Document Review

Timeframe for review: every two (2) years, or earlier if required.
Document authorisation: Council of Education
Document implementation: Accreditation Subcommittee
Document maintenance: Manager, Standards

Revision History

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<th>Version</th>
<th>Date</th>
<th>Pages revised / Brief Explanation of Revision</th>
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<tr>
<td>0</td>
<td>Draft</td>
<td>For consideration by Council of Education</td>
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<tr>
<td>0-1</td>
<td>JC changes for COE</td>
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<td>0-2</td>
<td>LD changes from COE meeting 26 Oct 16</td>
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<td>FB changes following ASC meeting 21 Feb 17</td>
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<tr>
<td>1</td>
<td>June 17</td>
<td>Final for COE Approval</td>
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<tr>
<td>1-07</td>
<td>Jan 18</td>
<td>Added reduction/removal of accreditation clause in Focussed Inspection explanation. Changed to FACEM Training Program from “Specialist Training Program”.</td>
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<tr>
<td>1-08</td>
<td>Aug 18</td>
<td>Added note on applying for re-accreditation after removal of accreditation as similar process as an application for a completely new site and added updated definition of an EMTN</td>
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<tr>
<td>1-09</td>
<td>Nov 18</td>
<td>Added NUM to the interview template.</td>
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<tr>
<td>1-10</td>
<td>Dec 18</td>
<td>Changed to refer to correct SSP documents – “AC95 Accreditation Information for Special Skills” is now “AC95 SSP Accreditation Process Guide”. Removed the 4 week response required for QIP as it is no longer required. Sites are required to submit progress update in 3 or 6 months as specified in the QIP. Amended wording on “Conditional Accreditation” to clearly state all sites seeking increase in duration of Advanced Training time will remain on current level of accreditation until all recommendations are satisfactorily addressed within six (6) months of notification of the outcome of the accreditation inspection. Fixed up inconsistent bullets formatting in EMTN definition sections. Revised formatting and process diagram.</td>
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<tr>
<td>1-11</td>
<td>Jan 19</td>
<td>Added paragraph to provide inspectors ability to recommend ‘accredited’ even if some of the requirements are not fully met for smaller sites.</td>
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<td></td>
<td>Mar 19</td>
<td>Changed process for new applications from sites that had accreditation removed or brand new sites that have never been accredited before. These applications will have maximum six months’ provisional accreditation (and sites that had lost accreditation will be subject to COE’s approval). Sites applying for increase in accreditation level must be sent to COE for noting. An inspection is required before the level of accreditation can be increased for all these applications.</td>
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<tr>
<td></td>
<td>July 19</td>
<td>Updates to branding</td>
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<tr>
<td></td>
<td>August 19</td>
<td>Changed to reflect amended Accreditation Subcommittee TOR – all withdrawal of accreditation are referred directly to COE (instead of STAC as in the previous TOR).</td>
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1. Introduction

1.1 Purpose and scope

This document outlines the processes the College undertakes to accredit hospital sites as training providers for the FACEM Training Program. It is important to note that this document should be read in conjunction with the AC549 FACEM Training Program Site Accreditation – Requirements document, which sets out the College requirements and includes suggested strategies for meeting each requirement with corresponding examples of evidence.

This process guide refers to the accreditation process for the following types of ACEM Accreditation:

- Adult/Mixed Emergency Departments (ED)
- Paediatric Emergency Departments (PED)
- Emergency Medicine Training Networks (EMTN)

This guide does not apply to the Accreditation of ACEM Special Skills Placements, or ACEM Critical Care Placements. Refer to AC95 SSP Accreditation Process Guide for guidance on accreditation of these placement types.

The College recognises that, in the first 12 months of implementation of the new AC549 requirements, assessment against the standards may need to be implemented with a degree of flexibility so as to ensure sites are not adversely impacted by unforeseen or unexpected circumstances arising from the new requirements. The College will closely monitor the validity of the requirements and the effectiveness of the assessment process in determining a site’s ability to deliver the FACEM training program.

The standards detailed in this document specify what is expected of each training site as part of its obligations as an ACEM-accredited training site. The College recognises that some requirements within the standards may not be equally applicable to every training sites.

1.2 Terms and definitions

When reading this guide, terms identified in emboldened text are defined and/or expanded upon in the Terminology section of this document (page 15).

1.3 Objectives of ACEM Accreditation

The purpose of a formal process of accreditation and reaccreditation of sites for the FACEM Training Program is to ensure that defined acceptable training and education standards are provided by the training site. Specifically, the accreditation process seeks to:

- ensure that ACEM trainees are provided with the necessary support and resources to enable them to meet the requirements of the FACEM Training Program; and
- assist accredited sites in their role as training providers by identifying factors that may be adversely affecting their capacity to deliver effective and supportive training.

