Australasian College for Emergency Medicine

ACEM Specialist Training Site Accreditation Standards

V4 AC549

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acem.org.au

Document Information

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Revision History

Version	Date	Pages revised / Brief Explanation of Revision
v1	June 2017	Approved by Council of Education
v1.02	Jan 2018	Changed name to FACEM Training Program.
v1.03	Aug 2018	Add updated EMTN definition.
v1.04	Nov 2018	Clarify the definition of a Paediatric patient as “up to the age of 16”. Fixed up inconsistent bullets and broken links.
v1.05	Dec 2019	1.1.1.3 – Added Orientation manual to orientation program and an explanation on how the site delivers the FACEM training program 1.1.1.6 – Added a recommendation to have a trainee representative appointed at the site or one for the EMTN. Combined 2.1.2.1 and 2.1.2.2 (DEM and CST). Combined 2.1.3.1 and 2.1.3.2 (DEMT and CST). 2.1.3.1 – Added a specific mention a PDEMT is required and a requirement the PDEMT works 0.5 FTE at the PED. 2.1.3.2 – Added clause to allow sites 3 years from original accreditation to ensure there is a separate DEM and DEMT. 2.1.3.3 – Changed to require DEMT to work minimum 0.5 FTE clinically in the ED. 2.2.1.3 – Removed requirement for an on-site Paediatric unit for PLB status 3.1.1.1 - Added bedside and on-floor teaching to processes which facilitates clinical teaching and learning opportunities. 3.1.2.3 – Added requirement to provide Paediatric content in the education program – 4 hours/month. Remove that requirement from the 2.2.1.3
V2	Sep 21	3.1.2.3 – Amended - Tier 1 sites are required to provide their own protected structured teaching time Removed four hours of monthly paediatric content for PLB status as it is now compulsory for all sites and has been added to 3.1.2.3 2.1.3.3 – Clarify DEM requirement Changed to reflect the new 2022 Curriculum and Accreditation structure (the new TS4 requirements approval).

V3	Dec 23	Routine review. Changed terminology: • Accreditation Subcommittee changed to Accreditation Committee • Conditions are mandatory with due dates. Recommendations are suggestions and are not mandatory. • Align DEMT and LWBAC requirements with the position descriptions. • TS4 requirements – “intentions” added, and “suggested strategies” amended to provide better clarity. • Rename PLB/PER to just PER as all trainees will be transitioned in 2024.
V3.1	May 25	Amendments throughout to reflect changes to training program titles and membership categories “EMC /D /AD” to “Associateship”
V4	Aug 26	Major review to align with AMC Model Accreditation Standards

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1. Introduction

1.1 Specialist medical college accreditation of training settings

Australia

The Medical Board of Australia registers specialist medical practitioners in Australia under the Health Practitioner Regulation National Law, to ensure practitioners have the necessary knowledge, skills and professional attributes to practise in a recognised specialty in Australia.

The Medical Board of Australia has appointed the Australian Medical Council (AMC) as its accreditation authority to assess specialist medical colleges and accredit their specialist medical training programs in Australia which lead to qualifications for practice in recognised medical specialties.

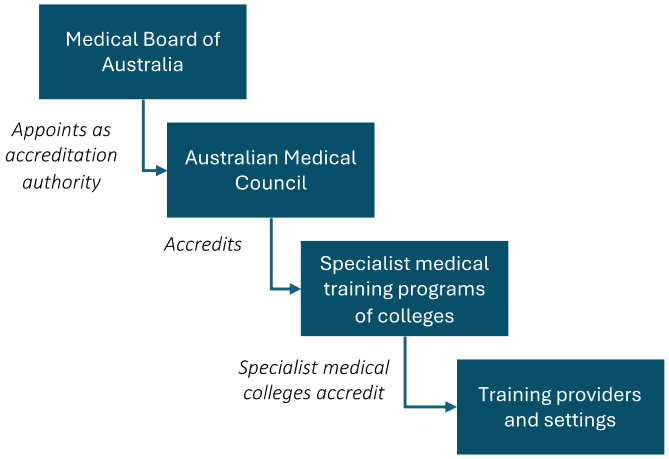

Figure 1 - Accreditation bodies in Australia

Aotearoa New Zealand

The Medical Council of New Zealand registers doctors who are competent and fit to practise medicine in a vocational scope of practice in Aotearoa New Zealand.

The Medical Council of New Zealand uses AMC accreditation reports to assist it to make decisions about recognising specialist medical training programs in Aotearoa New Zealand. The AMC works with the Medical Council of New Zealand in reviewing bi-national training programs of specialist medical colleges.

Colleges accredit the health service and other training settings in which specialist medical training takes place. Colleges may do this in different ways by accrediting posts, sites, practices and networks. These standards are intended to apply regardless of the approach taken by individual colleges.

