# Introduction

The Australasian College for Emergency Medicine (ACEM) accredits emergency departments as training providers for Emergency Medicine Specialists in Australia and Aotearoa New Zealand. Training providers are described as “Sites” in this application.

As part of the accreditation process, the Site is required to complete this Application (including the Appendix 1: Site Data) to initiate the Inspection process.

Incomplete applications will be returned to the Site for completion and the accreditation process will not proceed until fully completed.

Before proceeding with this Application:

* **Review the following documents, which can be found on our website**:
  + AC549 Accreditation—Requirements
  + AC550 Accreditation—Process Guide
  + AC808 TS4 Accreditation Requirements
  + Site FAQs
* **For Emergency Medicine Training Network (EMTN) applications**
  + Each site within the EMTN is required to submit its individual application. The site can opt to meet relevant Requirements as an EMTN. The Requirements are indicated with:
    - “Respond as Site or an EMTN”
    - “Respond as an EMTN only”

(All other requirements if not indicated as above will be respond as site only)

* **For Tier 3 applications**
  + The Tier 3 site, if linked to a host ED, can provide a response on how they meet some Requirements with input from the Host ED. These Requirements are indicated with “Host ED can have input”
* **Key to the Ratings in the Inspectors’ assessment section as below:**
  + **M** = Met (requirement is met)
  + **NM** = Not Met (requirement is not met)
  + **NA** = Not Applicable (the assessment is not relevant to this site’s application)

Once you have completed this application, please submit it along with required attachments (see below) to [accreditation@acem.org.au](mailto:accreditation@acem.org.au).

Required attachments:

1. 6 months immediately prior plus 3 months future rosters (in excel format) with clear legends to decipher rosters and with individual FACEM trainees and FACEM consultants clearly identified (new sites may provide proposed rosters)
2. List of FACEMs and their FTEs and Clinical Support Time
3. List of all PEMs (for PED applications only)
4. Orientation Manual
5. Education Program for last 12 months with name of presenter and with clear descriptions of specific topics, including Primary and Fellowship examination preparation program and the proportion of adult and paediatric content.
6. Trainee attendance records for the education program with trainees clearly identified
7. CVs of DEM, DEMT, local WBA coordinator
8. CV of Network DEMT if applying as an EMTN
9. If applying as a new Tier 3 which is to be linked to another host ED, a formal letter from the host hospital confirming the agreement.

# Section 1: Site Details

## Hospital details

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| --- | --- | --- | --- | --- | --- | --- |
| Hospital Name |  | | | | | |
| Street Address |  | | | | | |
| Postal Address |  | | | | | |
| Phone number |  | | | | | |
| Region | | ACT | NSW | | NZ | |
| NT | QLD | | SA | |
| TAS | VIC | | WA | |
| Hospital Designation | | Major Referral | Non-Major Referral | | | |
| Public | Private | | | |
| Confirmation that hospital meets the minimum standards for an Emergency Department as stated in the *S12 Statement on the Delineation of Emergency Departments* | | Yes the hospital meets the minimum standards for an Emergency Department  No the hospital does not meet the minimum standards for an Emergency Department | | | | |
| Current Accreditation | | Accredited | Withdrawn | |  | |
| ED | Tier 1 | Tier 2 | | Tier 3 |
| PED | Private ED | | | |
| TS4 | PLB/PER Status | | | |
| EMTN | Linked-ED | | | |
| Accreditation Requested | | ED | Tier 1 | Tier 2 | | Tier 3 |
| PED | Private ED | | | |
| TS4 | PLB/PER Status | | | |
| EMTN | Linked-ED | | | |

**For Tier 3 Linked Sites only**

|  |  |
| --- | --- |
| Name of Host ED |  |

**For Emergency Medicine Education Network (EMTN) accreditation only**

|  |  |
| --- | --- |
| Name of EMTN |  |
| Designated Network DEMT |  |
| Names of the other hospitals in the EMTN |  |

**Contact details—ED staff completing this report:**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| E-mail |  |
| Phone |  |
| Please note that if the site staff member completing this application is a FACEM, he/she can claim CPD hours and record the following activity at ACEM’s CPD Online portal:   * Quality Enhancement—Accreditation Visits for Hospitals—Preparing for an Accreditation Inspection | |