1.4 Principles of ACEM Accreditation

In accrediting and reaccrediting training sites, the College will:

- make balanced and objective assessments of a site’s performance as a training site against the requirements outlined in AC549 FACEM Training Program Site Accreditation – Requirements;
- conduct and implement accreditation processes in an open and accountable manner, in accordance with approved College regulations, policies and guidelines; and
- have an ongoing process of review to ensure that recommended changes are implemented, and sites are given adequate opportunity and support to enable them to implement these changes effectively.
1.5 **Accreditation cycle**
ACEM implements a five-year accreditation cycle. A site is initially accredited against the AC549 requirements in the first year of the cycle, via the process of application, inspection and assessment outlined in this document. All sites are required to be re-assessed for accreditation against the AC549 requirements after five years.

Throughout the intervening years, the College monitors the accreditation of all sites through review of the annual site census, trainee placement survey, examination report and WBA report.

A site may request, at any point within the five year cycle, a revision of their Duration of Advanced Training Time for the purpose of seeking an increase or decrease to the time limits for which they are accredited.

Additionally, the College may initiate a focussed investigation (which may include a focussed site visit) of a site at any point within the five year cycle, in response to issues identified through the monitoring of accreditation conditions, the review of College data, or other substantiated avenues.

1.6 **Identification of Sites for Inspection**
The ACEM Accreditation Team routinely identifies sites for inspection. These include a:

- **New Accreditation Inspection** – this is initiated upon notice from a site granted provisional accreditation advising commencement of trainee(s) (as per section 2, below). This inspection will be scheduled six (6) months post the commencement of a trainee.

- **Five Year Review Inspection** – this is held for all sites at five years post the granting date of their initial or renewed accreditation.

- **Revision of Duration of Advanced Training Time Inspection** – this is initiated upon advice from the Accreditation Subcommittee (as per section 8.2) that a site visit is required in order to assess a request from a site for an increase (or decrease) to the site’s duration of advanced training time.

The College may also instigate a focussed investigation, which may include a focussed site visit following notification of an issue, which indicates that a site no longer meets College requirements (Refer to Section 8.4 for further information).

1.7 **Continuous quality improvement and accreditation**
The College adopts continuous quality improvement (CQI) principles in the assessment of sites and works collaboratively with the site to ensure all standards and requirements are fully met.

In accordance with CQI principles, the site is required to undertake a self-assessment against the specific requirements and to develop a quality improvement plan. The plan will be used to record:

- the site's own planned activities to improve performance against specific requirements identified by a self-assessment process;

- actions being undertaken to address those requirements that have not been met following the inspection of the site; and

- actions taken by the site in response to suggestions for improvement made by the inspection team.

Following inspection by the College, the site will be provided with a reasonable period of time to demonstrate that it has sufficiently met the specified requirements, and is then reviewed. The Quality Improvement Plan is to be updated by the site to record identified areas for improvement, recommendations from the site inspection, and conditions which must be met within a specified timeframe.

In circumstances where the site does not demonstrate sufficient progress in meeting a requirement, the College’s review process is enacted and the accreditation outcome is determined (outlined further in Section 6 of this document).
2. Requesting initial accreditation – new sites and those re-applying

2.1 Site preparation

Prior to applying for accreditation, the Director(s) of Emergency Medicine (DEM(s))/Director(s) of Emergency Medicine Training (DEMT(s)) must familiarise themselves with the following.

- AC549 FACEM Training Program Site Accreditation – Requirements
- AC550 FACEM Training Program Site Accreditation – Process Guide (this document)
- AC548 FACEM Training Program Site Accreditation – Application

2.2 Accreditation application

The site submits an application via email to accreditation@acem.org.au that includes a:

- completed AC548 FACEM Training Program Site Accreditation – Application with supporting documentation
- cover letter, addressed to the Chair, Accreditation Subcommittee, requesting accreditation for the ED, signed by the CEO or equivalent

The College does not accept hard copy applications.

Confirmation of the application will be sent to the site within seven days. If there is insufficient documentation to support the application or the AC548 FACEM Training Program Site Accreditation—Application is not fully completed, the site will be requested to update and resubmit the application.

*Note: All applications for reaccreditation after the removal or withdrawal of accreditation will be treated as a new site and will undergo the same process as a new accreditation application.

2.3 Provisional accreditation assessment

The application is considered by the Accreditation Subcommittee, whereby:

- an assessment is made against each requirement to determine if it is Met, Partially Met, or Not Met;
- if any requirement is Not Met the site is declined for accreditation; and
- if all requirements are either Met or Partially Met, the site is approved for Provisional Accreditation.