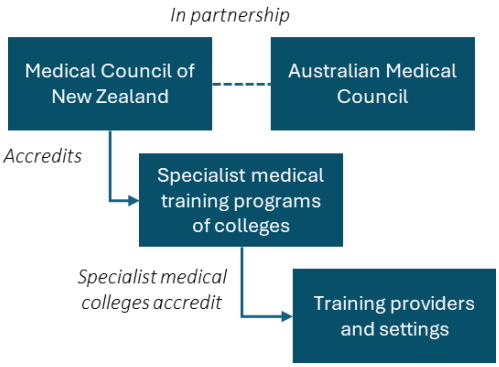

Figure 2 - Accreditation bodies for binational colleges in Aotearoa New Zealand

The Australasian College for Emergency Medicine (ACEM; 'the College') is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and Aotearoa New Zealand as specialist emergency medicine physicians. As such, ACEM is responsible for delivering and managing the training, education and professional development programs that ensure the provision of emergency medicine care at the standard and quality expected by the Australian and Aotearoa New Zealand public.

1.2 Context of accreditation

Accreditation of training settings takes place in the context of a joint endeavour between colleges, training providers, their training settings, and governing health departments, in which all parties have the shared goal of achieving high-quality specialist medical training that is responsive to the needs of the communities of Australia and Aotearoa New Zealand.

The context in which accreditation takes place is complex. It involves different legislative environments across Australia and Aotearoa New Zealand, a variety of training settings, and parties that have multiple obligations. When engaging in accreditation, colleges, training providers and their settings, and health departments should acknowledge this complexity and respect each party's wider obligations. These include the maintenance of high standards in specialist medical practice, as well as service delivery obligations to a diverse range of communities.

Several of these model standards cover matters for which colleges also have responsibilities. This is noted in the commentary on relevant criteria. Accreditation measures the appropriateness of a training setting, not the extent to which a college meets its own obligations. However, responsibilities are often shared and

how the parties do this will be relevant to achieving high-quality training at the setting. Nothing in these model standards is intended to create additional legal responsibilities for colleges or training providers – rather, it is intended that application of the model standards will result in training providers evidencing how they meet their legal obligations.

Accreditation can foster communication and be the foundation for engagement, continuous quality improvement and innovation. It underpins the training pathway which is important to the long-term sustainability of the workforce and the provision of safe and high-quality health services to the public. High standards of training are essential to patient safety. Compliance with the standards contributes to patient safety and the training of safe specialist medical practitioners.

All parties involved in accreditation should approach the process in good faith, acknowledging that, in addition to its assessment role, accreditation provides an opportunity to discuss and resolve problems in a constructive and timely manner and share information about issues for which both colleges and training providers have responsibilities. A collaborative and responsive approach will enhance outcomes for trainees, patients and consumers and support the long-term sustainability of the specialist medical workforce.

1.3 FACEM Training Program

The FACEM Training Program is a structured post-graduate program that comprises 60 months of training. There are four stages (1 – 4) within the FACEM Training Program, with specific requirements at each stage of training.

The requirements of the FACEM Training Program, including the associated assessments, are set out in the College's Regulation G, and associated policies and guidelines, which can be found on the ACEM website here.

The College's specialist level FACEM Training Program occurs primarily within hospitals. These hospitals provide the teaching and learning opportunities and clinical experience necessary for training towards Fellowship of the College. As such, training is a partnership between training sites, FACEM trainees, Fellows and the College. In delivering the FACEM Training Program, this partnership supports the provision of patient-centred care that is respectful of, and responsive to, patients' preferences, needs and values.

This document outlines the requirements for sites seeking ACEM accreditation.

1.4 The structure of these standards

Domain	The type of matters addressed by the standards.
Standard	The outcome that must be achieved at the training setting.
Criterion	The measurable component of a standard.
College-specific Requirements (optional)	Requirements that are specific to each college and training program that supplement a criterion (e.g. specific equipment needs).

Figure 3 - Standards hierarchy

The ACEM framework consists of four (4) domains, eight (8) standards, 35 criterion, one (1) addition to the intent statement, and zero (0) College-specific requirements.

College-specific requirements

College-specific requirements, as developed by each college in accordance with the approved process, are optional and should only be included in accreditation standards by colleges where they are necessary for trainees to reach a particular competency required by the training program outcomes. This may include requirements relating to the number and types of procedures to be undertaken, and any specialist equipment, or industry-specific accreditations required.

The Accreditation Requirements conform to the Australian Health Ministers Advisory Council and Health

Workforce Principal Committee's Accreditation of Specialist Medical Training Sites Project (2011-2014), which requires all specialist medical colleges to utilise the same terminology with respect to domains, standards and criteria.

The ACEM Accreditation Process Guide (G550) document provides information about College's accreditation processes, accreditation outcomes and the obligations that arise from ACEM accreditation. This document (AC549 ACEM Specialist Training Site Accreditation Standards) should be read in conjunction with the G550 Accreditation Process Guide and the Accreditation Support Guide (yet to be published).

The Accreditation Support Guide provides explanation and advice for health services, training sites and members of the College who undertake site inspections to assess sites for accreditation for the delivery of the FACEM Training Program.

1.5 Adult/mixed and paediatric emergency departments

ACEM recognises that there are mixed (adult and paediatric), adult-only and paediatric-only Emergency Departments across Australia and Aotearoa New Zealand. The Accreditation Standards apply to all types of Emergency Departments.