**Contact details—Hospital Executive to whom all correspondence will be directed to:**

|  |  |
| --- | --- |
| Name |  |
| Title (eg Professor, A/Professor, Dr) |  |
| Executive Position (eg. CEO, DMS, GM) |  |
| E-mail |  |
| Phone |  |

**Contact details – ED Leaders (DEM, DEMT, Local WBA Coordinator, Local Mentoring Coordinator)**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name | FTE at **THIS site** | Phone number and Email |
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# Section 2: Site Self-Assessment Against the Requirements

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| **Domain 1** | **Promotes the Health, Welfare and Interests of Trainees** |
| **Standard 1.1** | **Governance, safety and quality assurance** |
| Criterion 1.1.1 | The training site has clear governance structures which support:   1. Education and training; 2. Workplace health, safety and welfare of trainees; 3. Trainee participation in governance; and 4. Improved safety and quality |

**Requirement 1.1.1.1: The site prioritises, promotes and supports education and training**

For EMTN applications: Respond as Site or EMTN

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| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.1.2: The site supports the workplace health, safety and welfare of trainees**

For EMTN applications: Respond as Site or EMTN

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.1.3: The site provides an orientation program including an orientation manual for trainees commencing at the site**

For EMTN applications: Respond as Site or EMTN

For Linked EDs: Host ED can have input

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| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.1.4: A formal mentoring program is available for trainees**

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

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| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.1.5: A rostering process for trainees that ensures timely roster distribution and equitable exposure to all shift types whilst balancing trainee workload, casemix exposure, FACEM Training Program requirements, the service needs of the training site, safe working hours and leave arrangements**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.1.6: Trainees are able to participate in relevant decision-making process at the departmental level**

For EMTN applications: Respond as Site or EMTN

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| Criterion 1.1.2 | Trainee management structures are effective |

**Requirement 1.1.2.1: Clearly defined management structure that effectively manages and supports the FACEM Training program and trainees**

For EMTN applications: Respond as Site or EMTN.

For Linked ED applications: Host ED can have input

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| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.2.2: Processes for identifying and managing trainees in difficulty**

For EMTN applications: Respond as Site or EMTN

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.2.3: A process for managing trainee grievances**

For EMTN applications: Respond as Site or EMTN

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| Criterion 1.1.3 | There are appropriate quality assurances in place |

**Requirement 1.1.3.1: A quality framework that is informed by the ACEM Quality Standards for Emergency Departments and relevant national safety and quality health service standards**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.1.3.2: Trainees are able to be involved in quality improvement activities**

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| **Standard 1.2** | **Infrastructure, facilities and educational resources** |
| Criterion 1.2.1 | There are appropriate educational resources and these are available to trainees |

**Requirement 1.2.1.1: Access to educational resources, including current ACEM recommended resources**

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.2.1.2: Access to the ACEM online assessment platforms**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 1.2.1.3: Clinical and decision support resources are available to trainees**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| Criterion 1.2.2 | The training site provides a physical environment that supports trainees |

**Requirement 1.2.2.1: A private room or facility, with computer access, in a non-clinical area is available for trainee use for teaching and learning activities and their assessment requirements**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| **Domain 2** | **Ensures Trainees have the Appropriate Knowledge, Skills and Supervision to Deliver Quality Patient Care** |
| **Standard 2.1** | **Department specialist staffing and supervision** |
| Criterion 2.1.1 | There are appropriate staff to ensure effective supervision of trainees at all times |

**Requirement 2.1.1.1: Commensurate with the number of trainees on the floor at any one time, their stage of training and having regard to the casemix of the site, the Fellow clinical roster provides for appropriate clinical supervision of trainees at all times**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.1.2: The site provides guidelines for notification, seeking advice from and attendance of the on-call Fellow**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.1.3: A minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow supervision**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.1.4: Fellow clinical coverage that meets one of the following**

* **Tier 1 training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of two (2) Fellows at any one time.**
* **Tier 2 training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of one (1) Fellow at any one time.**
* **Tier 3 training site: Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow clinical supervision.**
* **Private ED training site: Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow clinical supervision.**
* **PED training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of one (1) Fellow 1 at any one time.**