A new site that has never been accredited previously and a site that is applying for reaccreditation after accreditation was withdrawn, will initially only be granted Provisional Accreditation for six months duration of Advanced Training time. Sites that are re-applying after loss of accreditation will be subject to the approval by COE prior to Provisional Accreditation being granted. An inspection with a successful outcome is required before any increased level of accreditation can be granted.

Application for a new site due to relocation or merging of two hospitals will retain the previous accreditation level (where appropriate, the lesser level of the two hospitals prior to the merge). An inspection with a successful outcome is required before any increased level of accreditation can be granted.

An outcome will be communicated to the site within eight weeks of application, which shall include confirmation of the approved Duration of Advanced Training Time.
2.4 Provisional accreditation period

Where Provisional Accreditation is approved, the DEM(s)/DEMT(s) must advise the College of commencement of trainee(s):

- immediately via email to accreditation@acem.org.au;
- a site granted Provisional Accreditation will be inspected by the College six months from the commencement of trainees; and
- the site is given a total of 12 months of provisional accreditation status to appoint the trainees. If there are no trainees appointed within this period, the provisional accreditation status will lapse and the site will be required to submit a new application before a trainee can be appointed.
3. Re-accreditation for sites holding accreditation

3.1 Site preparation
Prior to applying for accreditation, the Director(s) of Emergency Medicine (DEM(s))/Director(s) of Emergency Medicine Training (DEMT(s)) must familiarise themselves with the following:

- AC549 FACEM Training Program Site Accreditation—Requirements
- AC550 FACEM Training Program Site Accreditation—Process Guide (this document)
- AC548 FACEM Training Program Site Accreditation—Application.

3.2 Initial preparation of accreditation report
The ACEM Accreditation Team will provide the site with the AC548 application and relevant ACEM data, which may include the following:

- data obtained from Annual Site Census, Trainee Placement Survey, WBA Report, Examination Report, DEMT Survey and FACEM Survey.

The AC548 application is sent to the site, together with formal notification of the Inspection, a minimum of 14 weeks ahead of the scheduled inspection date.

3.3 Accreditation report confirmation
The Site DEM(s)/DEMT(s) confirm and/or update the data attached to the Application:

- completed AC548 FACEM Training Program Site Accreditation—Application to be returned via email to accreditation@acem.org.au a minimum of six weeks ahead of the scheduled inspection date.

3.4 Composition of Inspection Team
- ACEM Accreditation Team provides the AC548 application together with the data to an inspection team which may consist of the following members:
  - a Lead FACEM Inspector, who is a member of the ACEM Panel of Inspectors, and works outside of the region in which the site is located*
  - a Second Inspector, who for ED inspections is an approved FACEM inspector who preferably works within the region, and for PED inspections is a member of the Joint College Training Committee—Paediatric Emergency Medicine (JCTC-PEM)
  - a Trainee Representative
  - a senior ACEM Staff Representative
  - a Third FACEM Inspector, and/or a jurisdictional representative and/or an observer may also be included.

*A focussed site visit may involve an inspector from within the region who may provide support to the site.

The final inspection program is provided to all participants a minimum of one week ahead of the scheduled inspection date.

The site visit is typically completed in one full day. However, more time may be required where a Network is being accredited, or where Special Skills Placements are also being assessed. The College will, wherever practicably possible, make arrangements with the site to minimise costs for the site and the College.

All sites pertaining to a Network will be assessed within the same year to ensure ongoing alignment for future accreditation processes.
3.5 Inspection program

The ACEM Accreditation Team liaises with the hospital site and coordinates the creation of an inspection program, as follows:

- After reviewing the AC548 FACEM Training Program Site Accreditation – Application, the Lead Inspector advises of any further members of staff from the site to be interviewed, in addition to the following mandated interviewees:
  - CEO/Director of Medical Services
  - DEM(s)
  - DMT(s)
  - Workplace Based Assessment (WBA) Coordinator
  - Representative responsible for coordinating the Mentor Program
  - Representative responsible for providing trainee research advice (or Director of Research, where applicable)
  - FACEM supervisor(s)
  - Trainees (at least five for larger departments, three for smaller departments) representing the different stages / phases of the training program
  - Nurse Unit Manager

- The site DEM(s)/DEMT(s) organises the specific times for individual interviews, within the bounds of the inspection program requirements.

The final inspection program is provided to all participants a minimum of one week ahead of the scheduled date.

The site visit is typically completed in one full day. However, more time may be required where a Network is being accredited, or where Special Skills Placements are also being assessed. The College will, wherever practicably possible, make arrangements with the site to minimise costs for the site and the College.

