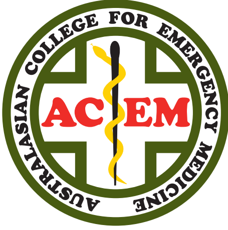

Australasian College
for Emergency Medicine

Emergency Medicine Education and Training

Program Framework

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Document Review

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Acronyms

ACEM	Australasian College for Emergency Medicine
ASGC-RA	Australian Statistical Geography Standard Remoteness Areas
CPD	Continuing Professional Development
EBA	Enterprise Bargaining Agreement
ED	Emergency Department
EM	Emergency Medicine
EMC	Emergency Medicine Certificate
EMCD	Emergency Medicine Certificate and Diploma
EMD	Emergency Medicine Diploma
EMET	Emergency Medicine Education and Training
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full Time Equivalent
GP	General Practitioner
MO	Medical Officer
NPSC	National Program Steering Committee
PSO	Program Support Officer

Glossary

The Emergency Medicine Education and Training Program

The Emergency Medicine Education and Training (EMET) Program was established to improve care for patients requiring urgent and emergency care in Australia. The Commonwealth Department of Health has funded ACEM to administer the EMET Program since 2011, as a component of the Emergency Medicine Program (EMP).

Fellow of ACEM (FACEM)

A physician who:

- has completed the FACEM Training Program through ACEM; or
- who has been assessed by the College under the Specialist Pathway of the Medical Board of Australia and completed all requirements as specified by the College; or
- who has been assessed in New Zealand by the College and completed of all requirements as specified by the College.

Program Support Officer (PSO)

A PSO is responsible for coordinating and supporting the FACEM who is leading and delivering Emergency Medicine Education and Training (EMET), including supporting trainees enrolled in the Emergency Medicine Certificate and Diploma (EMCD).

Hub

ACEM contracts with a hub (a hospital) to deliver EMET activities within their own hospital and/or peripheral hospitals in their region or network (training sites). The hubs are primarily funded for clinically protected teaching and supervision time to enable FACEMs to lead and deliver:

- supervision and training of EMCD trainees,
- emergency medicine (EM) training sessions, and
- on-the-floor teaching and supervision to build capacity in smaller emergency departments (EDs)[1].

Training site

A hospital or outpost managing emergency presentations whose staff are receiving EMET training coordinated by a hub.

Rural Australia/Rural hospital/Rural location

Specifically refers to hospitals or health services located in Remoteness Areas (RA) 2–5 (regional, rural and remote) according to the Australian Statistical Geography Standard Remoteness Areas (ASGS-RA). The Department of Health may change this classification system in the future.

Emergency Medicine (EM) Training session

A training session led by a FACEM/s from the hub and delivered to staff at a training site or hub. EM training sessions must be medically focused. Non-FACEMs can support delivery of training sessions as long as it is led by a FACEM. Non-FACEM support must not exceed 30% of the allocated teaching budget.

On-the-floor teaching and supervision

This funding is for a hub (with low FACEM full-time equivalent (FTE)) to 'buy-in' FACEM staff to both work and teach at their hospital, or a training site (with low FACEM FTE) to have FACEM staff from their hub to both work and teach at their hospital.

Target audience

Doctors not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs) working in an emergency care facility with a low FACEM workforce[1] and/or in a regional, rural or remote location. The multidisciplinary teams involved in emergency medicine care, including nurses and paramedics, may also benefit from attending training sessions.

Non-specialist doctors

For the purposes of the EMET Program, non-specialist doctors refers to those not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs). This does not include those currently on the pathway towards Fellowship of ACEM.

1 Where FACEM staffing is less than one FTE FACEM per 10,000 presentations

EMCD trainee

A doctor, usually a GP or MO, enrolled in the Emergency Medicine Certificate (EMC) or Emergency Medicine Diploma (EMD). The EMC and EMD aim to provide medical practitioners working in EDs with adequate knowledge and sufficient clinical experience to be safe, efficient practitioners.

1. Introduction

1.1 The Program

The Emergency Medicine Education and Training (EMET) Program was established to improve care for patients requiring urgent and emergency care in Australia. The Commonwealth Department of Health has funded ACEM to administer the EMET program since 2011, as a component of the Emergency Medicine Program (EMP).

Of the over 600 hospitals with Emergency Departments (ED) or urgent care services in Australia, only 25 percent are staffed by Fellows of the Australasian College for Emergency Medicine (FACEMs). The 75 percent of hospitals without FACEMs are typically located in rural locations with clinical staffing models that include general practitioners (GPs), medical officers (MO), nurses, paramedics and/or allied health workers. The EMET Program enables FACEMs, typically from larger regional or metropolitan hospitals, to lead and deliver education, and provide training and supervision in emergency medicine primarily to the doctors in these settings.

Keys to EMET's success are:

- The ability of the FACEMs to lead and deliver training and supervision customised to the local hospital, doctor and patient needs as well as the increased capacity building and networking that occurs between the larger hub hospitals and smaller training site hospitals.
- Enhancing the sustainability of the emergency medical workforce, across the broad range of emergency department and urgent care settings, through the promotion and supervision of doctors, including GPs and MOs, to undertake ACEM's Emergency Medicine Certificate (EMC) and Diploma (EMD) Programs.