**1 Fellow as defined for Paediatric EDs in the accreditation requirements**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| Criterion 2.1.2 | Supervisory staff understand their roles and responsibilities and are supported in their supervisory roles |

**Requirement 2.1.2.1: The Director of Emergency Medicine is a Fellow and is provided with resources, inclusive of clinical support time, to fulfil the role**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.2: There is a Local Workplace-based Assessment (WBA) Coordinator(s) at the site who is employed at least a minimum of 0.25 FTE and working one (1) clinical shift per week in the Emergency Department which they are the Local WBA Coordinator**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.3: The site provides at least one (1) hour per trainee per month of clinical support time for the Local WBA Coordinator role**

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| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.4: All Fellows at the site are expected to be actively involved in the training, education and assessment of trainees**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.5: Fellows involved in the training, education and assessment of trainees are provided with clinical support time to fulfil their role**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.6: Fellows are provided with administrative support and resources to enable their involvement in the training, education and assessment of trainees**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.2.7: The site has the capacity for Fellows to voluntarily contribute to College committees, panels and activities relating to trainee education, assessment and examinations**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| Criterion 2.1.3 | The designated Director(s) of Emergency Medicine Training is supported in the role and is available to trainees |

**Requirement 2.1.3.1: The Director(s) of Emergency Medicine Training is a Fellow. For a Paediatric Emergency Department, the Director(s) of Emergency Medicine Training is a Fellow of ACEM or RACP.**

**The DEMT must be provided with clinical support time as follows (as applicable):**

* **10 hours per week; or one (1) hour per trainee per week, whichever is greater**
* **Five (5) hours per week for Tier 3 sites and Private EDs**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.3.2: The Director(s) of Emergency Medicine Training is not the sole Director of Emergency Medicine at the site**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.3.3: The Director(s) of Emergency Medicine Training is employed at a minimum 0.5 FTE of which a minimum of 0.25 FTE or a minimum of one (1) clinical shift per week within the Emergency Department for which they are the DEMT**

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| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.3.4: The Director(s) of Emergency Medicine Training fulfils their role in accordance with the College’s requirements**

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| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
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| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
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| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.1.3.5: The Director(s) of Emergency Medicine Training is provided with administrative support and resources to fulfil their role**

|  |  |
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| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

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| --- | --- |
| **Standard 2.2** | **The provision of clinical experience and work is relevant** |
| Criterion 2.2.1 | The training site provides the appropriate breadth and volume of clinical experience |

**Requirement 2.2.1.1: The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training**

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| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.2.1.2: The number, breadth, acuity and complexity of the casemix, and trainee exposure to it, provides an appropriate clinical training experience**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 2.2.1.3: For Paediatric Emergency Requirement accreditation (if applicable):**

* **There is a minimum of 5,000 paediatric attendances per annum or 500 admissions/ transfers per annum (inclusive of admissions to a Short Stay Unit)**
* **A Paediatrician or Paediatric Registrar on-call system operates 24 hours per day**
* **There are formal referral arrangements to major-referral paediatric services**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Domain 3** | **Supports a Wide Range of Educational and Training Opportunities aligned to the FACEM Curriculum Requirements** |
| **Standard 3.1** | **Education, training, teaching and learning opportunities** |
| Criterion 3.1.1 | Teaching and learning opportunities in the workplace are targeted and enable exposure to the breadth of experience in the learning environment |

**Requirement 3.1.1.1: Within clinical supervision there are processes that facilitate clinical teaching and learning opportunities which includes bedside and on-floor teaching.**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.1.1.2: The site has resources and systems for monitoring and assessing trainee performance via the completion of Workplace-Based Assessments including Direct Observation of Procedural Skills (DOPS)**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.1.1.3: Access, whether on- or off-site, to accredited non-emergency department training placements**

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| Criterion 3.1.2 | Structured education programs and continuing medical education sessions are accessible to the trainees |

**Requirement 3.1.2.1: The structured education program is aligned to the content and learning outcomes of the FACEM Curriculum**

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.1.2.2: Simulation education is utilised at the site**

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.1.2.3: Structured education sessions for trainees are provided for, on average, a minimum of four (4) hours per week of which twenty-five percent (25%) must be paediatric-specific.**

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.1.2.4: Trainees are provided with adequate access, through scheduling and rostering, to structured education sessions**