All sites pertaining to a Network will be assessed within the same year to ensure ongoing alignment for future accreditation processes.
4. Conduct of an accreditation inspection

4.1 College regulations and policies governing conduct

The Inspection Team conducts the site visit in accordance with all relevant College Regulations, Policies and Procedures, and in accordance with the ACEM Guideline AC98 Accreditation Inspector’s Manual. Key policies and procedures include:

- ACEM Conflict of Interest Policy (COR139)
- ACEM Code of Conduct Policy (COR235)
- ACEM Discrimination, Bullying and Sexual Harassment Policy (COR133)
- ACEM Privacy Policy (COR200)
- ACEM Policy on Procedural Fairness (COR140)

4.2 Accreditation Inspection Findings

At the conclusion of an inspection, the ACEM Staff Representative on the Inspection Team is responsible for creating the AC551 Accreditation Report to reflect the findings of the Inspection Team, specifically recording:

- A Requirement Rating of either Met, Partially Met, or Not Met for each accreditation requirement.
- A ‘Reason’ for any requirement rated as Partially Met or Not Met.
- The ‘Condition’ imposed for any requirement rated as Partially Met or Not Met.
- A ‘Commendation’ or ‘Suggestion for Improvement’ for a requirement rated as Met, where this is provided by the Inspectors (optional).
- Any other comments from the Inspection Team against each requirement.
- An update to the Quality Improvement Plan of the ‘Post Inspection Site Review’ section with any requirements that have a condition and/or suggestion for improvement.

If, at the conclusion of an inspection, all Accreditation Requirements have been rated as Met, the inspection team will recommend an outcome of ‘Accredited’.

Where a rating of Partially Met or Not Met has been recorded against any Accreditation Requirement, the inspection team will recommend an outcome of ‘Conditional Accreditation’ to be met. A ‘Conditional Accreditation’ outcome may occur where it is determined that the conditions or requirements imposed will not adversely impact the quality of the training program delivered by the site and there must be a specified period of time for the site to address the condition(s) identified.

If a site applying for an increase in duration of Advanced Training time and has not been deemed to meet the necessary requirements for the increase to be granted at that time, the site remains at the current level of accreditation until it can provide evidence that it has been able to satisfactorily meet the recommendations within the timeframe given for each recommendation but no more than six (6) months of the notification of the accreditation inspection outcome. If the site is able to do this within the time limit then the site’s accreditation may be revised and upgraded accordingly. The Accreditation Subcommittee however, reserves the right to initiate a re-inspection before the increase is granted, should it be deemed necessary.

While feedback may be provided on findings against individual requirements, the recommended accreditation outcome will not be communicated to the site on the day of inspection—College approval of the Inspection Team’s Findings (Section 5) must be obtained prior to this communication.
5. Approval of the inspection team findings

5.1 Approval process

Following the inspection, the ACEM Staff Representative will forward the updated AC551 Accreditation Report to all members of the Inspection Team for confirmation and endorsement.

Once approved by the Inspection Team, the updated AC551 Accreditation Report will be submitted to the Accreditation Subcommittee for their review and approval. The Accreditation Subcommittee may:

• seek clarification or request amendments from the Inspection Team; and/or
• provide an outcome of either ‘accredited’ or ‘conditionally accredited.

Where the outcome is ‘accredited’, the report is updated as per Section 7 of this document.

Where the outcome is ‘Conditional Accreditation’, the process outlined in Section 6 of this document is initiated. Each site accredited with conditions will remain at their current level of accreditation until all recommendations are satisfactorily addressed. Failure to address issues within the required timeframe will trigger actions under section 6.3.

Should the Accreditation Subcommittee be unable to provide a clear outcome of either “accredited” or conditionally accredited, the report will be forwarded to the Specialist Training and Assessment Committee to determine the outcome.

At the conclusion of this process, the finalised AC551 FACEM Training Program Site Accreditation – Report is sent to the hospital, within a minimum of five (5) weeks of the inspection date.
6. Post-inspection site review

6.1 Site response to conditions

In circumstances where the Accreditation Subcommittee has defined a site as receiving ‘Conditional Accreditation’, the site DEM(s)/DEMT(s) are to provide a response to all requirements identified as Not Met or Partially Met in the Quality Improvement Plan.

The quality improvement plan must be submitted to accreditation@acem.org.au with progress updates against the specified conditions assessed as having been Not Met or Substantially Met, by the defined condition deadline (usually six months, but may be earlier depending on the severity of the condition).

6.2 Resolution of conditional accreditation

The Accreditation Subcommittee will assess the Quality Improvement Plan and determine the condition finding for all requirements with a condition imposed as follows.

- A condition finding of ‘satisfied and closed’ indicates the site has satisfactorily addressed the condition and now meets the relevant accreditation requirement. The site is no longer required to report against the condition.

