



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

# ACCREDITATION GUIDELINES

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## ACEM - ANAESTHETICS ACCREDITATION GUIDELINES

### 1. PURPOSE AND SCOPE

The purpose of this guideline is to outline the minimum criteria for accreditation of an ACEM-Anaesthesia Critical Care Placement. ACEM-Anaesthesia accreditation applies only to those anaesthetic placements which are not able to meet accreditation standards for training as a primary or satellite site by the Australian and New Zealand College of Anaesthetists (ANZCA). The process of applying for ACEM accreditation is described in the ACEM policy AC95, and the generic educational standards to be fulfilled are described in the ACEM policy AC638.

Abbreviations used in this document:

- **FANZCA** – Fellow of the Australian and New Zealand College of Anaesthetists
- **FACEM** – Fellow of the Australasian College for Emergency Medicine
- **FTE** – Full-time equivalent
- **ITA** – In-Training Assessment

### 2. SUPERVISOR

The supervision will be provided by a Fellow of the Australian and New Zealand College of Anaesthetists (FANZCA). In New Zealand, anaesthetists who are not a FANZCA but have vocational registration by the NZMC in anaesthesia will be accepted. The supervisor will have a minimum three (3) years post Fellowship experience. The supervisor will be employed at a minimum of 0.5FTE and must work clinically within the department. The supervisor must work with the trainee at least one shift per week. It is acknowledged that some smaller sites may have anaesthetists who work less than 0.5FTE yet one of them would be the most appropriate supervisor. Should this be the case, the site would need to apply to the ACEM Accreditation Subcommittee for variation of this criteria, outlining the basis for this. The supervisor working with the trainee one shift per week is not negotiable.

The site is required to demonstrate a supervisory model that ensures the trainee is sufficiently supported throughout the placement. Flexibility in the supervisory model is accepted as long as the site can demonstrate:

- That the trainee has access to the supervisor when guidance is required
- There is a mechanism in place for clinical supervisors to provide feedback to the term supervisor on the trainee's progress.

The supervisor will provide evidence of regular contact with the Director of Emergency Medicine Training at that hospital to ensure there is a mutual understanding of the requirements of ACEM trainees and to remain up to date with the requirements of the FACEM Training Program.

The level of engagement from the non-ACEM supervisor with the requirements of the ACEM Training Program will be considered in determining eligibility for accreditation, as will the level of collaboration between the ED and non-ED units. Both appropriate levels of engagement and collaboration are confirmed as key aspects to successful training outcomes.

### 3. PLACEMENT STRUCTURE

The placement must be able provide training for three or six months FTE to be considered suitable an application for accreditation. Six month FTE sites must be able to provide a sufficient casemix, educational program and variety of procedural skills to allow the trainee to successfully complete all the learning outcomes in the ACEM-anaesthesia ITA in patients with an ASA 3 grading, as listed at the end of this guideline. Three month FTE sites must be able to provide a sufficient educational program and exposure to a variety of procedural skills to allow the trainee to successfully complete all the learning outcomes of the Medical Expertise, Prioritisation and

Decision Making, Teaching and Scholarship, and Professionalism domains, and the trainee is competent in assessing and managing ASA 2 grade patients.

## **4. DEMOGRAPHICS**

### **4.1 Staffing capacity and facilities**

Adequate senior medical staffing should be available to provide on-site direct clinical supervision for trainees while performing duties in the operating theatres and in other areas. Adequate facilities must be present to promote an appropriate clinical learning experience for the trainee. These are the same as those for ANZCA accredited sites for training. A FANZCA is not required to be the head of the anaesthetics department for the site to achieve ACEM accreditation.

### **4.2 Caseload / Acuity**

Anaesthetics departments should service a sufficient number of operating theatres with a patient casemix and activity to enable trainees to manage an adequate number of cases in order to meet the learning outcomes for a three or six FTE month accredited critical care placement, as appropriate. For six FTE month placements, they must supply a trainee with a sufficient casemix to allow the trainee to achieve competence in the assessment and management of ASA 3 patients; for three FTE month placements, it is the equivalent for ASA 2 patients.