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Standard 3.2** | **Multidisciplinary clinical support services and equipment** |
| Criterion 3.2.1 | Information on relevant supporting services and specialties to support the delivery of the specialty service |

**Requirement 3.2.1.1: The site has a staffing profile, inclusive of medical, nursing, allied health, administrative, security and ancillary staff, appropriate to the number and casemix of patients**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.2.1.2: Access to pathology and imaging services appropriate to the site’s casemix**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.2.1.3: Timely access to pathology results and imaging reports**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.2.1.4: Critical care resources are appropriate to the casemix of the site (e.g. Intensive Care Unit, High Dependency Unit, Coronary Care Unit, Cardiac Catheter Laboratory and Special Care Nursery). If these resources are located off-site, there are processes for accessing these services**

For EMTN applications: Respond as Site or EMTN

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| Criterion 3.2.2 | Equipment is available to provide the specialty service |

**Requirement 3.2.2.1: Clinical equipment appropriate to the site’s casemix is available**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.2.2.2: There is a process of orientation, education and training for trainees in relation to relevant clinical equipment**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Standard 3.3** | **Research opportunities are promoted and facilitated** |
| Criterion 3.3.1 | The training site facilitates and supports specialty specific research |

**Requirement 3.3.1.1: There is a designated staff member available to provide advice to trainees undertaking the research requirement of the FACEM Training Program**

For EMTN applications: Respond as Site or EMTN

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.3.1.2: Trainees undertaking a Trainee Research Project can access expert advice and support**

For EMTN applications: Respond as Site or EMTN

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.3.1.3: The site has the ability to support and facilitate the conduct of research, for Tier 1 and Tier 2 sites**

For EMTN applications: Respond as Site or EMTN

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

**Requirement 3.3.1.4: A nominated Director of Emergency Medicine Research, with clinical support time to fulfil the role, for sites accredited as a Tier 1 Major Referral site**

For EMTN applications: Respond as Site or EMTN

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Standard 3.4** | **Accreditation by others, supporting information** |
| Criterion 3.4.1 | The facility is accredited by other recognised accreditation bodies |

**Requirement 3.4.1.1: The site is accredited by an agency approved by the Australian Commission on Safety and Quality in Health Care, the Ministry of Health New Zealand or an equivalent national body**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Domain 4** | **Training Stage 4 - Leadership and Management Skills** |
| **Standard 4.1** | **Clinical Supervision, Management and Leadership** |
| Criterion 4.1.1 | The training site rostering provides opportunities for clinical leadership |

**Requirement 4.1.1.1 Trainees lead and manage a discrete clinical team/ geographical area (manage patients, flow and junior doctors in a specific area such as acute/SSU/fast track) during a shift**

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Standard 4.2** | **Scholarship and Teaching** |
| Criterion 4.2.1 | The training site provides opportunities for TS4 trainees to teach junior clinicians 2. |

**Requirement 4.2.1.1: Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2)) junior clinicians2 while on shift on the floor**

2 Junior clinicians includes JMOs, interns, junior registrars, EMC/IEMTP/AEMTP trainees, TS1-2 trainees but excludes medical students

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

|  |  |
| --- | --- |
| **Standard 4.3** | **Quality Management** |
| Criterion 4.3.1 | Trainees are involved in quality improvement activities |

**Requirement 4.3.1.1: Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)**

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

|  |  |
| --- | --- |
| Please provide a description of how your site meets this ACEM Requirement. | |
|  | |
| Documents attached (provide reference numbers). | Documents that will be made available at the site inspection. |
|  |  |
| **Office use only – Inspectors’ assessment** | |
| **Rating:**  M  NM  NA | **The timeframe for addressing the condition is normally 12 months unless specified here:** |
| **Comments** (reason for rating of “NM”, commendation, suggestion for improvement, general comment) | |

