



Australasian College  
for Emergency Medicine

# Special Skills Placement– Global Emergency Care

---

AC472 V2.1

December 2023

[acem.org.au](http://acem.org.au)

## Document Review

---

Timeframe for review:	Every two years, or earlier if required
Document authorisation:	Council of Education
Document implementation:	Executive Director, Training
Document maintenance:	Manager, Accreditation and GEC Desk

## Revision History

---

Version	Date	Pages revised / Brief Explanation of Revision
V1-0	26 Apr 2017	Guideline approved by the Council of Education
V1-1	22 Sep 2017	Replacement of “term” with placement as per Regulation B
V2-0	Jan 2020	Review and added references to VEMRP
V2-1	Dec 2023	Routine Review Standardising formatting and layout All SSP terms are standardized to 6 months at 1 FTE LDPs are no longer required but are strongly recommended

## Copyright

2023. Australasian College for Emergency Medicine. All rights reserved.

## 1. Purpose and Scope

---

The purpose of these guidelines is to outline the minimum criteria for the accreditation of a Special Skills Placement (SSP) in Global Emergency Care (GEC).

The scope of the guidelines is for the assessment of single applications which are processed as Category 'T' placements and are received from individual trainees for the purpose of meeting the requirements of the FACEM Training Program.

## 2. Definitions/Abbreviations

---

**Global Health (GH)** is defined as an area for study, research and practice that places a priority on improving health and achieving health equity for all people worldwide. It emphasises transnational health issues and synthesises population-based prevention with individual-level care.

**Global Emergency Care (GEC)** is a subset of global health, and is primarily concerned with the development and practise of emergency care in resource limited environments.

GEC relates to emergency care in developing countries (as defined in COR446 Policy on Defining 'Developing Country'). It does **not** include remote or resource challenged environments within Australasia or other developed settings.

GEC encompasses all aspects of emergency care, including direct clinical service provision, teaching and training, emergency health systems development, quality improvement, leadership, advocacy and research.

GEC practice generally falls within two broad areas:

1. Capacity building for emergency care, and
2. Humanitarian assistance in the setting of disasters and complex emergencies (Surge Support).

SSPs in GEC may fall anywhere within the spectrum of these categories. ACEM supports a number of GEC placements focused on capacity building in GEC such as the Visiting Emergency Medicine Registrar Program (VEMRP) that support the delivery of the Colleges Memorandum of Understanding (MoUs) and partnership agreements.

## 3. Setting and Demographics

---

A wide variety of settings and facilities potentially fulfil the criteria for an SSP in GEC. The appropriateness of the setting will be determined on a case-by-case basis.

## 4. Preparation and Safety

---

It is the trainee's responsibility to prepare for the GEC placement. Preparation should include discussions with experienced GEC practitioners, as well as the following:

- Pre-reading around the unique challenges of working and training in resource limited environments
- Consideration of the ethical issues implicit in GEC assignments, including strategies to avoid a negative impact on the host organisation and community (the ACEM GEC Desk can provide guidance on partnering with a reputable organisation supporting locally-led capacity development in emergency care)
- Updates of specific skills and knowledge relating to the GEC placement

- Adequate arrangements for health, immunisation, registration, indemnity, visas and travel documents, financial and logistic issues
- If a placement destination is assigned a Level 4: “do not travel” designation on the Australian Smart Traveller website (<https://www.smarttraveller.gov.au/>), the placement will not be approved.

It is the trainee’s responsibility to manage their own safety and security, in conjunction with the deploying organisation, host facility and/or employer. As with placements in Australasia, the College does not accept responsibility for health, safety, security and financial matters related to special skills placements undertaken overseas. Trainees are expected to undertake a thorough risk assessment prior to their placement and develop strategies for minimising harm to themselves and their host community.

Note: This is not applicable for ACEM supported placements such as VEMRP where all pre-departure arrangements and safety and security are supported by a volunteer deploying specialist agency.

## 5. Duration

---

Placements may be either three (3) or six (6) months in duration. All placements may be considered for approval for up to six months duration, however are usually accredited for a maximum equivalent to three (3) months at 1.0 FTE only. ACEM supported placements, such as VEMRP will always be considered for approval for six months duration, where appropriate. Placements must be full-time appointments.

