



Australasian College  
for Emergency Medicine

# FACEM Training Program Site Accreditation

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Process Guide v5 G550

March 2026

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## Document Review

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Timeframe for review:	Every five (5) years, or earlier if required
Next major review to be completed by:	Sep 2030
Content Owner:	Accreditation
Approval Authority:	Council of Education
Accessibility:	Private

## Revision History

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Version	Date	Pages revised / Brief Explanation of Revision
v1	Jun 17	Approved by Council of Education
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
v2	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).
	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> <li>• Tier 3 – 12 months</li> <li>• Private EDs – 12 months</li> <li>• PED – 12 months</li> </ul>
v3	Dec 23	<p>Routine review</p> <p>Changes:</p>

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		<ul style="list-style-type: none"> <li>• Conditions are mandatory with due dates</li> <li>• Recommendations are suggestions and are not mandatory.</li> <li>• Sites will only be given one QIP due date with no extensions – 12 months unless there are extenuating circumstances.</li> <li>• Requirement assessment changed to either “Met” or “Not Met”. “Partially met” assessment discontinued.</li> <li>• PED inspections – allow past members of CJCT-PEM to be second inspectors.</li> <li>• LWBAC – amended requirement to reflect eligibility requirements as described in the LWBAC Position Description.</li> </ul>
v3.1	May 24	<ul style="list-style-type: none"> <li>• Conditional accreditation or withdrawal of accreditation will include notification to the relevant jurisdictional health department as per the Minister of Health Communication Protocol.</li> <li>• Added clause to allow trainees to leave site immediately if they are concerns on their safety.</li> <li>• EMC/D/AD Name change to comply with TEQSA and it is known as the ACEM Associateship Programs (AACEM): <ul style="list-style-type: none"> <li>○ EMC is retained</li> <li>○ ECMD – changed to AACEM (Intermediate)</li> <li>○ EMAD – changed to AACEM (Advanced)</li> </ul> </li> </ul>
v3.2	Aug 2024	<ul style="list-style-type: none"> <li>• Added clause to allow immediate downgrade without the need for time to address conditions for high risks sites.</li> </ul>
v4	Oct 2025	<ul style="list-style-type: none"> <li>• Updates to meet new AMC requirements to strengthen procedural fairness procedures to promote transparency in the accreditation decision process with sites.</li> </ul>
v5	April 2026	<ul style="list-style-type: none"> <li>• Document revised to meet new AMC requirements to include risk assessment and common terminology requirements. The document has also been reordered in line with the accreditation steps.</li> </ul>

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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.

This document should be read in conjunction with the *AC549 Accreditation—Requirements* and *AC808 TS4 Accreditation—Requirements* documents which set out the College requirements and include suggested strategies for meeting each requirement with corresponding examples of evidence. Please note suggested strategies are purely suggestions and are not mandated.

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 (SSP), ACEM Critical Care Placements or Associateship Training Programs. Refer to *AC95 SSP Accreditation Process Guide* or *PHRM794 A/PHRM Site Accreditation Standards* for guidance on accreditation of these placement types.

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 10 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, objective and risk-based 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 Accreditation—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 Accreditation—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.
- **Focused inspection** – the College may also instigate a focused investigation which may include a 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 (QIP). 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 QIP 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. However, the Accreditation Committee reserves the right to downgrade accreditation immediately if significant concerns with high or extreme risks to trainees are identified at the inspection.

*Please note, submission of the QIP 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 7 of this document).

## 2. Requesting initial accreditation – new sites and those re-applying for accreditation

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### 21 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*
- *G550 Accreditation—Process Guide (this document)*
- *F548 Accreditation—Application*
- *AC808 TS4 Accreditation—Requirements.*

### 22 Accreditation application

For a 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 the application and supporting documents.

For each 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 *F548 Accreditation—Application* with supporting documentation (the **latest version** of the [F548](#) 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 (7) days. If there is insufficient documentation to support the application or the *F548 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 or withdrawal of accreditation.

## 23 Provisional accreditation assessment

Assessment of Provisional Accreditation by the Accreditation Committee is conducted for new training settings that have not been accredited previously, and for sites applying for reaccreditation following withdrawal of accreditation. An assessment is made for each requirement as being:

- Met: There is evidence that the criterion has been fully met
- Substantially Met: Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.
- Not Met: The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

A site's application for Provisional Accreditation may not be approved if significant requirements are 'Substantially Met' or 'Not Met'. Risk will be considered during this assessment.