1.2 Purpose of the Framework

This document is designed to:

- provide a comprehensive description of the EMET Program;
- strengthen internal administration and management of the EMET Program; and
- clearly delineate the roles and responsibilities of the ACEM staff and the National Program Steering Committee.

2. The EMET Program

2.1 Program aim

Boost the quality of and access to emergency care in areas of need, particularly in rural Australia, through the increased provision of emergency medicine education, training and supervision led and delivered by Fellows of the Australasian College for Emergency Medicine (FACEMs) for non-specialist doctors.

2.2 Target audience

Doctors not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs), working in an emergency care facility with a low FACEM workforce[2] and/or in a rural location.

Whilst EMET is primarily targeted at doctors, there is a substantial benefit to the GPs and other medical practitioners attending training sessions with the non-medical staff they work alongside in the provision of emergency care, as this enhances the fidelity of the education and training provided.

The multidisciplinary teams involved in emergency medicine care, including nurses and paramedics, may also benefit from attending training sessions.

ACEM contracts with a hub hospital to deliver EMET activities within their own hospital and/or peripheral hospitals in their region or network (training sites). Funding enables FACEMs to lead and deliver:

- supervision and training of Emergency Medicine Certificate and Diploma (EMCD) trainees;
- emergency medicine (EM) training sessions; and/or
- on-the-floor teaching and supervision to build capacity in smaller Emergency Departments (EDs[2]).

EMET funding cannot be used as a contribution towards FACEM time relating solely to clinical service delivery (and associated activities) or for the supervision and teaching of ACEM fellowship trainees, medical students or interns.

2.3 Hubs and training sites

To be eligible to be a hub, a hospital must be:

- a rural hospital, typically the region's referral hospital; or
- a metropolitan hospital or retrieval service delivering outreach only.

An eligible training site is an emergency care facility with a low FACEM workforce3 and/or in a rural location. A training site is typically within the same health jurisdiction as the hub.

2.4 Delivery models

The three delivery models are:

- in-house and outreach (hub delivering EMET activities for hub and training site staff);
- outreach only (hub delivering EMET activities for training site staff); or
- in-house only (hub delivering EMET activities for hub staff).

Hubs delivering EMET in-house only is limited to those hospitals who are geographically isolated from their regional referral hospital and who cannot receive EMET through the typical Hub and Training Site model. Regional hospitals without specialist emergency physicians on staff can 'buy in' FACEM supervision and training to deliver EMET activities.

2.5 Program Support Officers

Hubs may receive funding to employ a Program Support Officer (PSO). A PSO is responsible for coordinating and supporting the FACEM delivering Emergency Medicine Education and Training (EMET), including supporting trainees enrolled in the Emergency Medicine Certificate and Diploma (EMCD).

2 Where FACEM staffing is less than one FTE FACEM per 10,000 presentations.

2.6 Governance

The National Program Steering Committee (NPSC) oversees the development of the National Program, a joint initiative between ACEM and the Department. The EMET Program is one of a range of projects under the National Program. The role of the National Program Steering Committee in the delivery of the EMET Program includes:

- approving all major decisions associated with the Program;
- applying the Program Guidelines;
- assessing applications for funding;
- ensuring the Program aims are met;
- undertaking reviews of under performing hubs; and
- initiating and overseeing whole-of-Program reviews and evaluation activities.

ACEM staff support the NPSC to administer the EMET Program. The role of ACEM staff includes:

- the day-to-day administration of the Program;
- providing support to the hospitals funded to employ PSOs (e.g. providing a positon description, training);
- liaising and reporting to the Department;
- ensuring hubs meet reporting requirements;
- managing Program data;
- undertaking a preliminary assessment of new funding applications and reviewing funded sites;
- alerting the National Program Steering Committee when a hub requires a review; and
- undertaking evaluation activities.

3. Application process

This chapter of the Framework aims to provide information on the roles and responsibilities of both ACEM staff and the National Program Steering Committee in the application process hospitals undertake to gain EMET funding.

3.1 Requesting applications

ACEM staff and the National Program Steering Committee will jointly determine the preferred approach to requesting applications from potential hubs, which may entail an open request for applications, issued to all hospital emergency departments or targeted requests to emergency departments in locations where the EMET Program is not active.

A copy of the *EMET Program Guidelines* will be provided with the Request for Applications to ensure that the applications received contain all necessary information.