Emergency Departments must be accredited by the College for trainees to accrue core Emergency Department (ED) training time for the FACEM Training Program.

There are three (3) types of accreditation for Emergency Departments*:

- Adult/mixed ED
- Private ED - maximum of 12 months core ED time
- Paediatric ED - maximum of 12 months core ED time

ACEM and the Royal Australasian College of Physicians (RACP) contribute to a Committee for Joint College Training - Paediatric Emergency Medicine (CJCT-PEM) that works with the Accreditation Committee on matters relating to the accreditation of Paediatric Emergency Departments (PED).

1.6 Terms and definitions

For the purposes of the Accreditation Standards, the following terms and definitions are applicable:

Aboriginal

Refers to the First People and Traditional Custodians of the Australian mainland and many of its islands, such as Tasmania, K'gari, Hinchinbrook Island, the Tiwi Islands, and Groote Eylandt, but excluding the Torres Strait Islands.

College

An organisation accredited by the Australian Medical Council to provide specialist medical education and training. Where a college arranges another body to carry out all, or some, of its accreditation functions, the term 'college' includes that other body in so far as it carries out those functions.

Cultural safety and culturally safe

There are three definitions of cultural safety which are relevant to these standards. The definition that should be applied depends on whether the standards are being applied in Australia or Aotearoa New Zealand and, in Australia, whether the relevant standard refers to Aboriginal and/or Torres Strait Islander people specifically or to all people. This latter consideration will be clear in the phrasing of the standard.

In Australia, the AMC has endorsed two definitions of cultural safety, in line with the approach of the Medical Board of Australia in its guidance Good Medical Practice: a code of conduct for doctors in Australia.

The first is a general definition of cultural safety, which is relevant when cultural safety is being referred to in a way that is not exclusive to Aboriginal and/or Torres Strait Islander people:

Cultural safety is based on the experience of the recipient of care and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice.

The second is the National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy definition of cultural safety. This definition is relevant when specifically referring to Aboriginal and/or Torres Strait Islander people:

"Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

"Culturally safe [practice] is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism." [1]

The AMC works in partnership with the Medical Council of New Zealand (MCNZ) in Aotearoa New Zealand, and as such applies the MCNZ's definition of cultural safety as the third definition. This definition is relevant to all people and contexts:

Cultural safety is

"The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

"The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

"The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities."

In addition, "cultural safety is of particular importance in the attainment of equitable health outcomes for Māori." [2]

Emergency Department (ED)

A site that meets the ACEM definition of an Emergency Department as defined in ACEM Statement S12—Statement on the Delineation of Emergency Departments. Sites that do not meet this definition will not be considered for accreditation for the purposes of FACEM training.

Fellow

For adult-only and mixed Emergency Departments, a Fellow is an individual who holds a 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

[1] Australian Health Practitioner Regulation Agency and National Boards. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025. Canberra: AHPRA, 2020: 9.
[2] Medical Council of New Zealand. Statement on cultural safety. Wellington: MCNZ, 2019: 2.

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 of 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 of 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.

Maori

Refers to the tangata whenua, or the Indigenous people of Aotearoa New Zealand.

Model Standards

Standards that are to be used as a model for each college's accreditation standards.

Paediatric Emergency Department

A Paediatric Emergency Department (PED) is an Emergency Department that is either:

- A dedicated specialist Paediatric Emergency Department; or
- An appropriate, dedicated area within a mixed Emergency Department for paediatric attendances that functions distinctly from the adult section of the department by way of design, resources and staffing.

Supervisor

An appropriately qualified and trained medical practitioner, senior to the trainee, appointed, approved or accredited by a college, who guides the trainee's education and/or on the job training on behalf of the college. The supervisor's training and education role will be defined by the college, and may encompass educational, support and organisational functions. Colleges may or may not appoint the main supervisory role. Colleges frequently define a number of supervisory roles.

Torres Strait Islander

Refers to the First People and Traditional Custodians of the Torres Strait Islands.

Trainee

A doctor in training completing a specialist medical program.

Training program

The curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in Aotearoa New Zealand, in a vocational scope of practice. It leads to a formal award certifying completion of the program.

Training provider

The entity legally responsible for the administration of the training setting. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership (a general practice partnership), or any other entity legally responsible for the training setting.

Training setting

The place or position accredited, or applying for accreditation, by the college. This includes sites, posts, practices and networks (which are composed of multiple settings). Where colleges accredit networks or programs, these standards will apply, recognising that various settings will contribute to meeting the standards overall.

2. Guide to the general accreditation standards

Domain 1: Trainee health and welfare

Standard 1.1: Training takes place in a learning environment that supports trainee health and welfare.

Criterion 1.1.1
Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them

ACEM will assess whether there are mechanisms available for trainees to raise concerns, grievances or complaints about any matter affecting their training with the training provider (including complaints about workplace behaviour and work conditions). Mechanisms need to be practical, easy to navigate and culturally safe. Barriers to doing this (such as fear of reprisals or adverse outcomes, racism and systemic bias) should be identified and managed by the training provider, that is, barriers should be eliminated where this is reasonably practicable and if not, minimised insofar as is reasonably practicable.