Provisional Accreditation is granted, whereby a new training setting:

- Meets all of the accreditation requirements; or
- Does not meet all accreditation requirements but demonstrates the capacity and potential to meet them once trainees are in place.

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 or mixed EDs will be recognised as either Tier 1, 2 or 3.

Sites that are re-applying after withdrawal of accreditation will be subject to the approval of the Council of Education (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 (8) weeks of application.

## 24 Provisional accreditation period

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

A site granted Provisional Accreditation will be inspected by the College six (6) months from the commencement of a trainee or towards the end of the trainee's term, whichever is earlier. This inspection initiates the standard accreditation process (as outlined in Section 3).

The site is given a total of 12 months of Provisional Accreditation status to appoint trainees. If there are no trainees appointed within this period, the Provisional Accreditation status will lapse, unless an extension is approved. An extension of up to a further 12 months (to a maximum of 24 months) may be granted.

If the Provisional Accreditation lapses, the site will be required to submit a new application before a trainee can be appointed. Requests to extend Provisional Accreditation must be submitted in writing to accreditation@acem.org.au

## 3. Re-accreditation for sites holding accreditation

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### 3.1 Eligibility for sites holding accreditation to be re-accredited

Sites are eligible to undertake the process outlined below if they hold accreditation and currently have a trainee on placement or have had a trainee on placement within the six (6) months preceding the proposed inspection date. Sites that do not meet the trainee placement requirement the site will be granted Provisional Accreditation in accordance with the process outlined in Section 2.

### 3.2 Site preparation

Prior to applying for re-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*
- *G550 Accreditation—Process Guide (this document)*
- *F548 Accreditation—Application.*
- *AC808 TS4 Accreditation—Requirements*

### 3.3 Initial preparation of accreditation inspection

The ACEM accreditation team will provide the site with the *F548 Accreditation—Application* and relevant ACEM data which may include, but is not limited to, the following:

- Data obtained from Annual Site Census
- Trainee Placement Survey responses
- WBA Report
- Examination Report.

The *F548 Accreditation—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) must upload the completed *F548 Accreditation—Application* and all supporting documentation a minimum of six (6) weeks ahead of the scheduled inspection date:

### 3.4 Composition of Inspection Team (in-person and virtual/hybrid)

The ACEM accreditation team will provide the *F548 Accreditation—Application* together with the relevant documentation to an Inspection Team.

The team may consist of the following members,

- 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.

Inspections are ordinarily conducted as physical site inspections. The College retains the capacity to conduct hybrid or fully virtual inspections where required (for example, in the event of significant travel restrictions or other exceptional circumstances). In such cases, Inspection Team composition and processes may be adapted as necessary.

\*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.

### 34.1 Managing conflicts of interest

To support procedural fairness, conflicts of interest must be declared and managed appropriately.

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 prior to an accreditation inspection, the inspector would be removed from the Inspection team and the position reassigned.

If an accreditation team member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Accreditation Lead will determine an appropriate course of action. This may include replacing the team member, changing the responsibilities of the team member, e.g. requiring them to abstain during relevant discussions.

## 35 Inspection program

The ACEM accreditation team liaises with the site and coordinates the creation of an inspection program, with interviews as follows:

- CEO/Director of Medical Services
- DEM(s)
- DEMENT(s)
- Local Workplace Based Assessment Coordinator (LWBAC)
- 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.
- Any further members of staff from the site deemed relevant by the Inspection Team after reviewing the *F548 Accreditation–Application*

\* *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)/DEMENT(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 an Emergency Medicine Training Network (EMTN) is being accredited, or where SSPs 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 EMTN will be assessed within the same year.
2. For an 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, Procedures and Guidelines. 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 FACEM Training Program Site Accreditation–Report (hereafter referred to as the ‘Accreditation Report’)* to reflect the findings of the Inspection Team, specifically recording:

- A Requirement Rating of either ‘Met’, ‘Substantially Met’ or ‘Not Met’ for each accreditation requirement
- A ‘Reason’ for any requirement rated as ‘Substantially Met’ or ‘Not Met’
- The ‘Condition’ imposed for any requirement rated as ‘Substantially Met’ or ‘Not Met’
- A ‘Commendation’ or ‘Recommendation for Improvement’ for any requirement, where this is provided by the Inspectors (optional)
- Any other comments from the Inspection Team against each requirement
- The QIP addressing 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'.