# Section 3: Accreditation Inspection Team Findings (OFFICE USE ONLY)

**The Inspection Team recommends the following outcomes with respect to the emergency department:**

|  |  |
| --- | --- |
| Accreditation Status | Accredited  Focused inspection required  Conditionally Accredited. The site must submit an action plan in the attached Quality Improvement Plan to address the Requirement(s) that are rated as ‘Partially Met’ or ‘Not Met’  Not Accredited (for New Sites)  Accreditation Cancelled (for already accredited site) |
| Accreditation Level/Type | Tier 1  Tier 2  Tier 3  PED  Private ED  TS4 |
| Hospital Designation | Major Referral  Non-Major Referral |
| Paediatric Logbook (PLB) / Paediatric Emergency Requirement (PER) Status | Accredited for PLB / PER status  Not accredited for PLB / PER status |
| Number of Trainees that can be supported at this Site at any one time (only if required) |  |
| Reason for setting a limit on the number of trainees at this Site |  |
| Further comments regarding the Site (optional) |  |

**For Tier 3 with Linked accreditation only:**

|  |  |
| --- | --- |
| The following accredited Site is approved as the Host |  |
| Further comments regarding the Host (optional) |  |

**For Emergency Medicine Training Network accreditation only**

|  |  |
| --- | --- |
| Accreditation Status for the Name of EMTN Emergency Medicine Training Network (EMTN) | Accredited  Not Accredited (for New EMTNs)  Accreditation Cancelled (for already accredited EMTN) |
| This Site is approved to be part of the above EMTN | Yes  No |
| The other approved Site(s) for this EMTN are: |  |
| Further comments regarding the EMTN (optional) |  |

# Appendix 1: Site Data

All sites must complete this section.

1. For all current staff employed permanently by your ED, please complete the following table

|  |  |  |
| --- | --- | --- |
| ACEM Staff | Total FTE | Total Head Count |
| FACEMs |  |  |
| No. of proposed Advanced or TS2-4 trainees |  |  |
| No. of proposed Provisional or TS1 trainees |  |  |

2. Please complete the following tables relating to FACEMs with clinical or management roles in your ED

|  |  |  |
| --- | --- | --- |
| ACEM Staff | Name | Total FTE |
| DEM(s) |  |  |
|  |  |
|  |  |
| DEMT(s)\* |  |  |
|  |  |
|  |  |
| Local WBA Coordinator(s)+ |  |  |
|  |  |

*\* If the DEMT) is new to the role and has not previously submitted the DEMT Appointment-*[*application form*](https://form.jotform.co/92238588215868) *– you must submit the application after reviewing the* [*DEMT Position Description*](https://elearning.acem.org.au/pluginfile.php/229038/mod_resource/content/1/PD416_v4_DEMT.pdf)*. Current DEMT should submit the notification of* [*withdrawal from the DEMT role*](https://form.jotform.co/91491302309856)

*+ New Local WBA Coordinator(s) must also complete and submit the Local WBA Coordinator Appointment- form after reviewing the Local WBA Coordinator Position Description.*

|  |  |
| --- | --- |
| What percentage of the DEM role will be allocated to clinical support time? | % |
| What will be the total clinical support time (hours) of the DEMT role per week? | hrs |

3. ED Clinical Cover: Please outline your proposed medical rosters for both weekdays and weekends providing the number of staff for each shift who will be rostered on-floor and on-call\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Day | | Evening | | Night | |
|  | On-Floor | On-Call | On-Floor | On-Call | On-Floor | On-Call |
| Monday to Friday | | | | | | |
| FACEMs |  |  |  |  |  |  |
| ACEM trainees |  |  |  |  |  |  |
| Saturday and Sunday | | | | | | |
| FACEMs |  |  |  |  |  |  |
| ACEM trainees |  |  |  |  |  |  |

|  |
| --- |
| \*If your staffing model does not fit the table above, please outline it here: |
|  |

4. Please complete the following table regarding other nursing and medical staff working in your ED

|  |  |
| --- | --- |
| Other ED Staff | Total FTE |
| Paediatric EM Specialists |  |
| Other Specialist Physicians |  |
| Non-ACEM Registrars |  |
| Medical Officers† (Includes CMO; SMO; SRMO; SHMO; SHO and MO (NZ EDs)) |  |
| Interns/ Junior Medical Officers |  |
| Nurse Practitioners |  |
| Nursing Educators |  |
| Nursing Staff |  |
| Other medical staff not covered above, if applicable (excl. administrative staff), please outline below: | |
|  | |

