

Australasian College  
for Emergency Medicine

# FACEM Training Program Site Accreditation

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Process Guide V3 AC550

## Document Review

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Timeframe for review:	Every two years, or earlier if required
Document authorisation:	Council of Education
Document implementation:	Accreditation Committee
Document maintenance:	Manager, Standards

## Revision History

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Version	Date	Pages revised / Brief Explanation of Revision
v0		Draft for consideration by Council of Education
v0.1		JC changes for COE
v0.2		LD changes from COE meeting 26 Oct 16
v0.3		FB changes following ASC meeting 21 Feb 17
v1	June 17	Final for COE Approval
v1.7	Jan 18	Added reduction/removal of accreditation clause in Focused Inspection explanation. Changed to FACEM Training Program from "Specialist Training Program".
v1.8	Aug 18	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
v1.9	Nov 18	Added NUM to the interview template.
v1.10	Dec 18	<p>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.</p> <p>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</p> <p>Fixed up inconsistent bullets formatting in EMTN definition sections.</p>
v1.11	Jan 19	Added paragraph to provide inspectors ability to recommend "accredited" even if some of the requirements are not fully met for smaller sites.
	Mar 19	Changed process for new applications from sites that had accreditation removed or brand new sites that has never been accredited before. These applications will have maximum 6 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.
	July 19	Updates to branding
	Aug 19	Changed to reflect amended Accreditation Subcommittee TOR – all withdrawal of accreditation are referred directly to COE (instead of STAC as in the previous TOR).
v2	Sep 21	<p>Site cannot apply for an increase till 12 months after a previous inspection.</p> <p>New accreditation types:</p> <ul style="list-style-type: none"> <li>• Tier 1 – 36 months</li> <li>• Tier 2 – 24 months</li> </ul>

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- Tier 3 – 12 months
  - Private EDs – 12 months
  - PED – 12 months
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v3

Dec 23

Routine review

Changes:

- Conditions are mandatory with due dates
  - Recommendations are suggestions and are not mandatory.
  - Sites will only be given one QIP due date with no extensions – 12 months unless there are extenuating circumstances.
  - Requirement assessment changed to either “Met” or “Not Met”. “Partially met” assessment discontinued.
  - PED inspections – allow past members of CJCT-PEM to be second inspectors.
  - LWBAC – amended requirement to reflect eligibility requirements as described in the LWBAC Position Description.
  - Withdrawal of accreditation will include notification to the jurisdictional health department.
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# 1. Introduction

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## 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 Accreditation—Requirements* and *AC808 TS4 Accreditation Requirement* documents which set out the College requirements and include 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\*:

Accreditation Type	Maximum Core ED Training Time Recognised
Tier 1 Adult/Mixed	36 months
Tier 2 Adult/Mixed	24 months
Tier 3 Adult/Mixed	12 months
Private ED Adult/Mixed	12 months
Paediatric ED	12 months

\* Sites are also able to apply for accreditation as an Emergency Medicine Training Network.

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 requirements that had been amended with the introduction of the new 2022 accreditation structure:

- 2.1.1.2 – Suitable on-call Fellow arrangements
- 2.1.1.3 – Direct clinical supervision
- 2.1.1.4 – Fellow clinical coverage
- 2.2.1.2 – Trainee exposure to adequate number, breadth and acuity of casemix
- 2.2.1.3 – PLB/PER eligibility requirements
- 3.1.2.3 – Structured education hours delivered
- 3.3.1.4 – Adequately resourced Director of Research

For Training Stage 4 (TS4) requirements if applicable:

- 4.1.1.1 – Leadership and Management
- 4.2.1.1 – Scholarship and Teaching
- 4.3.1.1 – Quality Management

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 site.

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.

## 12 Terms and definitions

When reading this guide, terms are defined and/or expanded upon in the terminology at Section 11 of this document.

## 13 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 minimum 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.

## 14 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 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.

## 15 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 public adult/mixed ED may request, at any point within the five-year cycle, a revision of their accreditation Tier.