The processes should be effective, in that they lead to consideration of the grievance or complaint by a person other than the person who is the subject of the complaint, and an appropriate response is made. ACEM will also assess whether there is evidence that any concerns, grievances, or complaints raised have been responded to and managed.
Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.

Criterion 1.1.2
Risks to trainees regarding bullying, harassment, discrimination, racism and other unlawful or unacceptable workplace behaviours are identified, investigated, managed and recorded

ACEM will assess whether training providers have processes and systems to identify and manage risks of unlawful or unacceptable behaviour at the training setting, both on a proactive and reactive basis, and whether these are being applied. This involves assessing whether there are mechanisms to identify and respond to individual incidents, as well as ongoing or long-term risks. The mechanisms should be easily accessible to trainees and understood.
Management of risks involves eliminating the risk where this is reasonably practicable and if not, minimising the risk insofar as is reasonably practicable.
Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.

Note: It is not intended that ACEM will assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although colleges and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion.
ACEM will also have obligations to consult, cooperate and coordinate actions with training providers to reduce risks to trainees. How ACEM and training providers do this may be relevant to the assessment of this criterion.

Criterion 1.1.3
There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds

ACEM will assess whether there is a positive, supportive, inclusive and equitable learning environment for all trainees that acknowledges and values their diversity. This involves assessing the general environment where trainees carry out their day-to-day duties and identifying factors that may either contribute to, or detract from, a positive and respectful environment.

Criterion 1.1.4
Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed and recorded

ACEM will have a documented process in place to assess whether training providers identify and manage risks of culturally unsafe, unacceptable, discriminatory or unlawful behaviour at the training setting, relating to Aboriginal and/or Torres Strait Islander and Māori trainees. Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable. It is expected that training providers will engage with Aboriginal and/or Torres Strait Islander and Māori trainees, local networks and/or colleges' Indigenous networks to support the risk assessment and identify potential mitigating actions, determine organisational processes, and ensure that trainees are supported through this process. The risk assessment should be documented and made available to the college, whether stand alone or integrated into a broader risk assessment.

Training settings should have mechanisms to identify and respond to individual incidents, as well as ongoing or long term structural or organisational risks. Mechanisms should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Large settings may have a range of formal policies and procedures in place, whereas small settings may have mechanisms more suited to their size and risk profile.

Note: It is not intended that ACEM will assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although ACEM and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion and would be an indicator of concern.

Criterion 1.1.5
Risks to trainees associated with fatigue and volume of work are identified, managed and recorded

ACEM will assess whether there are ongoing unacceptable working hours and/or volume of work that may be impacting the learning of trainees and/or their health and welfare. This involves assessing the training setting's proactive strategies (for example, rostering safe working hours, the use of rostering best practice guidance) as well as mechanisms to identify, monitor and manage risks when they do arise (for example, monitoring of unrostered overtime). Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable.

ACEM will assess the actual outcome for trainees rather than impose blanket rules on training settings (such as the number of shifts to be worked in a given period).

Criterion 1.1.6
Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions

ACEM will assess whether trainees can reasonably access the leave entitlements, including cultural leave, that are set out in their employment and/or appointment conditions. It involves assessing whether reasonable leave is being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes and/or their health and welfare. ACEM will assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.

Note: It is not intended that ACEM regulates whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether trainees are actually taking leave to which they are entitled, whether leave is being consistently denied to trainees or a particular group of trainees. It is not intended that training providers be required to grant all leave requests, as many contingencies must be managed in relation to trainee leave.

Criterion 1.1.7
Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions

ACEM will assess whether trainees can reasonably access the flexible working arrangements set out in their employment and/or appointment conditions. This involves assessing whether reasonable flexible working arrangements are being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes. ACEM will assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.

Note: It is not intended that ACEM regulates whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether requests for flexible working are being adequately considered, or subject to rules that prevent flexible working. It is not intended that training providers be required to grant all requests for flexible working, as many contingencies must be managed in relation to working arrangements.

Criterion 1.1.8
Trainees who have had a break in training are supported in their return to training

ACEM will assess whether trainees who have taken a break in training (for example parental leave, sick leave or extended leave) are provided with support by the training provider to reintegrate into the training program upon their return. ACEM will assess whether a lack of support by the training provider may disadvantage certain trainees including parents of young children, or those with health issues.

Adequate support will differ depending on the size and nature of the training setting. Large settings may have structured mechanisms or policies, such as return to work programs, whereas small settings may meet this criterion through more personalised or individual support.

Criterion 1.1.9
Reasonable adjustments for trainees with disabilities are provided, in accordance with legislative requirements and employment and/or appointment conditions

ACEM will assess whether trainees with disabilities are provided with reasonable adjustments as required by law and any employment/appointment conditions to support them to meet their training program requirements. Large training settings should be able to provide policies and procedures for meeting this criterion. Small settings may meet this criterion through demonstrating their understanding of their obligations and their ability to make necessary arrangements when needed.