*†CMO: Career Medical Officer; SMO: Salaried Medical Officer; SRMO: Salaried Resident Medical Officer; SHMO: Senior Hospital Medical Officer; SHO: Senior House Officer*

5. ED Casemix: For the last 12 months, please provide where applicable the total number of

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last financial year | Total | Adults | ‘Paediatrics  ≤ 15 years’ | ‘Geriatric  > 65 years’ |
| Patient attendances |  |  |  |  |
| ATS 1 attendances |  |  |  |  |
| ATS 2 attendances |  |  |  |  |
| ATS 3 attendances |  |  |  |  |
| ATS 4 attendances |  |  |  |  |
| ATS 5 attendances |  |  |  |  |
| Number of ambulance arrivals |  |  |  |  |
| Inpatient admissions |  |  |  |  |
| Inter-hospital transfers from ED |  |  |  |  |
| SSU (or equivalent) admissions from ED |  |  |  |  |
| ICU admissions from ED |  |  |  |  |
| HDU admissions from ED |  |  |  |  |
| CCU admissions from ED |  |  |  |  |
| PICU admissions from ED |  |  |  |  |

6. Please provide the number of beds and chairs, where applicable for the following areas

|  |  |  |
| --- | --- | --- |
|  | Beds | Chairs |
| Resuscitation |  |  |
| Adult Emergency/ Acute |  |  |
| Paediatric Emergency/ Acute |  |  |
| Adult Short Stay Unit (or equivalent) |  |  |
| Paediatric Short Stay Unit (or equivalent) |  |  |
| Adult Low Acuity / Sub-Acute/ Fast-track |  |  |
| Paediatric Low Acuity / Sub-Acute/ Fast-track |  |  |
| ED Mental Health Assessment  (includes Behavioural Assessment unit, Safe Assessment Room) |  |  |

7. Please specify the total number of on-site speciality services available at your hospital and the number accredited for training

|  |  |
| --- | --- |
|  | Total Number |
| On-site speciality services |  |
| On-site speciality services accredited for training |  |

8. Please select all of the speciality services on-site and if they are accredited for training by the relevant college

| **Specialty Services** | **On-site** | **Accredited for training** |
| --- | --- | --- |
| Anaesthetics |  |  |
| Cardiac surgery |  |  |
| Cardiology |  |  |
| Dental |  |  |
| Dermatology |  |  |
| Drug and Alcohol |  |  |
| Developmental Paediatrics |  |  |
| Endocrinology |  |  |
| ENT |  |  |
| Facio-maxillary |  |  |
| Gastroenterology |  |  |
| General medicine |  |  |
| General surgery |  |  |
| Geriatrics |  |  |
| Gynaecology |  |  |
| Haematology |  |  |
| Hyperbaric Medicine |  |  |
| Immunology |  |  |
| Infectious disease |  |  |
| Intensive Care |  |  |
| Metabolic/ Genetic |  |  |
| Neonatology |  |  |
| Neurology |  |  |
| Neurosurgery |  |  |
| Obstetrics |  |  |
| Oncology |  |  |
| Opthalmology |  |  |
| Orthopaedics |  |  |
| Paediatrics |  |  |
| Paediatric ENT |  |  |
| Paediatric Gastroenterology |  |  |
| Paediatric Intensive Care |  |  |
| Paediatric Orthopaedics |  |  |
| Paediatric Surgery |  |  |
| Paediatric Thoracic |  |  |
| Palliative Care |  |  |
| Plastic surgery |  |  |
| Psychiatry |  |  |
| Radiology/ Medical Imaging  (excluding interventional radiology and ultrasound) |  |  |
| Radiation Oncology |  |  |
| Rehabilitation Medicine |  |  |
| Renal |  |  |
| Respiratory |  |  |
| Rheumatology |  |  |
| Thoracic |  |  |
| Toxicology |  |  |
| Transplant |  |  |
| Trauma |  |  |
| Urology |  |  |
| Vascular Surgery |  |  |

9. Please answer the following questions regarding your related hospital services:

|  |  |
| --- | --- |
| Do you have on-site Cardiac Catheter Lab for urgent PCI in STEMI? | Yes  No |
| Are you designated as a Major Trauma Service? | Yes  No |
| How many major trauma cases with an ISS>12 did your hospital treat in last 12 months? |  |