- A condition finding of ‘progressing’ indicates satisfactory progress is being made against the condition, but further reporting is necessary. A further period of grace of up to six months may be provided to the site for resolution of the condition (once only).

- A condition finding of ‘unsatisfactory’ will trigger the submission of a report from the Accreditation Subcommittee to the Specialist Training and Assessment Committee, requesting a determination on the appropriate next steps (see section 6.3) with the exception that if it involves a recommendation of withdrawal of accreditation the case will be referred directly to the Council of Education (COE) for a decision.

The Accreditation Subcommittee reserves the right to initiate a re-inspection if deemed necessary at any stage of this process.

Exception: Where the ‘unsatisfactory’ finding relates to a requirement delineating Duration of Advanced Training Time (requirement 2.1.1.4 or 2.2.1.2), the Accreditation Subcommittee may determine that the Duration of Advanced Training Time be downgraded. This decision is made by the Accreditation Subcommittee and does not require further approval from the Specialist Training and Assessment Committee (in accordance with the Terms of Reference of the Accreditation Subcommittee).

6.3 Management of ‘unsatisfactory’ condition progress

The Specialist Training and Assessment Committee (STAC) will review the report and either:

- determine that the site has Met the requirement(s) and overturn the finding of ‘unsatisfactory’ to ‘satisfied and closed’ and issue an accreditation outcome as per Section 7;

OR

- uphold the finding of ‘unsatisfactory’ and formally advise the site that the College is recommending Removal/Downgrade of Accreditation. The notification will include, but is not limited to:
  - specific details of the type of removal/downgrade;
  - the date the removal/downgrade will be effective from;
  - invitation to show cause within the specified timeline; and
  - invitation to seek assistance from the College to facilitate remediation.
Following the specified timeline, STAC will make its final determination on the Accreditation of the site, taking into consideration any further information that may have arisen through the invitation to the training site to submit further evidence to show cause as to why accreditation should not be removed/downgraded. A decision of the STAC to remove or downgrade accreditation will be referred to the Council of Education for ratification prior to official notification to the site.

The Council of Education may approve the recommendation made by STAC or it may overturn the decision and make an alternative determination requiring the site to take appropriate steps to remedy the condition within a specified timeframe.

Refer to the Resolution of Conditional Accreditation process map in Section 10 for a summary of the processes the College undertakes to monitor and approve site-compliance conditions.
7. Provision of accreditation outcomes

7.1 Accreditation outcomes

Steps in sections 6.1 and 6.2 will repeat until all conditions have been satisfied and closed within a maximum 12 month timeframe and a final accreditation outcome can be provided, or, in the event of conditions that remain rated as unsatisfactory at the conclusion of any Specialist Training and Assessment Committee-initiated activity, the Council of Education has endorsed Removal of Accreditation.

Where Accreditation is approved, the following outcomes will be defined and communicated to the site, together with an Accreditation Certificate, which specifies:

- approval of accreditation as either an ED/PED/EMTN training site;
- the Duration of Advanced Training Time that stipulates the maximum amount of training time a trainee may spend at the site;
- accreditation or otherwise for Paediatric Logbook Status (requirement 2.2.1.3);
- where applicable, a specified maximum number of trainees the site can support; and
- for the purposes of the College, designation of the Emergency Department as either a Major Referral, Urban District, or Rural/Regional hospital.
8. Maintaining accreditation – accredited sites

8.1 Twelve-month follow up

The ACEM Accreditation Team may request, on behalf of the Accreditation Subcommittee, an updated Quality Improvement Plan from all sites 12 months following the provision of an accreditation outcome.

8.2 Application for increase or decrease to training time

Sites seeking an increase or decrease to their Duration of Advanced Training Time at any point during the 5-year cycle must make a request to the College via submission of an updated AC551 Accreditation Report. The evidence required to establish whether a training site meets the relevant requirements for the higher level of accreditation is gathered, as applicable, from the Site Accreditation Report, Trainee Placement Survey, Annual Site Census, the FACEM survey and other reports generated by the College.

The Accreditation Subcommittee will assess the request and respond within eight weeks of receipt of the application. The Accreditation Subcommittee may request that a Focussed Inspection or a Revision of Duration of Advanced Training Time site visit is undertaken in order to make a final determination on the application.

8.3 Complaints or grievances

In circumstances where the Accreditation Subcommittee or the Accreditation Team receives notification of a complaint or grievance from a single person or from a small number of persons regarding a site, the person/s is referred to the relevant College policies regarding complaints management.

Following investigation of the complaint, the College may determine that the issue relates to a site's accreditation and a Focussed Investigation (section 8.4) is warranted. This determination is made by the Office of the CEO following consideration of the information submitted to the College and of the potential impact on the FACEM Training Program.