## 6. Activities and Duties

---

The activities and duties undertaken within a GEC SSP must relate to the trainee’s learning objectives for the placement. A component of clinical exposure is strongly encouraged; however, placements are not limited to pre-hospital or hospital-based practice. Activities may include teaching and training, research, curriculum development, capacity development for emergency care systems and advocacy.

## 7. Learning Objectives

---

GEC placements are highly variable. Many are characterised by the prevalence of health problems that are uncommon in the Australasian environment (such as TB, malaria, malnutrition and HIV/AIDS) and by challenges to the provision of clinical care (through delayed presentation, illness severity, and limited resources).

SSPs within a GEC setting should aim to provide the trainee with at least one of the following learning objectives:

- An understanding of emergency care systems in resource limited environments and/or low and middle-income countries
- A greater level of independent practice and decision-making
- Knowledge and skills for practising medicine with limited diagnostic tools or treatment options
- Knowledge and skills in the clinical care of common diseases (such as malaria, tuberculosis, HIV/AIDS, malnutrition, specific poisonings, envenomation and injuries)
- Knowledge and skills in cross-cultural communication and engagement with diverse cultural, language and socioeconomic groups.

## 7.1 Learning Outcomes from the FACEM Training Program Curriculum

When the trainee applies for accreditation of this SSP, the learning outcomes should be clear and achievable in the duration of the placement. The nature of the placements and the assumed levels of experience and skills of the trainee require the learning outcomes to reflect those attributed to Training Stage 2 and/or Training Stage 3 of the FACEM Training Program curriculum.

A specific focus of the placement may be defined in the application. These general learning objectives must relate to the distinct learning outcomes in the FACEM Training Program. SSPs within a GEC setting should define learning outcomes from a minimum of three (3) domains of the FACEM Training Program.

Domain	Topic
1. Medical Expertise	<ul style="list-style-type: none"><li>- Initial emergency medicine care</li><li>- Resuscitation and Stabilisation</li><li>- Core Emergency Medicine Care (all topics)</li><li>- Patient disposition</li></ul>
2. Prioritisation and Decision Making	<ul style="list-style-type: none"><li>- Prioritisation of Patient Management</li><li>- Clinical Risk</li><li>- Decision Making</li></ul>
3. Communication	<ul style="list-style-type: none"><li>- Principles of Effective Communication</li><li>- Communication with patients, carers and the General Public</li><li>- Communication with Colleagues</li></ul>
4. Teamwork and Collaboration	<ul style="list-style-type: none"><li>- Principles of Teamwork</li><li>- The Effective Emergency Department Team</li><li>- The Effective Resuscitation Team</li><li>- Collaboration in Emergency Medicine</li></ul>
5. Leadership and Management	<ul style="list-style-type: none"><li>- Human Resource Management</li><li>- Operational Management in the Emergency Department</li><li>- Leadership</li><li>- Operational Management of the Floor</li><li>- Patient Safety and Quality Management</li></ul>
6. Health Advocacy	<ul style="list-style-type: none"><li>- Principles of Health Advocacy</li><li>- Cultural Competence</li><li>- Health Advocacy for Specific Groups</li><li>- End of Life Care</li></ul>
7. Scholarship and Teaching	<ul style="list-style-type: none"><li>- Finding and Critically Appraising the Evidence</li><li>- Applying Academic Knowledge to Emergency Medicine Practice</li><li>- Basic Elements of Creating Research</li><li>- Ongoing Learning Skills</li><li>- Teaching Skills</li></ul>
8. Professionalism	<ul style="list-style-type: none"><li>- Ethics and Professionalism</li><li>- Responsibility to Patients and Society</li><li>- Responsibility to Profession and Self</li></ul>

## 8. Local Supervision

The local in-country, on-site supervisor will ideally be a specialist in emergency medicine, disaster medicine, public health, rural medicine or general practice with a minimum of three (3) years post-graduate experience in the relevant area.

However, ACEM acknowledges that this may not be feasible for all GEC placements. Supervisors with qualifications in other disciplines will be considered, provided that the qualification relates to the placement being undertaken. If the supervisor does not have a formal specialist qualification, or a non-medical supervisor is proposed, then they must have considerable experience in the practise of the relevant discipline.