Additionally, the College may initiate a focused investigation (which may include a focused 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.

## 16 Identification of sites for inspection

The ACEM accreditation team routinely identifies sites for inspection. These include a:

- **New Accreditation Inspection** – this is initiated when a trainee commences at a provisionally accredited site. This inspection will be scheduled six (6) months post the commencement of a trainee or towards the end of the trainee’s term, whichever is earlier.
- **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 the accreditation Tier Inspection** – this is initiated upon advice from the Accreditation Committee (as per section 8.2) that a site visit is required in order to assess a request from a site for an upgrade to the site’s accreditation Tier.

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

## 17 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 (up to a maximum of 12 months) 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 recommendation for improvement (not mandated), and/or conditions which must be met within a specified timeframe from the site inspection.

*Please note, submission of the Quality Improvement Plan must include evidence that the plan has been implemented and embedded to demonstrate the condition(s) has/have been addressed.*

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 for accreditation

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### 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 Accreditation—Requirements*
- *AC550 Accreditation—Process Guide (this document)*
- *AC548 Accreditation—Application*
- *AC808 TS4 Accreditation – Requirements*

### 2.2 Accreditation application

For new application, when a site is ready to submit an application, the site should contact the accreditation team via email ([accreditation@acem.org.au](mailto:accreditation@acem.org.au)) to request a secure Sharepoint folder to be set up for the uploading of application and supporting documents.

For inspection application, the accreditation team will contact the site to nominate an email address for a dedicated secure Sharepoint folder to be set up specifically for the inspection. All supporting documents can be uploaded directly into this folder.

For all applications (new or for re-inspection), documents must include a:

- completed *AC548 Accreditation—Application* with supporting documentation (the **latest version** of the AC548 should be downloaded from the College website).
- cover letter, addressed to the Chair, Accreditation Committee, requesting accreditation for the ED, signed by the CEO or equivalent.

**The College accepts only soft copy applications and supporting documents.**

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 Accreditation—Application* is not fully completed, the site will be requested to update and resubmit the application.

\* Note:

1. 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. Sites cannot apply to change their accreditation level within 12 months of their most recent accreditation inspection, or within 12 months of a downgrade.
3. Sites cannot reapply for accreditation within 12 months of a decline of their accreditation application/inspection.



## 23 Provisional accreditation assessment

The application is considered by the Accreditation Committee, whereby:

- an assessment is made against each requirement to determine if it is 'Met' or 'Not Met'
- if significant requirements are 'Not Met' the site is declined for accreditation
- if all requirements are Met, the site is approved for Provisional Accreditation

If a site has a rating of 'Not Met' recorded against an Accreditation Requirement, but it is deemed that it will not adversely impact the quality of the training program delivered at the site, the site can still be 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.

Provisional accreditation will be for recognition as a Tier 3 site with the maximum of 12 months of core ED training time until the accreditation inspection at which time Paediatric and Private EDs will have their accreditation confirmed or withdrawn, and adult/mixed EDs will be recognised as Tier 1, 2 or 3.

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 Tier (where appropriate, the lesser Tier of the two hospitals prior to the merge). An inspection with a successful outcome is required before any upgrade of accreditation can be granted.

An outcome will be communicated to the site normally within eight weeks of application.

## 24 Provisional accreditation period

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

- a site granted Provisional Accreditation will be inspected by the College six months from the commencement of a trainee or towards the end of the trainee's term, whichever is earlier.
- 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

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## 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 Accreditation-Requirements*
- *AC550 Accreditation-Process Guide (this document)*
- *AC548 Accreditation-Application.*
- *AC808 TS4 Accreditation-Requirements*

## 32 Initial preparation of accreditation inspection

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 and Examination Report.

The AC548 application is sent to the site, together with formal notification of the Inspection, **a minimum of 10 weeks ahead of the scheduled inspection date**.

The Site DEM(s)/DEMT(s) will upload all documentation a minimum of six (6) weeks ahead of the scheduled inspection date:

- completed *AC548 Accreditation—Application*
- All supporting documents.