8.4 Notification of Issues relating to Accreditation – Focussed Investigation

The College may become aware of an issue(s) relating to trainees, the training program or the training environment at an accredited site during the accreditation cycle. The issue(s) may be identified through monitoring of College survey tools, College generated reports, or other substantiated avenues.

If the College determines the issue(s) to be such that the site may no longer be meeting an Accreditation Requirement(s), a focussed investigation will be initiated, whereby the College will conduct an assessment of the performance of the site with respect to the specific Accreditation Requirement(s) identified.

At the commencement of a focussed investigation, the site will be asked to respond to the identified issue(s) and provide information supporting the site's ongoing compliance with the requirement(s). A focussed investigation may include a focussed site visit.

At the conclusion of a focussed investigation, the College will provide a determination as to whether the requirement(s) is Met, Partially Met or Not Met. A determination of a requirement being Partially Met or Not Met will result in an accreditation condition being placed on the site, and the process outlined at Section 6 will be initiated. Failure to satisfactorily address the issues of concern, or to implement the prescribed changes in the proposed timeframe may lead to immediate loss or downgrading of accreditation.
9. Reconsideration, review and appeal

A site may request a re-assessment of an Accreditation Outcome via the process defined in the COR355 Reconsideration, Review and Appeals Policy document.
10. Resolution of conditional accreditation process map
Terminology

Accreditation Report
The Accreditation Report is a comprehensive document detailing the Accreditation Status of a site. It is used to record the findings of the appointed Inspection Team to reflect their assessment against each of the 54 Accreditation Requirements.

Accreditation Subcommittee
The Accreditation Subcommittee is appointed by the Council of Education to review and consider applications for accreditation as an ACEM training site to enable it to deliver the FACEM Training Program. All members of the Subcommittee are expected to participate in a minimum of four site inspections per annum. The Subcommittee has delegated authority to make decisions on the accreditation of emergency medicine and special skills placements. Decisions relating to the withdrawal of accreditation are referred to the Specialist Training and Assessment Committee for approval.

Annual Site Census
All accredited training sites are required to complete an Annual Site Census to provide the College with current details of the site's profile and training program(s) with reference to the Accreditation Requirements.

Conditions
Accreditation conditions relate to individual accreditation requirements that have been 'Partially Met' or 'Not Met'. The condition identifies a timeframe (six months) for the site to meet the accreditation requirement. The College may determine that, in instances where the safety and/or wellbeing of trainees is considered at risk, a shorter (usually three month) timeframe for remedy is necessary. Accreditation conditions require remedy as a mandatory component of continuing accreditation.

Commendation
The College may make a commendation with respect to a site's performance against an accreditation requirement. A commendation will reflect that the site is clearly exceeding the expectation of the requirement.

Council of Education
The Council of Education is appointed by the College to oversee the activities of all educational committees of the College.

Duration of Advanced Training Time
The College determines whether a site is accredited for six, 12, 18 or 24 months advanced training time through the accreditation process. This time limit represents the maximum amount of time that a trainee can have their training time recognised by the College. If a trainee’s training time exceeds the site’s accreditation time limit, the training time will count as surplus training only.

The assessment of the site-specific accreditation time limit is based on the:

- level of Fellow clinical coverage (see Requirement 2.1.1.4);
- clinical support time assigned to the DEMT (see Requirement 2.1.3.5); and
- number, breadth, acuity and complexity of the casemix available at the site (see Requirement 2.2.1.2).

Emergency Medicine Training Network
An Emergency Medicine Training Network (EMTN) is a group of two or more ACEM-accredited training sites that have formally agreed to provide a coordinated education and training program for emergency medicine trainees.
Intentions of an EMTN:

• Education
  — Each site must contribute to the education program in proportion to the level of accreditation of the site.
  — The Education program is expected to cover both preparation for the Primary and Fellowship Examinations.
  — The education program can be held at one site or rotate between sites of the network. However, FACEM contribution to the delivery of the program is encouraged to be delivered by FACEMs from each site in proportion to the length of advanced training time that each hospital holds individual accreditation for.

• Rotations

The Network is expected to have:
  — central coordination of the recruitment process is recommended for all sites within the network;
  — central coordination and oversight of the allocation of rotations to trainees across the network to ensure that the trainees’ needs are met. The network DEMT will participate in this process; and
  — a central review of each trainee’s progress coordinated by the network DEMT in consultation with the site DEMT(s).

Although the Network is expected to coordinate the recruitment of trainees across sites, there is no requirement/expectation for a trainee to rotate to all the sites within the network.

