and culturally safe pathways for raising concerns, both informally and formally.

  The site should proactively create an environment where trainees feel safe to raise concerns early, rather than waiting for a formal complaint to be made.

  - This could be in the form of direct discussion with the Local Supervisor or Trainee Wellbeing officer at the hospital.
  - For any Local Supervisor concern or grievances, there should be an escalation process available to trainees. Information regarding this process should be provided to trainees during orientation and should be readily available at any time during the rotation (e.g. displayed via hospital intranet, advertised in trainee office space).
  - A standard process and timeline documenting how, when and by whom the reported incident will be managed.

  *NOTE: Attempts are made to maintain confidentiality, consistent with mandatory reporting obligations. No adverse academic, supervisory, or employment consequences will result from good-faith reporting.

- Trainee Feedback Loop and Accountability:
  This aims to ensure the ED actively seeks, listens to, and acts on trainee feedback regarding wellbeing supports, supervision quality, and organisational culture.

  This could include:
  - End-of-term trainee evaluation (collated by Department Head)
  - Mid-term informal check-ins with supervisor or offsite DEMT
  - Annual Department Culture Survey (hospital-wide, with ED-specific analysis)
  - Suggestion box in trainee spaces

- Trainees receive a summary of actions taken in response to collective feedback
- Persistent unresolved concerns are escalated to the hospital Medical Education Unit or Clinical Governance Committee
- Trainees can provide feedback to the College and contact the ACEM Trainee Support team if they have any concerns or need any support during their BSP placement.

NOTE: The Trainee Support team will provide the required support/assistance in resolving issues, as well as following up on any concerns or feedback provided to the College during or at the end of the placement.

- Workload, Fatigue and Leave Management

  This aims to ensure the ED is committed to monitoring and managing trainee workloads to ensure they remain safe, educationally appropriate and sustainable, and supports trainees to access leave entitlements and return from extended periods of leave in a supported manner.

  The following are suggested measures:
  - Rostering complies with applicable Award/Employment provisions, including maximum shift lengths, minimum rest intervals, and weekly hour caps, including any overtime.
  - Leave provisions are clearly documented in the trainee award/employment contract and are accessible to trainees.
  - Trainee workload expectations are reviewed at regular supervision meetings and adjusted in response to supervision expectations and assessment opportunities.
  - Trainee patient load is monitored by the senior consultant on shift; trainees are not expected to function as fully independent senior clinicians.
  - Fatigue risk management process in place that gives clear instructions to trainees on how to report any work-related fatigue and measures taken to address any trainee fatigue raised.

- Prevention of Bullying, Discrimination & Harassment

  The ED is committed to a safe, respectful, and inclusive workplace. Bullying, discrimination, harassment (including sexual harassment), and victimisation are not tolerated in any form.

  - Orientation material must cover respectful workplace behaviour, cultural safety and prevention of discrimination for all ED medical staff, including consultants, registrars, and trainees, and non-medical staff.
  - Clear documentation on handling Bullying, Discrimination, and Harassment reporting and process pathway.

  Other actions the BSP may wish to undertake include:
  - Bystander intervention training incorporated into orientation and annual education calendar.
  - Clear display of the site's Respectful Workplace Policy in all staff areas and on the intranet.
  - Regular case-based discussion at ED education sessions on professional conduct expectations.

- Positive and Culturally Safe Learning Environment

  The ED is committed to providing a positive learning environment that is supportive, inclusive, and equitable for all trainees. It also acknowledges and values their diversity. The following are suggested measures:
  - Describe or provide evidence of activities that the site uses to promote a positive and inclusive learning environment in practice.
  - Evidence of peer or mentoring support available to trainees.
  - Evidence of cultural safety education and activities for Fellows and trainees.

- Wellbeing Services Information

  All trainees must be made aware of the well-being services offered by the hospital at orientation and at regular intervals throughout their placement. Information on how to access these services should also be communicated to trainees and should be easily accessible all the time during the placement.

  BSP sites should ensure that there are links to ACEM's EAP provider, ACEM Assist, that are readily accessible by the trainee.

10. Site Approval Process

Sites provide clear documentation covering the rostering model, educational frameworks, and supervisory structures in the application process. Please find details on the application process in *BSP Approval and Review Process Guide*.

APPENDIX A: Geographical Classification Model for BSP approved emergency departments

Locations within Australia and Aotearoa New Zealand

For sites located in Australia, the Modified Monash Model (MMM) Classification, detailed as below is used to define whether a location is metropolitan, rural, remote or very remote.

Category	Inclusions
MM 1	All areas categorised ASGS-RA1.
MM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.
MM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with a population between 15,000 and 50,000.
MM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3 and are in, or within 10km road distance, of a town with a population between 5,000 and 15,000.
MM 5	All other areas in ASGS-RA 2 and 3.
MM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore. Islands that have an MM 5 classification with a population of less than 1,000 (2019 Modified Monash Model classification only).
MM 7	All other areas; that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

You can determine your site's MMM classification at the following website:
Australia Health Workforce Locator

In Aotearoa New Zealand, locations of site is determined as urban or rural based on the Geographic Classification for Health (GCH).

Category	Description
Urban 1	Represents the largest and most densely populated urban Statistical Area 1s (SA1s). Strong urban influence and accessibility to services.
Urban 2	Smaller-scale urban SA1s compared to Urban 1, but still exhibiting significant urban characteristics and access to services.
Rural 1	Least rural of the rural categories. Still influenced strongly by nearby urban areas due to shorter drive times.
Rural 2	Moderately rural, with increased drive times and reduced access to urban services.
Rural 3	Most rural category—longest drive times, least access to urban areas, and highest rurality.

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