## 33 Composition of inspection team

ACEM accreditation team will provide the AC548 application together with the relevant documentation to an inspection team.

### Physical Site inspection:

The team 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\*
- 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 Committee for Joint College Training — Paediatric Emergency Medicine (CJCT-PEM); or, a past member of CJCT-PEM who maintains current knowledge of the accreditation requirements
- Trainee Representative
- ACEM Staff Representative(s)
- Third FACEM Inspector, and/or a jurisdictional representative and/or an observer may also be included.

### Hybrid/Full Virtual Inspection:

The team may consist of the following members, a:

- Lead Inspector, who for ED inspections is an approved FACEM inspector who preferably works within the region
- Second FACEM Inspector, who is a member of the ACEM Panel of Inspectors, and works outside of the region in which the site is located\*; and for PED inspections is a member of the Committee for Joint College Training — Paediatric Emergency Medicine (CJCT-PEM); or, a past member of CJCT-PEM who maintains knowledge of the accreditation requirements
- Third Inspector, who for ED inspections is an approved FACEM inspector who preferably works within the region
- Trainee Representative
- ACEM Staff Representative(s)

- Jurisdictional representative and/or an observer may also be included.

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

At a minimum, the inspection team will consist of a Lead FACEM Inspector and an ACEM Staff Representative.

All members of the Inspection Team are required to declare any conflict of interest (perceived or otherwise), as outlined in the *ACEM COR139 Conflict of Interest Policy*, with the ED/PED to be inspected. In the event of a declared conflict of interest, the inspector would be removed from the Inspection team and the position reassigned.

### 3.4 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 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)
  - DEMT(s)
  - Local Workplace Based Assessment (LWBACs) Coordinator
  - Representative responsible for coordinating the Mentor Program
  - Nurse Unit Manager
  - 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, including the site's trainee representative if there is one. If a site has a trainee representative, the College accreditation team will liaise with the trainee representative to ensure all trainees are aware of the pending inspection and they will be given the opportunity to speak with the inspection team should they wish to.

*\* The Accreditation Committee reserves the right to invite all/specific trainees and/or FACEMs for interviews should it be deemed necessary.*

- 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 three (3) weeks 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.

For ongoing alignment for future accreditation processes:

1. All sites in an Emergency Medicine Training Network will be assessed within the same year.
2. For existing accredited ED that successfully applied for co-located PED accreditation, the adult only ED will also be inspected when the new PED is inspected; even if the ED is not yet due for its routine five year reinspection.
3. Relevant new SSP inspections may also be conducted as part of the ED/PED inspection if required and time permitting.

## 4. Conduct of an accreditation inspection

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### 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 writing the AC551 Accreditation Report to reflect the findings of the Inspection Team, specifically recording:

- A Requirement Rating of either 'Met', or 'Not Met' for each accreditation requirement
- A 'Reason' for any requirement rated as 'Not Met'
- The 'Condition' imposed for any requirement rated as 'Not Met'
- A 'Commendation' or 'Recommendation 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
- The Quality Improvement Plan of the 'Post Inspection Site Review' section with any requirements that have a condition and/or recommendation 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'.

Recommendation for improvement against a requirement is a suggestion only, and the site is encouraged to address the recommendations to further improve on the quality of their training program.

Where a rating of 'Not Met' has been recorded against any Accreditation Requirement, conditions will be placed on the respective requirement(s) and the inspection team will recommend an outcome of 'Conditional Accreditation'. There will be a specified period of time (usually 12 months) for the site to address the concern(s) identified.

If a site has a rating of 'Not Met' recorded against an Accreditation Requirement, but it is deemed that it will not adversely impact the quality of the training program delivered at the site, the inspection team can recommend an outcome of "Accredited".

If a site applying for an upgrade to a higher accreditation Tier has not been deemed to meet the necessary requirements for the upgrade to be granted at that time, the site remains at the current Tier of accreditation until it can provide evidence that it has been able to satisfactorily meet the conditions within the timeframe given for each condition (usually 12 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 Committee, however, reserves the right to initiate a re-inspection before the upgrade is granted, should it be deemed necessary.