Examination report

A report of the current annual Primary and Fellowship Exam results for trainees at the Site and Australasia wide. The report includes cumulative data for up to five years thereby providing the inspection team with a longer-term view of the examination results relating to the site.

Five-year review inspection

A full and comprehensive assessment of the site is undertaken every five years, with the objective of determining that the site continues to meet all of the requirements for delivery of the FACEM training program. The Five Year Review Inspection process will be initiated by the College, for all sites that are due for re-accreditation.

Focussed investigation

Where sufficient cause is identified, the College may investigate (via telephone, written correspondence, or other methods of communication) the performance of a site with respect to specifically identified Accreditation Requirements. A focussed investigation may include a focussed site visit.

Focussed site visit

Where sufficient cause is identified, and on the recommendation of the appropriate College entity, the College may request an ad hoc site visit to determine the ongoing accreditation of the site with respect to specifically identified requirements. Failure to have satisfactorily addressed the issues of concern, or undertaken the prescribed changes in the proposed time frame may lead to immediate loss or downgrading of accreditation following the next Accreditation Subcommittee meeting.
Inspection program
When coordinating the inspection program, the following schedule must be prepared.

<table>
<thead>
<tr>
<th>Interview/activity</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td>Inspectors private team pre-meeting</td>
<td>10 mins</td>
</tr>
<tr>
<td>DEM(s)</td>
<td>30 mins</td>
</tr>
<tr>
<td>DEMT(s)</td>
<td>30 mins</td>
</tr>
<tr>
<td>WBA Coordinator</td>
<td>15 mins</td>
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<tr>
<td>Tour of ED</td>
<td>30 mins</td>
</tr>
<tr>
<td>Research Coordinator (where applicable)</td>
<td>15 mins</td>
</tr>
<tr>
<td>Representative responsible for coordinating Mentor Program</td>
<td>15 mins</td>
</tr>
<tr>
<td>Other Requested FACEM / Staff Specialists</td>
<td>15 mins each</td>
</tr>
<tr>
<td>Chief Executive Officer/Director of Medical Services</td>
<td>30 mins</td>
</tr>
<tr>
<td>Nursing Unit Manager</td>
<td>15 mins</td>
</tr>
<tr>
<td>Five (5) Registrar/Trainee interviews</td>
<td>15 mins each</td>
</tr>
<tr>
<td>Intern(s)/Resident(s) (optional)</td>
<td>15 mins</td>
</tr>
<tr>
<td>Inspectors private team meeting</td>
<td>60 mins</td>
</tr>
<tr>
<td>Concluding meeting with DEM(s) and DEMT(s)</td>
<td>15 mins</td>
</tr>
</tbody>
</table>

Other than the initial pre-meeting, DEM(s) interview, DEMT(s) interview, WBA coordinator interview, tour of the ED and concluding meetings, the above interview order may be altered to accommodate the availability of required participants on the day. A break for lunch should also be included in the program.

Maximum number of trainees
Interviews with trainees are the most important aspect of the inspection—for large and moderate sized departments a minimum of five trainee interviews are to be allocated. It is recognized that smaller departments may only be able to provide three to four trainee interviews. Participating trainees should represent the full spectrum of the training program.

It is expected that sites balance the service delivery needs of their Emergency Departments with their supervisory and educational resource capacities with respect to the number of trainees they have within their clinical roster. As such, the College does not routinely prescribe the number of trainees a training site can support at any one time within the Emergency Department.

The College may, from time to time, recommend a maximum number of trainees a site can support where it directly relates to an accreditation requirement with a condition imposed. When considering the number of trainees that a department can support, examples of determining factors include, but are not limited to, the following.

- Whether the number of trainees within the Emergency Department reconciles with the amount of clinical support time allocated for DEMT duties—one hour per trainee per week
- Individual trainee casemix exposure with respect to assessment, procedures and management
- Available Fellow clinical supervision; including a minimum of 50% (30% for six months (linked) sites) of a trainee’s clinical time under direct Fellow clinical supervision
- The ability for trainees to meet the WBA requirements associated with their stage and phase of training
- The ability to provide adequate access to the training site’s structured education program
- The feedback from Trainee Placement Surveys
New accreditation inspection
Following the granting of provisional accreditation, a site is required to provide formal notification of the commencement of a trainee. A New Accreditation Inspection will then be initiated, to be held six months from the trainee commencement date, to enable the College to determine full accreditation of the site as per the processes outlined in this document.

Panel of inspectors
The College has an established Panel of Inspectors which lists eligible fellows of the College to undertake inspections. The Panel of Inspectors scope and purpose is outlined in the Terms of Reference (TOR312). All inspectors are required to have a thorough understanding of the accreditation requirements and the FACEM Training program and to be actively involved in trainee education.