Where a training setting has a finding of 'Substantially Met' or 'Not Met' for any criteria within the standards, a risk assessment will be conducted (see Section 4.3). The outcome of this assessment will guide the College's response and accreditation decision.

Conditions will be placed on requirements rated as 'Substantially Met' or 'Not Met' with a specified period of time (usually 12 months) for the site to address the concern(s) identified. Conditions may be provided at the individual criterion level or address multiple criteria. The timeframe is contingent on the level of overall site risk, not assessed per individual condition

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

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, 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.

While general 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.

### 4.3 Accreditation Risk Matrix and Risk Rating Outcomes

The Accreditation Risk Matrix (Figure 1) is used to determine the level of risk based on reviewing the totality of the criteria that are 'Substantially Met' and 'Not Met' against the following dimensions:

- The impact on training at the training setting, noting that this has consequences for patient safety. This includes considering the impact on current and future trainees.
- The likelihood that actions will be implemented to meet the criterion/a within a reasonable period

		Likelihood of the training site being ABLE to implement actions to meet the criterion/criteria within a reasonable period				
		Rare	Unlikely	Possible	Likely	Almost Certain
Impact on Training	Insignificant	Low	Low	Low	Low	Low
	Minor	Medium	Medium	Low	Low	Low
	Moderate	High	High	Medium	Low	Low
	Major	High	High	High	Medium	Low
	Severe	Extreme	Extreme	High	Medium	Medium

Figure 1. Accreditation Risk Matrix

The College will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (see Risk Rating Outcomes at Figure 2 below). Monitoring activities and contact required will be based on the risk assessment outcome (Section 7).

Risk rating	Approach	Outcome	
		New settings	Existing settings
Low risk	<ul style="list-style-type: none"> <li>Determine if conditions are required. Where they are required: <ul style="list-style-type: none"> <li>impose conditions against the criteria</li> <li>outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.</li> </ul> </li> <li>Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months).</li> <li>There will likely be limited need for ongoing review or intervention.</li> </ul>	Provisionally Accredited	Accredited OR Conditionally accredited
Medium risk	<ul style="list-style-type: none"> <li>Impose conditions against the criteria.</li> <li>Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.</li> <li>May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions.</li> </ul>	Provisionally Accredited	Conditionally accredited
High risk	<p><b>New setting:</b> Do not grant accreditation (accreditation is refused).</p> <p><b>Existing setting:</b></p> <ul style="list-style-type: none"> <li>Impose conditions against the criteria.</li> <li>Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.</li> <li>Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months).</li> </ul>	Not accredited (refused)	Conditionally accredited
Extreme risk	<p><b>New setting:</b> Do not grant accreditation (accreditation is refused).</p> <p><b>Existing setting:</b> Move to revoke accreditation.</p> <ul style="list-style-type: none"> <li>Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress.</li> <li>Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different.</li> </ul>	Not accredited (refused)	Not accredited (revoked)

Figure 2. Risk Rating Outcomes

## 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 *Accreditation Report*, including the provisional accreditation decision, and share with all members of the Inspection Team for review and revision.

Once approved by the Inspection Team, the draft *Accreditation Report* will be shared directly with the site. The site will be provided with an opportunity to respond to the draft report and provisional decision. Responding to provision of the draft report and decision is not compulsory. Sites will have 10 business days from the date of receipt to correct any factual inaccuracies and submit any additional evidence they wish to be considered. A brief discussion with members of the Inspection Team can be requested by the site to seek clarification on contents of the draft report and provisional decision. Any discussions requested do not need to be conducted within this initial timeframe. Instead, the site will have an additional 10 business days in which a discussion with the Inspection Team may take place. Additional evidence must be limited to information that could affect the accreditation outcome or conditions outlined in the site's QIP.

The College must act in accordance with the Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities. Under this protocol, the College is required to notify the site and the relevant jurisdiction only when the proposed action is likely to negatively impact the site, such as:

- Accreditation being revoked
- Trainees being withdrawn from the accredited site/post
- Any other action likely to significantly impact the training setting/training provider's ability to provide services to patients and the public.