Note: 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, below) must be obtained prior to this communication.

## 5. Approval of the inspection team findings

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### 5.1 Approval process

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

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

- seek clarification or request amendments from the Inspection Team
- provide an outcome of either 'Accredited' or 'Conditional Accreditation'.

Where the outcome is 'Accredited', the outcome process as per Section 7 of this document will be enacted.

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

Should the Accreditation Committee be unable to provide a clear outcome of either "Accredited" or "Conditional Accreditation", the report will be forwarded to the Council of Education to determine the outcome.

At the conclusion of this process, the finalised *AC551 Accreditation - Report* is sent to the hospital, usually within six (6) weeks of the inspection date.

## 6. Post inspection site review

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### 6.1 Site response to conditions

When a site is granted 'Conditional Accreditation', the site DEM(s)/DEMT(s) are to provide a response to all requirements identified as 'Not Met' in the Quality Improvement Plan.

The quality improvement plan must be submitted to [accreditation@acem.org.au](mailto:accreditation@acem.org.au) with progress updates against the specified conditions assessed as having been 'Not Met' by the conditions deadline (usually 12 months, but may be earlier depending on the severity of the condition).

*Please note: evidence that the resolutions are fully implemented and embedded must be submitted to demonstrate the requirement(s) has/have been addressed.*

## 62 Resolution of conditional accreditation

The Accreditation Committee 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 'unsatisfactory' will trigger the submission of a report from the Accreditation Committee to the Council of Education, requesting a determination on the appropriate next steps (see section 6.3). including the recommendation of *withdrawal of accreditation*.

The Accreditation Committee 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 the different accreditation Tiers (requirement 2.1.1.4 or 2.2.1.2), the Accreditation Committee may determine that the accreditation Tier be downgraded. This decision is made by the Accreditation Committee and does not require further approval from the Council of Education (in accordance with the Terms of Reference of the Accreditation Committee).

## 63 Management of 'unsatisfactory' condition progress

The Council of Education 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

OR

- The Council of Education may make an alternative determination requiring the site to take appropriate steps to remedy the condition within a specified timeframe.

Following the invitation to the training site to submit further evidence to show cause as to why accreditation should not be withdrawn, any further information that is submitted will be forwarded to the Accreditation Committee for review and to provide a recommendation before the Council of Education makes its final determination.

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.

Notes:

1. Sites cannot reapply for accreditation within 12 months of a withdrawal of their accreditation.
2. Sites cannot apply for an upgrade of their accreditation tier within 12 months of a downgrade.

## 7. Provision of accreditation outcomes

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### 7.1 Accreditation outcomes

All conditions must be 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 and 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 a Tier 1, 2 or 3 ED, PED or Private ED training site
- approval as an EMTN or a linked-ED if applicable
- approval or otherwise for accreditation for Training Stage 4
- the maximum amount of core ED training time a trainee may accrue at the site.
- approval or otherwise for accreditation for Paediatric Emergency Requirement Status (requirement 2.2.1.3)
- where applicable, a specified maximum number of trainees the site can support
- for the training purposes of the College, designation of public adult/mixed Emergency Department as either a Major Referral or a non-Major Referral hospital.

## 8. Maintaining accreditation – accredited sites

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### 8.1 Twelve month follow up

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

### 8.2 Application for an update of accreditation tier\*

Public adult/mixed ED seeking an upgrade to their accreditation Tier, at any point during the five-year cycle, must make a request to the College via submission of an updated AC549 Accreditation Application and supporting documents. Further evidence required to establish whether a training site meets the relevant requirements for the higher accreditation Tier is gathered, as applicable, from the Accreditation Report, Trainee Placement Survey, Annual Site Census, the FACEM survey and other reports generated by the College.