3.2 Assessing applications

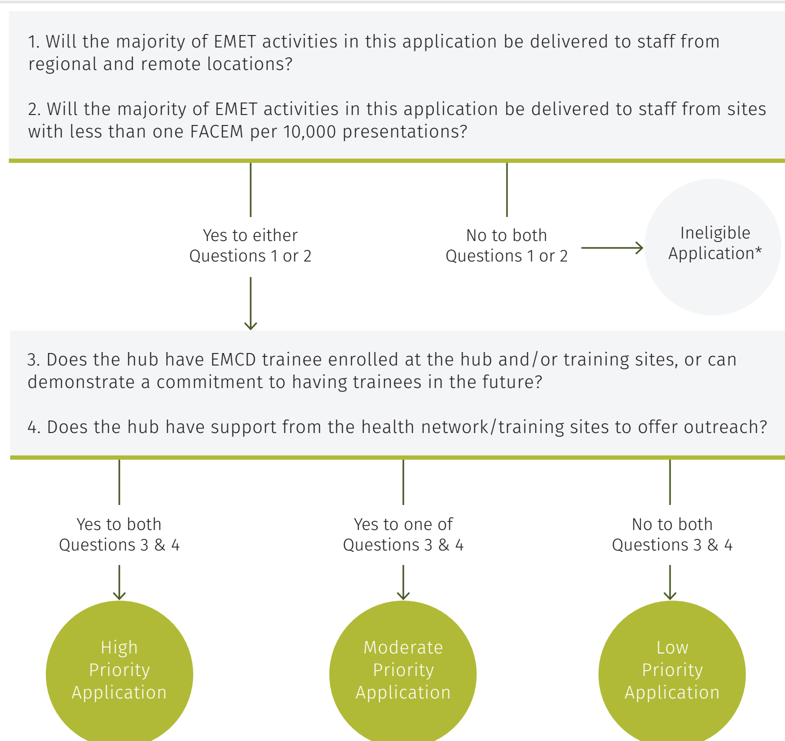
Assessment process

ACEM staff are responsible for making recommendations to the National Program Steering Committee to assist with decision-making process on which applications should be funded. Applications are assessed as per figure 3.1. A decision tree will categorise each application, according to the EMET Program aims, as either:

- high priority—the application fits within the Program aims and there are no issues with the proposed delivery model
- moderate priority—the application fits within the Program aims but changes to the proposed delivery model may be required
- low priority—the application largely fits within the Program aims but changes to the proposed delivery model are required

Applications can be considered outside of the decision tree where additional priority areas have been agreed upon by the National Program Steering Committee, in consultation with the Department of Health.

Figure 3.1 The decision tree used to prioritise applications to ensure alignment with Program aims and objectives



*In cases where an application does not meet the eligibility criteria, applicants may request to submit a business case for assessment under special circumstances, which the National Program Steering Committee will review.

Assessment criteria

Along with the decision tree on the previous page, assessment of applications will also take into consideration equity amongst jurisdictions, including consideration of any overlap, to ensure a broad reach of the EMET Program.

ACEM staff will also consider whether the proposed amount of training delivered to hub staff compared with training site staff is reasonable and that the application demonstrates value for money.

The National Program Steering Committee reserve the right to exercise a degree of flexibility in determining the priority areas to best meet the Program aims and objectives.

3.3 Scope negotiations

ACEM may request that a hospital make changes to their submitted proposal. Examples of reasons for this might include:

- excluding or decreasing training activities at the hub and/or training sites where there is high FTE to ED presentations;
- increasing or decreasing the focus on certain activities, e.g. increasing the amount of training and supervision to EMCD trainees; and
- recalculating the overall budget and scope of the Program.

In these circumstances, hospitals will need to resubmit a revised version of their application.

3.4 National Program Steering Committee's role in finalising applications

The National Program Steering Committee makes the final decision on which applications will be approved for funding and what quantum of funding is to be allocated for each successful application. The outcomes of the National Program Steering Committee decision-making on all applications will be clearly documented and communicated to the ACEM Board for information and to ACEM staff for implementation.

4. Hub reporting requirements

Hubs approved for EMET funding must complete:

- six-monthly progress reports;
- annual financial reports; and
- a mid-funding report, on performance against targets.

ACEM staff will ensure that all funded hubs comply with reporting requirements, as specified in The EMET Program Guidelines. ACEM staff roles include:

- administration of:
    - progress reports at the end of each reporting period;
    - financial reports at the end of each financial year;
    - mid-funding target reports after 18 months of operation;
- ensuring the targets set by hubs are appropriate;
- ensuring all reports are received in a timely manner; and
- following up with sites where reporting is incomplete.

ACEM staff are responsible for extracting data from progress reports to assist in reporting and evaluation requirements with the Department. These requirements include preparing six-monthly submissions to the Department on the overall progress of the EMET Program.

5. Conclusion

The EMET Program Framework and Guidelines assist ACEM in delivering a high quality and accountable EMET Program.

The EMET Program, supported by the application of the EMET Framework and Guidelines, will increase capacity of non-specialist medical staff to deliver quality emergency medicine, particularly to rurally based Australians.

Acknowledgements

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National Program Steering Committee
EMET Framework and Guidelines Reference Group

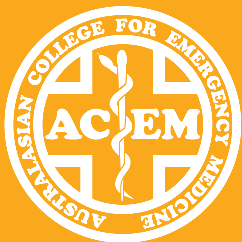
Suggested citation

Australasian College for Emergency Medicine (2017), *EMET Program Framework*, Melbourne

Contact details

Program Manager (EMET)
Australasian College for Emergency Medicine
34 Jeffcott Street
West Melbourne VIC 3003
Australia

+61 3 9320 0444
EMET@acem.org.au



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