Criterion 1.1.10
Trainees have access to resources that support their health and welfare

ACEM will assess whether there are a range of resources that are appropriate to the size and nature of the training setting to support trainee health and welfare, and that trainees are aware of, and are able to access, those resources. Examples of resources include peer support networks, opportunities for professional debriefing, support after experiencing traumatic events, mentorship or confidential counselling services such as Employee Assistance Programs.
Large settings may offer a range of formal resources and programs. Small settings may have more informal ways of providing resources or utilise external resources.

Domain 2: Supervision, management and support structures

Standard 2.1: Clear governance structures support the delivery of effective education and training.

Criterion 2.1.1
There is an effective, transparent and clearly understood educational governance system that demonstrates a commitment to the training program and manages the quality of training

ACEM will assess whether there are appropriate governance structures that ensure accountability for training within the organisation. These structures should set out clear roles and responsibilities for the oversight and management of training.

Appropriate governance structures will differ depending on the size and nature of the training setting. Large settings may need a documented structure with an identified leader and other accountable roles. In small settings, the criterion may be satisfied by evidence that trainees understand which person in the setting is responsible for managing their training.

Criterion 2.1.2
Trainees and the training provider engage constructively about how training is delivered at the training setting and trainees can provide input and feedback into how their local training is delivered

ACEM will assess whether trainees have opportunities to give input and feedback to those who provide their training without repercussions. This may include supervisors and managers, directors of training (or equivalent) and other relevant stakeholders. There should be genuine engagement with the trainee, rather than token feedback mechanisms whereby feedback is not considered and responded to. Discussions with trainees about their expectations in relation to training is an example of constructive engagement.

Appropriate feedback mechanisms will differ depending on the size and nature of the training setting. Large settings may have formal processes such as trainee attendance at governance forums or committees. Small settings may have more informal processes such as individual communication with trainees.

Criterion 2.1.3
Management and administrative resources, such as rostering and recruitment, effectively support the delivery of training

ACEM will assess whether there are appropriate ancillary resources in place to support the effective delivery of the training program including, as relevant: resources to support term allocations; rostering; leave management; and the training provider's recruitment process.

The level and type of support will differ depending on the size and nature of the training setting.

Note: It is not intended that ACEM imposes requirements about staffing structures or recruitment processes, as these are often governed by the training provider's own policies and legal obligations. However, severe and ongoing delays with recruitment, rotations, processing of leave requests etc, that impact the ability of trainees to meet their training program requirements in a timely manner and/or that impact their health and welfare are relevant to the assessment of this criterion.

Criterion 2.1.4
Trainees are provided with effective orientation for each training setting/rotation

ACEM will assess whether orientation covers matters that are unique to each training setting/rotation, or significantly different to previous settings/rotations. The information trainees need for an effective orientation will differ depending on the size and nature of the setting, but may include:

- who is responsible for their training

- who is responsible for managing their work (line manager)
- the nature of the work and patient cohort
- the availability of trainee health and welfare support mechanisms
- relevant local policies and processes
- orientation to clinical and related IT systems (e.g. electronic medical records, ordering of diagnostic tests, rostering systems)
- life support or emergency equipment.

Criterion 2.1.5
The training provider engages with the college to resolve issues raised about the training program and training setting

ACEM will assess whether the training provider demonstrates a willingness to partner and collaborate with the college to maximise the quality and effectiveness of training.
The appropriate level of engagement will depend on the size and nature of the training setting, and the type of matter that is the subject of the engagement. Engagement can be both during, and outside of, the accreditation process.

Note: This criterion focusses on overall engagement, not the management of a particular concern, grievance, complaint, or issue. Engagement is also the responsibility of both training providers and ACEM and requires participation from each of the parties.

Criterion 2.1.6
The training provider/setting has been accredited by relevant accreditation bodies

ACEM will ascertain whether the training provider/setting has achieved accreditations relevant to the training carried out in that setting, for example, accreditation under relevant national safety and quality standards, laboratory standards or equipment safety standards.
Examples of relevant, recognised accreditations include:

- National Safety and Quality in Healthcare Services (NSQHS) Standards for Australian public and private hospitals, day surgeries and other healthcare services
- The Ngā paerewa Health and disability services standard for Aotearoa New Zealand public and private hospitals, primary care services and other healthcare services
- National General Practice Accreditation Scheme for Australian general practices.

Standard 2.2: Trainees receive appropriate and effective supervision.

Criterion 2.2.1
There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety

ACEM will assess whether trainees are supervised in a timely and effective manner in their day-to-day activities both to support their ongoing learning and the safe delivery of patient care. This involves assessing the outcomes of the supervision process, for example whether trainees have been required to work beyond their competence. Colleges should allow for flexibility in how supervision is provided.
For non-patient facing roles (for example, pathology, other diagnostics), the supervision should relate to the oversight of work in the relevant setting, for example, in a laboratory, the supervision may be technical or educational rather than clinical supervision of direct patient care.

Criterion 2.2.2
Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning

ACEM will assess whether trainees receive the feedback they need to support their learning. This includes assessing whether feedback is effective, timely, constructive and provided in a professional and supportive manner.

Feedback may be provided through both formal and informal mechanisms and will differ according to the nature of the training setting. Large settings may have more structured opportunities for feedback whereas small settings may depend more on more informal opportunities.