Any responses from the training site/training provider or the jurisdiction will be considered by the Inspection Team and ACEM Staff Representative/s prior to finalisation of the report. Should the new information warrant changes, the draft report and/or its findings will be revised accordingly. If no response is received within 10 business days, the draft decision will stand.

An updated version of the report, incorporating a summary of the feedback received and any amended recommendations is then submitted to the Accreditation Committee for their review and approval. The Accreditation Committee may:

- Seek clarification or request further amendments to the report
- Provide an outcome of either 'Accredited' or 'Conditional Accreditation'.

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

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 7.1.3. Sites granted 'Conditional Accreditation' will receive a QIP, which they are required to report on to the College within the specified timeframe.

Where the Accreditation Committee is unable to provide a clear outcome of either 'Accredited' or 'Conditional Accreditation', the *Accreditation Report* and supporting documentation will be referred to the COE for determination of the outcome.

Any recommendation by the Accreditation Committee for removal (revocation) of accreditation, or for refusal of accreditation where accreditation has previously not been granted, will also be referred to the COE for decision.

In considering the matter, the COE may:

- Confirm an outcome of ‘Accredited’ or ‘Conditional Accreditation’;
- Determine that accreditation be refused (for new sites);
- Determine that accreditation be revoked (for existing sites); or
- Make an alternative determination, including imposing additional requirements or time-limited conditions, where appropriate.

At the conclusion of this process, the finalised *Accreditation Report* is sent to the site and where relevant the respective jurisdiction, usually within eight (8) weeks of the inspection date.

## 6. Provision of accreditation outcomes

### 6.1 Accreditation outcomes

All conditions must be managed in the resolution process outlined in Section 7.1.2. Following assessment of the QIP and any subsequent reports, a final accreditation outcome (Figure 3) may be determined once conditions are ‘Satisfied and Closed’. Where conditions remain ‘Unsatisfactory’, further action will be taken based on the assessed level of risk, including extension of reporting timeframes, targeted follow-up, or referral to the COE for consideration of revocation of Accreditation.

Where Accreditation is approved, the following outcomes will be defined and communicated to the site and relevant health jurisdiction where required, 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 or mixed Emergency Department as either a Major Referral or a Non-Major Referral hospital where appropriate (does not apply to paediatric or private sites).

The period for which accreditation will be granted is outlined below:

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
<b>New training settings</b>		
<b>Provisionally accredited</b>	A new training setting that: <ul style="list-style-type: none"> <li>• Meets all of the accreditation criteria OR</li> <li>• Does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or</li> </ul>	Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions. The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training sites will be considered an ‘existing training setting’ for accreditation purposes. If no trainees are appointed within 12 months, the college will decide if provisional accreditation status

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
	medium with conditions required.	should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
<b>Not accredited (refused)</b>	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.
<b>Existing training settings</b>		
<b>Accredited</b>	An existing training setting that: <ul style="list-style-type: none"> <li>Meets all of the accreditation criteria OR</li> <li>Does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required.</li> </ul>	Accredited for 5 years, subject to satisfactory routine monitoring submissions.
<b>Conditionally accredited</b>	An existing training setting that: <ul style="list-style-type: none"> <li>Does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required.</li> </ul>	Accredited for 6 months to 12 months depending on the severity of the risk and: <ul style="list-style-type: none"> <li>Conditions being addressed within the defined timeframe</li> <li>Satisfactory routine monitoring submissions</li> <li>Meeting any other specific monitoring requirements.</li> </ul>
<b>Not accredited (revoked)</b>	An existing training setting that: <ul style="list-style-type: none"> <li>Does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required.</li> </ul> <p><i>Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.</i></p>	Accreditation not granted. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date: <ul style="list-style-type: none"> <li>Trainees at the setting will not be able to count training towards their training program unless specific arrangements are made</li> <li>No new trainees can be appointed.</li> </ul> A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).

Figure 3. Accreditation Outcome

## 7. Post inspection monitoring and maintaining accreditation

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### 7.1 Post-inspection site review

#### 7.1.1 Site response to conditions

When a site is granted 'Conditional Accreditation', the site DEM(s)/DEMT(s) are to provide a response to all conditions identified in the QIP.