Provisional accreditation
Provisional Accreditation may be granted to new sites where the Accreditation Subcommittee has determined, based on the evidence submitted in application, that the site meets, or has the potential to meet, all of the Accreditation Requirements. The site is then permitted to appoint trainees, which will initiate a New Accreditation Inspection in six months’ time. In the event that a Provisionally Accredited site does not appoint a trainee within 12 months of notification, the Provisional Accreditation will lapse, and the site will be required to submit a new application before a trainee can be appointed.

A new site that has never been accredited previously and a site that is applying for reaccreditation after accreditation was withdrawn, will initially only be granted Provisional Accreditation for 6 months duration of Advanced Training time. Sites that are re-applying after loss of accreditation will be subject to the approval by COE prior to Provisional Accreditation being granted. An inspection with a successful outcome is required before any increased level of accreditation can be granted.

Applications for a new site due to relocation or merging of 2 hospitals will retain the previous accreditation level (the lesser level of the 2 hospitals prior to the merge). An inspection with a successful outcome is required before any changes to level of accreditation can be considered. The COE will be notified of the application.

Quality improvement plan
The quality improvement plan is used by the site to record the planned activities that will be implemented in order to meet a requirement that either the site or the College has identified as requiring further action in order for the site to fully satisfy the requirement. The plan is used to record and provide regular updates on the site’s progress in implementing the specified activities, projects and actions. It is a dynamic document that will be regularly updated and used by both the College and the site to note a site’s performance over time.

Removal/downgrade of accreditation
Sites that fail to address accreditation conditions to the satisfaction of the College within the prescribed timeframe face withdrawal or downgrading of their accreditation. Accreditation will not be withdrawn/downgraded without written notice. Where ACEM is considering withdrawal of accreditation and in circumstances where accreditation is withdrawn, the College will work with trainees at the site to minimise the implications of these decisions on their training. In these circumstances, it is up to the training site and the DEMT(s) to communicate openly and honestly about accreditation possibilities with trainees.

Note: All applications for reaccreditation after the removal of accreditation will treated as a new site and will undergo the same process as a new accreditation application.

Requirement rating: Met
The site has provided sufficient evidence, via the Accreditation Report and/or at Inspection, for the College to determine that the relevant requirement has been satisfactorily addressed. In making this determination, the College considers the outcome as it relates to trainees, their training and the training environment.

Requirement rating: Not Met
Based on the information provided via the Accreditation Report and/or at Inspection, the College determines that the relevant requirement has not been satisfactorily addressed. There is insufficient evidence to confirm an appropriate level of satisfaction with the intent of the requirement. In making this determination, the College considers the outcome as it relates to trainees, their training and the training environment. An accreditation requirement assessed as ‘Not Met’ will result in the relevant criterion and standard being assessed at ‘Not Met’. This will result in an accreditation ‘condition’ being placed upon the site.
Requirement rating: Partially Met
The site has provided a plan, or detailed a process, that provides for the site to potentially meet a requirement within a reasonable time. An Accreditation requirement assessed as ‘Partially Met’ will result in the relevant criterion and standard being assessed at ‘Partially Met’. This will result in an accreditation ‘condition’ being placed upon the site.

Specialist Training and Assessment Committee
The Specialist Training and Assessment Committee is appointed by the Council of Education to oversee matters relating to the FACEM Training Program.

Suggestion for improvement
A suggestion for improvement may be provided for a ‘Met’ requirement where the College has identified quality initiatives that a site is encouraged to consider as part of its quality improvement processes. They relate to matters that the College considers best-practice and which may enhance the training provided at a site. Suggestions for Improvement are not mandatory; however, sites are able to respond to the College, through the Quality Improvement plan, regarding consideration and adoption of a recommendation.

Trainee placement survey
Trainees at accredited training sites are required to complete a Trainee Placement Survey after undertaking an Emergency Department placement. The survey provides an opportunity for trainees to give de-identified feedback on a site’s training program in line with the Accreditation Requirements. These surveys are collated by the College and reviewed on an annual basis, as well as in connection with any application for re-accreditation or increase in the Duration of Advanced Training Time for which a site is accredited. While not the only consideration, the feedback of trainees through the Trainee Placement Survey is carefully considered when assessing a site against the Accreditation Requirements.

Workplace-Based Assessment (WBA) Report
The Workplace-Based Assessment Report is developed by the College prior to inspection and is used by the Inspection team to assess a site’s performance in meeting workplace-based assessment requirements specified by the College. The report also identifies the number of trainees assigned per supervisor, the number of workplace-based assessments completed on time and the number of workplace-based assessments that are overdue according to the type of workplace-based assessment (e.g. Case-based Discussion, Direct Observation of Procedural Skills, Shift Report).