Activity should be sufficient to have a trainee undertake a minimum of 200 episodes of airway management, including 25% intubations, per six FTE month placement (with a pro rata reduction for a three FTE month placement).

There will be the capacity to provide supervised routine and emergency anaesthesia and for the trainee to learn about preoperative anaesthetic assessment and postoperative pain, fluid and general management. There will be the capacity for trainees to perform vascular access procedures (e.g. central venous and arterial access) as well as routine and complex airway procedures and management. This may be done outside the operating theatres, such as dedicated shifts in the ICU/HDU of that hospital. If dedicated shifts are provided, this can be no more than 20% of the trainee's training during that placement.

## **5. EDUCATION PROGRAM**

The site will outline the education program to be delivered that will address the learning outcomes of the placement (see 5.1 below) and specify the activities (see 5.2) against the outcomes.

Specifically, the education program will include:

- The structure of the education program (see 5.2 below)
- How this program satisfies the learning outcomes for this placement (see 5.1 below)
- Governance and resources that will support delivery of the program
- How the activities of the education program will be supervised e.g. teaching in clinical and educational settings.

### **5.1 Learning Outcomes**

Through the placement's training and education program, the site will support the trainee to successfully meet the following as listed in the ACEM: Critical Care Anaesthetics ITA, which are derived from the ACEM Curriculum Framework:

#### **MEDICAL EXPERTISE**

- Assesses a patient prior to sedation/anaesthesia and classifies based on the ASA classification scale
- Accurately assesses the grade and difficulty of a patient's airway
- Applies knowledge of pharmacologic agents and procedures to provision of appropriate sedation, anaesthesia and analgesia
- Creates a post-operative care plan of a patient who is recovering from anaesthesia

#### **PRIORITISATION & DECISION MAKING**

- Justifies the decision to categorise a patient to an ASA classification
- Manages intra-hospital and/or inter-hospital transfers of critically ill patients
- Prioritises clinical tasks and call for assistance when required

#### COMMUNICATION

- Establishes good rapport with patients, families and staff
- Demonstrates effective communication skills, including active listening, attending to verbal and nonverbal cues, adapting to individual patient contexts and recognising and addressing miscommunication
- Avoids major miscommunication by identifying and moderating negative emotions/behaviours

#### TEAMWORK & COLLABORATION

- Uses principles of good teamwork to perform as a member of a well-functioning team with all other clinicians in the immediate patient encounter
- Provides clear and concise instructions to assisting staff for clinical tasks
- Supports the performance of other team members to produce optimal teamwork

#### LEADERSHIP & MANAGEMENT

- Reviews errors and adverse events to identify possible improvements to patient safety, e.g., participate in morbidity and mortality meetings
- Understands the role of the anaesthetist in the wider hospital setting

#### HEALTH ADVOCACY

- Shows commitment to the best interests of the patient and the profession by recognising and respecting cultural diversity
- Tailors care to the specific cultural needs of the patient
- Elicits a patient's knowledge and experience of anaesthesia and correct unrealistic expectations and misconceptions
- Balances patient autonomy with best clinical practice in patient encounters
- Informs patients and other clinicians when providing anaesthesia may be inappropriate

#### SCHOLARSHIP & TEACHING

- Undertakes a self-reflection to aid learning and to plan immediate and future learning with their Supervisor
- Identifies learning points from any experience during a shift that will enhance Emergency Medicine and Anaesthesia practice
- Justifies variance of clinical practice from clinical guidelines after incorporating critically appraised research

#### PROFESSIONALISM

- Complies with their professional and training responsibilities and obligations
- Obtains informed consent from patients
- Recognises situations to waive consent, e.g. life-saving procedures
- Demonstrates an understanding of the complexities in patient-centred care that may require external legal or ethical opinion
- Independently analyses own clinical practice and puts in place corrective strategies to modify behaviour when necessary
- Displays a good attitude with regard to work
- Proactively seeks, accepts and constructively responds to feedback

In addition, the trainee will be able, at the completion of 3 FTE months of training at any placement, to be able to use the following equipment for procedures:

- A range of airway adjuncts
- A range of invasive airway equipment

- Ventilators for both NIPPV and IPPV
- A range of equipment used for invasive haemodynamic monitoring (only mandatory for 6 FTE month placements, highly desirable for 3 FTE month placements).