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

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

#### 7.1.2 Resolution of Conditional Accreditation

The Accreditation Committee will assess the QIP 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 a risk assessment of the site:
  - **Low to moderate risk:** the condition remains in place. The site is required to submit an updated report to the Accreditation Committee within a specified timeframe. The Committee may extend the timeframe if appropriate.
  - **High to extreme risk:** the Accreditation Committee will submit a report to the COE, requesting a determination on the appropriate next steps (see Section 7.1.3), including the recommendation of revocation or downgrade of Accreditation Tier.

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

Trainees will not be disadvantaged by any change in the accreditation status of a site. Current trainees, and trainees who have signed contracts prior to the change in accreditation status, will be allowed to complete their contract as agreed and have it counted towards their FACEM training time should they wish to do so.

Refer to the *Resolution of Conditional Accreditation process* map in Section 9 for a summary of the processes the College undertakes to monitor and approve site-compliance conditions.

#### 7.1.3 Management of 'Unsatisfactory' condition progress

The COE will review the report and either:

1. 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

2. 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 revocation/downgrade;

- The date the revocation/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

3. Make an alternative determination requiring the site to take appropriate steps to remedy the condition within a specified timeframe.

For the above actions 2 and 3, the relevant department of health will also be notified as per the directive from the Minister of Health Communication Protocol for all public ED/PEDs in Australia

Where a finding of 'Unsatisfactory' relates specifically to a requirement that delineates Accreditation Tiers (Requirement 2.1.1.4 or 2.2.1.2), the Accreditation Committee may determine that the site's Accreditation Tier be downgraded. In these circumstances, the decision to downgrade is made by the Accreditation Committee in accordance with its Terms of Reference and does not require further approval from the COE. The relevant department of health will be notified in line with the Minister of Health Communication Protocol.

Notes:

1. *Sites cannot reapply for accreditation within 12 months of a revocation of their accreditation.*
2. *Sites cannot apply for an upgrade of their Accreditation Tier within 12 months of a downgrade.*
3. *In circumstances where there is a change in accreditation status in the final outcome, the College reserves the right to act swiftly to address substantiated immediate threats to an individual trainee's safety.*

## 72 Maintaining accreditation – accredited sites

### 721 Application for an update of Accreditation Tier\*

Public adult or mixed EDs 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 *F548 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 responses, 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.*

### 722 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 7.2.3) 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.

### 723 Notification of issues relating to accreditation – focused inspection

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 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. If the totality of risk is assessed to be high-risk, the investigation may include a focused inspection and accelerated reporting requirements to ensure timely remediation.

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 accreditation requirement(s). Sites will generally not be required to complete the full *F548 Accreditation–Application* form for a focused inspection, unless otherwise advised. The investigation may include a site visit either virtually or on site.