Note: ACEM also has a role in providing feedback to trainees and supervisors. How ACEM and training providers share trainee and supervisor feedback may be relevant to the assessment of this criterion.

Criterion 2.2.3
Trainees having difficulty in meeting the requirements of the training program are identified and appropriate support measures are available and promoted

ACEM will assess whether there are appropriate supports for trainees who are struggling to meet training milestones. This involves assessing the training setting's commitment to identifying trainees in difficulty and to providing them with effective and timely support.

Methods of identifying trainees in difficulty will differ according to the nature of the training setting. Large settings may have structured programs and policies on identifying and supporting trainees in difficulty while small settings may rely on more informal measures.

Note: ACEM also has a role to play in assisting trainees in difficulty. How ACEM and training providers share information that will identify and support trainees in difficulty may be relevant to the assessment of this criterion.

Criterion 2.2.4
A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role

ACEM will assess whether there is effective oversight of the training program and that there is a person at the setting accountable for the delivery of the program. This may be for example, a Director of Training, designated supervisor or other relevant individual. This involves assessing if trainees are informed of who this person is and have access to them. The appointed person must have sufficient capacity and capability to undertake this role.

The role, time and resources needed by the person, will differ depending on the size and nature of the training setting. In a large setting, it may be appropriate to have an individual appointed to a designated position, with a formal position description and time attributed to complete the duties of that role. In small settings, it may be appropriate for the person to take on this role as part of their supervision duties and/or other responsibilities.

Addition to intent statement:

A "designated person" refers to College-identified role holders with recognised responsibilities within the program. This includes Director of Emergency Medicine (DEM), Director of Emergency Medicine Training (DEMT) and Local Workplace-Based Assessment Coordinator (LWBAC).

Criterion 2.2.5
Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment

ACEM will assess whether supervisors are supported by the training provider to perform their dual roles of delivering healthcare services and supervising/supporting trainees and that they have adequate time to carry out education and assessment functions, such as conducting workplace-based assessments. Monitoring the performance of supervisors is also relevant to this criterion, including opportunities for

trainees, the Director of Training (or equivalent), and other relevant people to provide feedback to supervisors.

ACEM will assess whether the training provider supports supervisors in professional development opportunities related to appropriate workplace behaviour, cultural safety, cultural competence and, in Aotearoa New Zealand, Hauora Māori.

The support provided should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Support may be formal or informal, including professional development activities, provision of time to undertake supervision and supervisor forums.

Note: ACEM also has a role to play in supporting supervisors through formal supervisor training, feedback and evaluation.

Standard 2.3: Trainees are supported in delivering quality patient care, including culturally safe care

Criterion 2.3.1
Trainees are supported in delivering quality patient care, including culturally safe care, to patients of diverse backgrounds

ACEM will assess whether trainees are exposed to the full diversity of patients and clients treated at the training setting where this is clinically appropriate. Diversity of patients means patients of diverse cultures, religious beliefs, gender, age, disability, language, rurality and geography or other such factors. This includes assessing whether trainees are supported to understand the needs of diverse patients and informed of how diverse patients are supported at the setting, including the provision of culturally safe care.

For non-patient facing roles (for example pathology, other diagnostics), trainees should be supported in their role of indirectly delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.

Criterion 2.3.2
Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care, to Aboriginal and/or Torres Strait Islander and Māori people

ACEM will assess whether the training provider supports trainees in developing knowledge and skills to provide quality patient care using a patient-centred approach. This approach should recognise that Australian communities are diverse and patients will have different preferences, needs and values about their health care.

ACEM will assess whether the training provider has engaged with Aboriginal and/or Torres Strait Islander and Māori clinicians, communities and medical education experts to identify clinical experiences that support trainees to develop the skills and reflective practice that support culturally safe care for Aboriginal and/or Torres Strait Islander and Māori patients. In Aotearoa New Zealand, this includes developing Hauora Māori professional standards for doctors.
In ensuring opportunities for all trainees to have clinical experience in providing health care to Aboriginal and/or Torres Strait Islander and Māori people, it is recognised that Aboriginal and/or Torres Strait Islander and Māori people seek and are provided care in all healthcare settings, not only in community-controlled health settings.
In smaller training settings, support could include trainees being able to attend other centrally delivered sessions.

For non-patient facing roles (for example, pathology, other diagnostics), trainees should be supported in developing specific knowledge and skills to deliver quality indirect patient care, including to Aboriginal and/or Torres Strait Islander and Māori people.

Criterion 2.3.3
Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care

ACEM will assess whether trainees are given appropriate opportunities to learn about the policies, procedures, roles and responsibilities for managing critical incidents and near misses, and to be involved in quality improvement processes, such as clinical audits and peer review. Trainees should also have the opportunity to learn how to raise a concern about standards of patient care within governance processes.
The types of clinical incident review, clinical governance and quality improvements processes will differ depending on the size and nature of the training setting. In large settings, trainees should be given an opportunity to engage in any established processes, such as committees or formal review mechanisms. In small settings, the process may be less formal or more personalised.