The Accreditation Committee will assess the request and respond within eight weeks of receipt of the application. The Accreditation Committee may request that a focused inspection or a revision of accreditation Tier site visit is undertaken in order to make a final determination on the application.

*\* As per Section 2.2, sites cannot apply to change their accreditation level within 12 months of their most recent accreditation inspection, or within 12 months of a downgrade.*

### 8.3 Complaints or grievances

In circumstances where the Accreditation Committee 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 focused investigation (see 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 – focused 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), an investigation (focused or full) 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 an investigation, the site will be asked to respond to the identified issue(s) and provide information demonstrating the site's ongoing compliance with the requirement(s). The investigation may include a site visit either virtually or on site.

At the conclusion of the investigation, the College will provide a determination as to whether the requirement(s) is 'Met' or 'Not Met'. A determination of a requirement being '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.

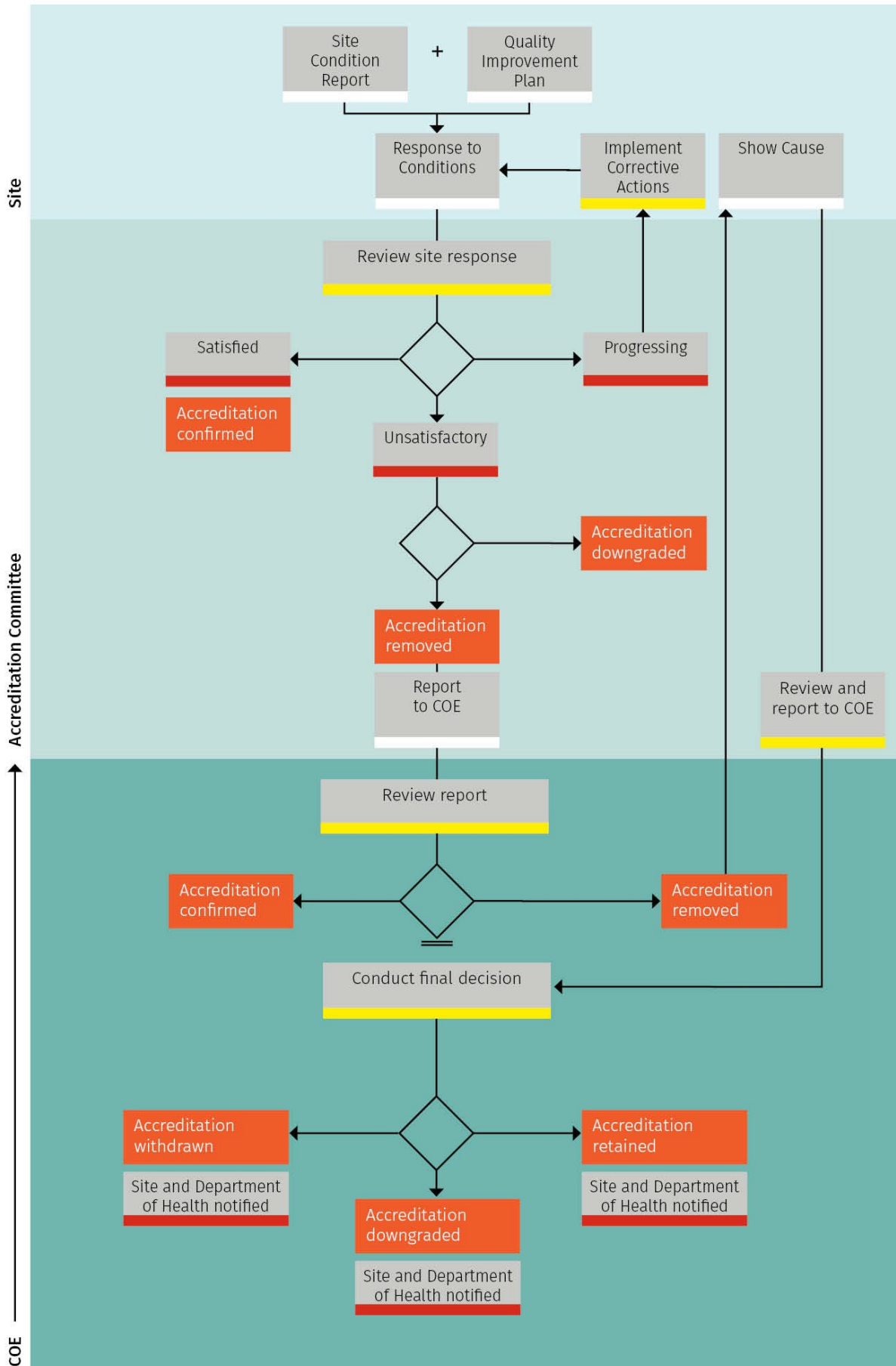
## 9. Reconsideration, review and appeal