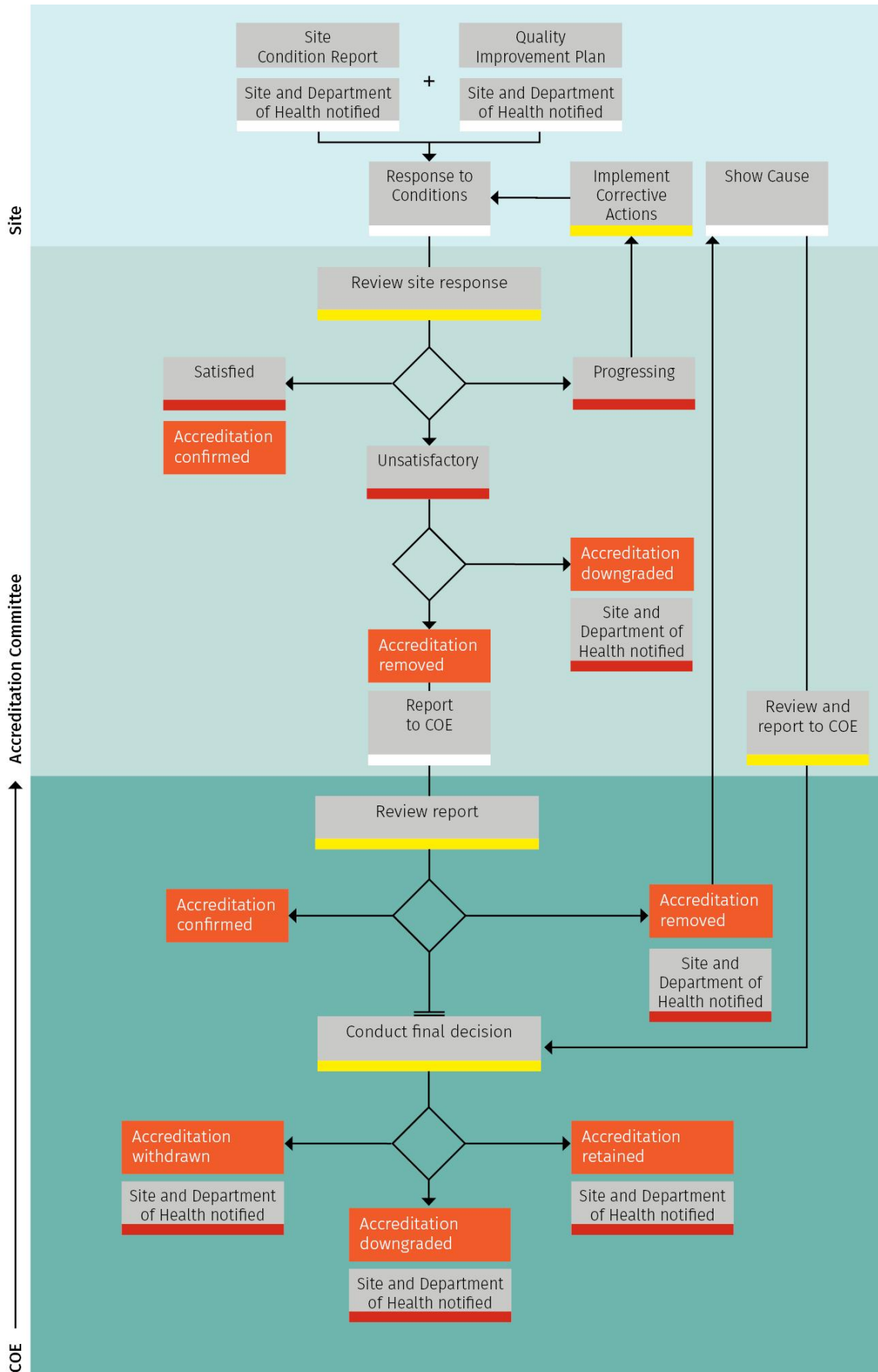
At the conclusion of the investigation, the College will provide a determination as to whether the requirement(s) is 'Met', 'Substantially Met' or 'Not Met'. A determination of a requirement being 'Substantially Met' or 'Not Met' will result in an accreditation condition(s) being placed on the site, and the process outlined in Section 7 will be initiated. Failure to satisfactorily address the issues of concern, or to implement the prescribed changes in the proposed timeframe will result in the initiation of the processes outlined in Sections 7.1.2 and 7.1.3.

## 8. 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.

## 9. Resolution of conditional accreditation process map



## 10. 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.

### **Condition**

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 'Substantially Met' or 'Not Met' 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:

- central coordination of the recruitment process is recommended for all sites within the network, where possible
- 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, EM Associateship (Foundational, Intermediate and Advanced) trainees, Training Stage One (TS1) or Training Stage Two (TS2) 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 the 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 DEMT(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, DEMT(s) interview, Local 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 recognised 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, may prescribe or 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 DEMENT 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 and other training assessment 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, a 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.

### ***Procedural Fairness***

A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include:

- Providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker.
- An opportunity for the affected person to directly address the issue/s being decided on.
- Ensuring that conflicts of interest are declared and managed appropriately.

### ***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 Accreditation Committee may grant an extension of the Provisional Accreditation period. If an extension is not approved, the Provisional Accreditation will lapse, and the site will be required to submit a new application before appointing a trainee.

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 two (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 is a suggestion for improvement and may be provided for a 'Met', 'Substantially 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. Recommendations 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 revoked 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**

There is evidence that the criterion has been fully met.

### **Requirement Rating: Not Met**

The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

### **Requirement Rating: Substantially Met**

Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.

### **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 Four (ED)***

Training Stage Four (TS4) (usually the final 12 months of core FACEM training) enables trainees to focus on the development and consolidation of management and leadership skills. By the end of Training Stage Four, 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.

### ***Withdrawal***

An umbrella term describing the cessation of accreditation status for a site, whether due to lapse, removal, revocation, or voluntary withdrawal. Withdrawal may occur as a result of non-compliance with accreditation requirements, failure to maintain accreditation conditions, expiry without renewal, or at the request of the accredited site

### ***Workplace Based 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.



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

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