For non-patient facing roles (for example, pathology, other diagnostics), trainees should be able to engage in relevant laboratory or other appropriate governance processes regarding quality improvement (for example incident reviews and multi-disciplinary governance and quality improvement processes).

Domain 3: Education and clinical training opportunities

Standard 3.1 Trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences

Criterion 3.1.1
Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes

ACEM will assess whether clinical services provided at the setting adequately cover the caseload and casemix (including varying acuity and complexity) required to give trainees a broad enough range of experiences to meet the curriculum's learning outcomes that the setting is intended to support. This should be assessed in the context of the training setting and the training program overall, noting that in networked training, learning opportunities will be distributed throughout the network.

Criterion 3.1.2
Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes

ACEM will assess whether there are a range of formal and informal learning experiences available to trainees at the training setting and that provision is made within the trainee's workplace to allow them to engage in these.

The range of opportunities available should be appropriate to the size and nature of the training provider and training setting. Large settings may have formal learning opportunities, for example tutorials, patient rounds, technology-enhanced/simulation training, quality and safety activities, research, journal club, multidisciplinary meetings, and morbidity and mortality meetings. Small settings may provide opportunities through more informal mechanisms, including the diversity of health care provided at the setting, engagement with the community and other on-the-ground experiences, or through engagement with larger settings.

Criterion 3.1.3
Trainees are involved in clinical handovers during transitions of care

ACEM will assess whether trainees engage in the full range of clinical handovers that occur in the training setting. While trainees may not be required to attend every handover, the trainee should have an opportunity to gain appropriate experience in handovers.

Handover will differ according to the size and nature of the training setting. Handover may involve shift handovers, transferring care to other clinical team members, transferring care between other facilities or

other settings in the facility, discharge arrangements, handover to other primary care providers, as well as family or community support.

For non-patient facing roles (for example, pathology, other diagnostics), handover will be relevant to the type of work being conducted (for example, diagnostic handover in relation to samples, follow up of clinically significant results and cascade testing based on initial results).

Criterion 3.1.4
Trainees are given experience working and learning in multi-disciplinary teams and/or settings

ACEM will assess whether trainees are provided with opportunities to engage in multi-disciplinary care relevant to the training setting and learn within multi-disciplinary settings where reasonably available. Examples of working in a multi-disciplinary team include rotations to terms in other specialties, exposure to supervisors from other specialties or non-medical supervisors, attendance at multi-disciplinary meetings, working in multi-disciplinary primary care settings and engaging with care providers from other disciplines in the community. Examples of learning in a multi-disciplinary setting include learning and educational activities attended with other clinical and non-clinical staff from outside the trainee's own specialty.

Standard 3.2: Learning opportunities are transparent, equitable and appropriate for the level of training

Criterion 3.2.1
Trainees are given an increasing degree of responsibility as their skills, knowledge and experience grow

ACEM will assess whether trainees are provided with increasing responsibility and complexity of learning experiences as their competence grows, to allow progression through the training program.

Criterion 3.2.2
Training, learning and professional development opportunities are transparent and equitable for all trainees

ACEM will assess whether all trainees in the training setting are made aware of the relevant training and learning opportunities available and have equitable access to them, for example, access to performing procedures and attending meetings. Preference should not be given to certain trainees based on criteria that are not relevant to the training program.

Criterion 3.2.3
Trainees are supported to complete their training program assessments in a timely manner

ACEM will assess whether there are sufficient opportunities for trainees to meet milestones and progress through the training program at the expected rate. This includes the opportunity to complete workplace-based assessments in a timely manner and time to study for college examinations. Reasonable steps should be taken to remove any systemic barriers to the progression of trainees, for example, lack of time with colleagues who can assess workplace-based assessments.

Domain 4: Educational resources, facilities and equipment

Standard 4.1: Trainees have access to appropriate educational resources and facilities necessary to achieve the learning outcomes

Criterion 4.1.1
Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning

ACEM will assess whether trainees have reasonable access to spaces at, or near, the training setting that support them to meet learning requirements.

The spaces and access will depend on the size and nature of the training setting, the number of trainees needing to access those spaces and what can reasonably be expected from the type of setting being assessed.

Note: ACEM will avoid specifying the type or size of facilities that must be made available. Training providers should have the flexibility to demonstrate how the training setting supports trainee study and learning.

Criterion 4.1.2
Trainees have access to educational resources that support their learning

ACEM will assess whether educational resources are available to support trainees to meet the training program outcomes. This involves assessing the resources and their accessibility in the context of the individual training setting.

The suitability of educational resources will depend on the size and nature of the training setting, the requirements of the training program and other relevant factors. Educational resources may include periodicals/journals, clinical guidelines and policies, and medical databases. ACEM will allow flexibility in how trainees can access the resources, for example, resources may not be physically available at the setting but at another setting or location nearby, or available virtually/online.

Standard 4.2: Trainees have access to appropriate clinical equipment

Criterion 4.2.1
Clinical or other equipment needed for trainees to achieve the training program outcomes are available, accessible and fit for purpose

ACEM will assess whether the setting has the appropriate clinical equipment to allow trainees to develop specific competencies required by the training program. This includes assessing whether the equipment is fit for purpose, whether trainees have reasonable access to the equipment, and whether appropriate orientation to the equipment is provided.