These learning outcomes also cover the first page of the Presentations List, and relevant procedures from the Procedures List on pages 71-80 of the ACEM Curriculum Framework.

## 5.2 Activities

The site will provide appropriate activities and learning opportunities to meet the specified learning outcomes outlined in 5.1. This includes:

- a) *Opportunistic teaching*: Clinical teaching during the course of their duties (e.g. supervised procedures, bedside patient reviews with a consultant, etc.), and
- b) *Formal Didactic Education*: Participating in a relevant formal education program. The education program may include tutorials, case presentations, simulation and morbidity and mortality sessions.

## 6. SUPERVISION AND ASSESSMENT

Regular contact with the supervisor is required throughout the placement. An initial orientation meeting at the start of the placement is required to ensure the trainee understands the learning objectives, how they will be achieved and how progress will be fed back by the supervisor.

The trainee will be under the close supervision of the on-duty specialist.

### 6.1 In Training Assessment

The trainee and supervisor will complete an *In-Training Assessment – Anaesthetics* at College Specified dates. The ITA is used by the supervisor to assess the trainee against learning outcomes. On completion, this is electronically submitted to the trainee's regional panel to determine whether the trainee progresses through training or requires remediation.

### 6.2 Education Portfolio

It will be highly recommended that the trainee completes an Education Portfolio will be completed by the trainee and signed off monthly by the supervisor. The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the Critical Care component of the FACEM Training Program.
- It will be used by Supervisors to facilitate monitoring of the trainee's experience to ensure it is appropriate for the level of training and aid them in providing an informed completion of the trainee's ITA.
- The information contained in the Education Portfolio will be used by ACEM to monitor trainees' training experience whilst they are in that placement.
- The information may be used by ACEM to ensure the quality and integrity of the Critical Care component of the FACEM Training Program, and provide data for inspection teams for future inspections of the placement to allow maintenance of accreditation.

The education learning portfolio can be completed using the available Learning and Development Plan (LDP) in the member's portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the trainee's placement the completed Critical Care Education Portfolio must be submitted to the College at [accreditation@acem.org.au](mailto:accreditation@acem.org.au).

## 7. OUTCOME OF ACCREDITATION PROCESS

The College will, on completion of inspections, award the placement as either a 3 FTE month or 6 FTE month ACEM Anaesthetics Critical Care Placement.

Completion of a placement by a trainee at a site accredited and approved as ACEM – Anaesthetics Critical Care Placement will allow the training time to be credited towards the Critical Care Training Requirement as per the College Training Regulation B2.3.4.

## 8. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

### 8.1 Responsibilities

Document authorisation: Council of Education  
 Document implementation: Director of Training and Accreditation  
 Document maintenance: Manager Accreditation

### 8.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1	20 Jul 16	Approved by COE
V2	3 Oct 17	Approved by COE
V2-1	14 Mar 18	Approved by COE. Wording aligned with new Learning Portfolio tool.
V3		Approved by COE. Minor wording change to Purpose and Scope
V4	Oct 2018	Approved by .... Removal of special skills placement so only critical care placement category is allowed, and clarification of logbook.
V5	Nov 2018	Removed 2 tiered accreditation – SSP or Core. Sites can now only be accredited either for 3 months (partially meeting requirements) or 6 months (meets all requirements fully).
V5-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)
V5-2	Oct 2020	Added the SSP standard “3 years post Fellowship experience” requirement.

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