The responsibilities of the local supervisor will include:

- To provide local expertise and insight into appropriateness of activities for the specific placement environment and the challenges of the proposed GEC practice
- To meet with the trainee at the start of the placement and ensure that the learning objectives and assessment requirements are mutually understood
- To provide expert supervision over the objectives of the GEC placement, be it in clinical care, capacity development activities, advocacy, research, or other activities.
- To ensure proposed activities match learning objectives
- To assess the trainee as outlined below
- To provide advice to ACEM and the trainee about the logistic requirements of the placement.

## 9. Remote FACEM Supervisor

---

The role of the Remote FACEM supervisor is to provide added support and mentoring for the trainee during and after their time overseas. All trainees are required to nominate one in their application. The Remote FACEM supervisor will ideally be a three (3) years post Fellowship FACEM experienced in GEC and familiar with the context or environment of the GEC placement being undertaken. If such a FACEM cannot be found, a DENT the trainee trusts would also be adequate.

The Remote FACEM supervisor will not be conducting assessments for the term.

### 9.1 Communication Plan

Arrangements for communication between the trainee and the Remote FACEM supervisor will be negotiated in advance of the placement. Ideally, contact will occur between the trainee and their Remote FACEM Supervisor at least every 2-4 weeks whilst the trainee is in the placement.

Before the placement commences the trainee and the Remote FACEM supervisor (in conjunction with the local supervisor) should:

- Develop specific learning objectives and outcomes for the placement
- Clarify expectations and logistics of the in-country supervision
- Review ethical and other logistical considerations
- Review any necessary security precautions.

**During the placement, the Remote FACEM supervisor or local supervisor:**

- Reviews the activities of the trainee and guides the trainee appropriately
- Reviews questions or challenges arising from experiences and provides feedback
- Offers general support.

After the completion of the placement, the trainee and Remote FACEM supervisor will conjointly:

- Debrief, follow up and document a completed critical reflection on the placement
- Review the learning activities undertaken including the Learning Portfolio and the end-of-placement assessment.

## 10. Assessment

---

### 10.1 Education/Learning Portfolio

The trainee is highly recommended to maintain an Education/Learning Portfolio in which all learning activities and outcomes are documented.

Prior to the placement, the trainee should describe the activities they will perform to achieve their specific learning outcomes. Throughout the placement, the trainee will record relevant learning activities. Examples include:

- educational sessions delivered and/or attended
- clinical duties and case reports that demonstrate learning objectives
- research or project(s) undertaken
- documented fortnightly supervisor meetings
- other professional activities.

The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the placement.
- Supervisors will use it to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The accreditation inspection team may use the information to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the placement, the local primary supervisor must sign off that the trainee's LDP has been reviewed and displayed sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

### 10.2 In-Training Assessment (ITA)

An in-Training Assessment must be completed on-line or on paper every three (3) months. Ideally, this is completed by the Local Supervisor. In situations of limited internet access, ACEM undertakes to ensure a paper version of the ITA is made available to Local Supervisor.

## 11. Accreditation Process

---

Please refer to AC95 SSP Accreditation Process Guide.

Approval must be sought from the College at least eight (8) weeks before the placement is due to begin where the placement does not involve emergency assistance as part of a humanitarian assistance/surge support response. In the instance of humanitarian assistance/surge support response, the application may need retrospective consideration for approval.

It may be helpful to submit additional supporting information alongside your application, to provide clarification and details regarding your placement. This could include a supporting letter from the remote and / or in-country supervisor, highlighting their experience of supporting ACEM trainee's (both remotely and in-country), their knowledge of the placement environment, availability (both remotely and in-country) to provide support during the placement and any other information that could be of assistance to the Accreditation Unit/Team.

*Note: All documentation submitted must be in English, including the supervisor's CVs.*

## 12. Associated Documents

---

- [COR446 Policy on Defining 'Developing Country'](#)
- [AC638 SSP Accreditation Policy](#)
- [FACEM Training Program Curriculum](#)
- [Regulations](#): FACEM Training Program
- AC95 SSP Accreditation Process Guide





**Australasian College for Emergency Medicine**

34 Jeffcott Street  
West Melbourne VIC 3003  
Australia  
+61 3 9320 0444  
[admin@acem.org.au](mailto:admin@acem.org.au)

**[acem.org.au](http://acem.org.au)**