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A site may request a re-assessment of an Accreditation Outcome via the process defined in the [ACEM COR355 Reconsideration, Review and Appeals Policy](#) document.



## 10. Resolution of conditional accreditation process map



## 11. Terminology

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### ***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 Accreditation general Requirements and the TS4 Accreditation Requirements.

### ***Accreditation Committee***

The Accreditation Committee 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 Committee are expected to participate in a minimum of two site inspections per annum. The Committee has delegated authority to make decisions on the accreditation of emergency medicine and special skills placements. If no decisions can be agreed on within the Accreditation Committee, or the recommendation is for withdrawal of accreditation, the matter will be referred to the Council of Education for a decision.

### ***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.

### ***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.

### ***Conditions***

Based on the information provided via the Accreditation Report and/or at Inspection, should the College determine that the relevant requirement has not been satisfactorily addressed, and there is insufficient/no evidence to confirm an appropriate level of satisfaction with the intent of the requirement. 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 with a due date for the requirement to be addressed. In making this determination, the College considers the outcome as it relates to trainees, their training and the training environment.

### ***Council of Education***

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

### ***Emergency Medicine Training Network***

An Emergency Medicine Training Network (EMTN) is a group of two (2) 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 accreditation Tier 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 Tier that each hospital holds individual accreditation for
- Rotations

The Network is expected to have:

- where possible, 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 DEMENT will participate in this process
- central review of each trainee's progress coordinated by the network DEMENT in consultation with the site DEMENT(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.

### ***Fellow***

For adult only and mixed Emergency Departments, a Fellow is an individual who holds Fellowship of the Australasian College for Emergency Medicine (i.e. FACEM).

*For Paediatric Emergency Departments accredited for FACEM Training (note that supervision for joint PEM Training is a separate matter), a Fellow is an individual:*

- a) who is a FACEM;

OR

- b) who is a Fellow of the Royal Australasian College of Physicians (FRACP);
  - who has been awarded completion of, or granted equivalence to, Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion or Equivalence by the Committee for Joint College Training in Paediatric Emergency Medicine;

OR

- who, if they obtained FRACP prior to 1 January 2009, can demonstrate:
  - 24 FTE months consultant experience working in a PED since obtaining FRACP; and

- current clinical work (0.2 FTE or greater) in a PED.

For Non-Specialist, Co-located Paediatric Emergency Departments (a separately accredited, dedicated area for paediatric attendances that functions distinctly from the adult section of the department within a mixed ED by way of design, resources and staffing), a Fellow is also considered to be an individual:

- who is a FRACP who can demonstrate:
  - 24 FTE months consultant experience working in a PED since obtaining FRACP; and
  - current clinical work (0.2 FTE or greater) in a PED.

For the purposes of this document, it is understood that in Aotearoa New Zealand, some doctors registered in the vocational scope of practice in Emergency Medicine may not be Fellows of ACEM. As such, the College accepts that these doctors are recognised as specialists in Emergency Medicine with the same scope of practice as a FACEM.

### ***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.

### ***Focused 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 focused investigation may include a focused site visit.

### ***Focused 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.

### ***Junior clinicians***

Junior clinicians include JMOs, interns, junior registrars, EMC/D/AD trainees, TS1-2 trainees but excludes medical students.