3. Evidence supporting assessments and decisions

3.1 Guiding principles on the identification and use of evidence

Assessments should follow these guiding principles:

- Standards and criteria should be assessed based on relevant evidence.
- College accreditation teams should look at multiple sources of evidence where available and triangulate these where practical.
- Colleges should clearly articulate what evidence training providers need to provide 'up front' as part of the accreditation application.
- Training providers are encouraged to demonstrate how documentary evidence, such as policies and procedures, have been put into practice at the training setting. This may involve giving examples of how policies and procedures have been implemented to achieve the outcomes described in the standards, for example, how concerns and grievances have been managed or how the setting has identified particular health and welfare needs of its trainees.
- Additional evidence may come from a variety of sources and diversity of evidence is encouraged. For example, minutes from executive committees and management/board forums may demonstrate how specialist medical training issues are raised and considered by a training provider's governing body, thereby indicating how the training provider's governance structures support the delivery of effective education and training.
- Colleges should also gather evidence from their own sources, for example, supervisor reports, trainee surveys, previous accreditation reports, monitoring etc.
- Training providers should be advised at the time of application that the college may request additional evidence. Training providers should be given adequate time to collate the evidence requested.
- Requests for evidence should be as targeted as possible and reasonable in breadth to reduce the burden on both the training provider and the college accreditation team.
- Colleges and training providers should discuss the volume and types of evidence that could be used to assess the standards/criteria if this is unclear. Types of evidence will vary depending on the training provider and the training setting. Large settings are more likely to have written policies and formalised procedures covering a wider range of matters than small settings.
- Assessing standards and criteria involves a degree of professional judgment. Colleges and training providers may seek guidance from expert opinion, third party guidelines or published literature. Sometimes evidence of best practice is not available, is unclear or contested, particularly in areas such as acceptable volumes of work, working hours, or effective supervision. In these cases, colleges and training providers should have open discussions about the evidence and how it should be applied in the context of the particular training setting to achieve the best outcome.

3.2 Examples of types of evidence

Below are some examples of the types of evidence that colleges may gather to make assessments. Not all types of evidence will be relevant to all training providers or all training settings.

A:	Evidence that might be provided by a training provider/training setting	
1	Training provider self-assessment	For example, a statement explaining how each standard/criterion is met, or completion of a self-assessment form including demonstrated examples of appropriate application/implementation of policies within the training setting.
2	Clinical/casemix data	Relevant data such as procedures and skills logs.
3	Training schedule/timetable	Documents that show how and when formal and informal training sessions are delivered.

4	Orientation guide, manual or procedure	This could include orientation schedules, programs etc.
5	Governance diagram and/or roles and responsibilities	Documents that outline the positions and/or committees that oversee and deliver the training program and supervise or support trainees. This can include a governance diagram, position descriptions, attendance records and minutes etc.
6	Governing/executive body/clinical council minutes/records	Records of meetings demonstrating that governing/executive bodies have "line of sight" over training and that relevant issues are escalated through an accountable governance structure.
7	Example trainee/training rosters/hours worked	Examples of recent rosters that show the hours worked by trainees and the supervision available. Any records on overtime, or actual hours worked.
8	Handover process/documentation	Documentation that demonstrates how clinical handovers are managed, including attendance etc.
9	Other relevant accreditation reports	Where applicable, the most recent accreditation against National Safety and Quality Health Service (NSQHS) Standards, the *Ngā paerewa Health and disability services standard* in Aotearoa New Zealand or accreditation from other authorities relevant to the training setting or specialty.
10	Policies and procedures	Policies, procedures and processes relevant to the standards/criteria, or pro forma documents that show how feedback is given or received, concerns and grievances managed and recorded etc.
11	Information regarding future plans	Information on programs in development, future capital works or infrastructure plans, recruitment/workforce plans etc.
B:	Evidence that might be sourced by the college/accreditation team	
12	Previous accreditation and/or monitoring reports	The previous accreditation report (for training providers seeking reaccreditation) and any subsequent monitoring reports.
13	Survey data	Data from relevant surveys of trainees, supervisors and managers, for example, the Australian Medical Training Survey (MTS) and/or any setting or rotation surveys undertaken by the college.
14	e-Portfolio or logbook data	Relevant data from college systems containing information on trainee activities, including (where applicable) the completion of workplace-based assessments and surgical skills logs.
15	Documented complaints or other information received about a training provider/setting	Any documented complaints or other information relevant to the delivery of the training program that the college has received from trainees, supervisors or other stakeholders.
16	Information from interviews	Interviews with trainees, supervisors, managers, nursing or other clinical staff, the Director of Training or equivalent, heads of department, administrative staff and other relevant stakeholders during (in person or virtual) site visits.
17	Information from yarning circles or wananga feedback	Culturally appropriate opportunities to gather feedback from Aboriginal and/or Torres Strait Islander or Māori community experts, supervisors, managers or trainees.
18	Information from visits to the training setting	An in-person or virtual visit to a training setting to examine the facilities, equipment and resources that are available to trainees.

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