### ***Inspection Program***

When coordinating the inspection program, the following schedule is required to be prepared:

Interview/activity	Time frame
Tour of ED	40 mins
Inspectors private team pre-meeting	20 mins
DEM(s)	30 mins
DEMT(s)	30 mins
Local WBA Coordinator	15 mins
Research Coordinator (where applicable)	15 mins
Representative responsible for coordinating Mentor Program	15 mins

Nursing Unit Manager	15 mins
Other Requested FACEM / Staff Specialists*	15 mins each
Chief Executive Officer/Director of Medical Services	15 mins
Five (5) Registrar/Trainee interviews (including the site trainee representative if one has been appointed)*	20 mins each
Inspectors private team meeting	60 mins
Concluding meeting with DEM(s) and DENT(s)	15 mins

\* The Accreditation Committee reserves the right to invite all/specific trainees and FACEMs for interviews should it be deemed necessary.

Other than the tour of the ED, initial pre-meeting, DEM(s) interview, DENT(s) interview, WBA coordinator interview 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.

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.

#### **Maximum Number of Trainees**

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 DENT 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 fifty percent (50%) 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 the College annual Trainee Placement Surveys.

### ***New Accreditation Inspection***

Following the granting of provisional accreditation New Accreditation Inspection will then be initiated when a trainee is placed, to be held six months from the trainee commencement date or towards the end of the trainee's placement, whichever is earlier, 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 Committee 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 or towards the end of the trainee's placement, whichever is earlier. 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 as a Tier 3 site. 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 2 hospitals will retain the previous accreditation Tier (the lesser Tier of the two (2) hospitals prior to the merge). An inspection with a successful outcome is required before any changes to the accreditation Tier can be considered. The COE will be notified of the application.

### ***Quality Improvement Plan***

The QIP 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 QIP is used to record and provide updates on the site's progress in implementing the specified activities, projects and actions.

### ***Recommendation***

A recommendation or suggestion for improvement may be provided for a 'Met' or 'Not 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. Recommendation/suggestions for Improvement are not mandatory and have no due dates; however, sites are able to respond to the College, through the Quality Improvement plan, regarding consideration and adoption of a recommendation.

### ***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 DEMENT(s) to communicate openly and honestly about accreditation possibilities with trainees.

Note:

1. All applications for reaccreditation after the removal of accreditation will be treated as a new site and will undergo the same process as a new accreditation application.
2. Sites cannot reapply for accreditation within 12 months of a withdrawal of their accreditation.

***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.

***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 upgrade in the accreditation Tier. 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.

***Types of accreditation***

The College determines whether a site is accredited as a Tier 1, 2, 3, Private ED or Paediatric ED through the accreditation process. The time limit associated with the types of accreditation represents the maximum amount of time that a trainee can have their core ED training time recognised by the College. If a trainee's training time exceeds the site's accreditation type limit, the extra training time will be counted as interruption to training.

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

- level of Fellow clinical coverage (See Requirement 2.1.1.4)
- clinical support time assigned to the DEMENT (see Requirement 2.1.3.1)
- number, breadth, acuity and complexity of the casemix available at the site (See Requirement 2.2.1.2).

***Training Stage 4 (ED)***

Training Stage 4 (the final 12 months of FACEM training) enables trainees to focus on the development and consolidation of management and leadership skills. By the end of Training Stage 4, trainees should be competent and confident in operational management of the floor including patient flow, the clinical supervision of junior medical staff, and departmental management encompassing clinical governance and quality assurance.

A site must be accredited for TS4 if it wishes to have TS4 trainees at the site.

### ***Work Base Assessment (WBA) (including DOPs) Report***

The WBA report is developed by the College prior to inspection and is used by the Inspection team to assess a site's performance in meeting WBA assessment requirements specified by the College. The report also identifies the number of trainees assigned per supervisor, the number of WBAs completed on time and the number of WBAs that are overdue according to the type of WBA e.g. CbD, DOPS, Shift Report.





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