REVISIONS TO ACCREDITED SITE CLASSIFICATION SYSTEM REVISED PROPOSAL – MARCH 2020

1. Executive Summary

The system of site classification used by the College to accredit training sites for the FACEM Training Program is currently under review. This review is part of ACEM's ongoing quality improvement process that includes a review of the FACEM Training Program and the associated Curriculum Framework. Under the current system, sites are accredited for a maximum period of time during Advanced Training that a trainee can spend at a site. Sites may be accredited for either 6 months linked/6/12/18/24 months of Advanced Training time based on their casemix and supervision.

A Working Group reporting to the Council of Education (COE) was formed in early 2019 to conduct the review. The Working Group gathered feedback about the current system and looked at the data gleaned from the site census, trainee and DEMT surveys and feedback from accreditation site visits. The Working Group developed a proposal that was circulated for stakeholder consultation in September 2019. While there was a high level of support for a simpler system for the accreditation of sites, significant concerns were expressed in relation to some aspects of the proposed revisions - primarily focussed on the proposed supervision requirements. Stakeholder feedback has informed further considerations by the Working Group, and a revised proposal that addresses the feedback received has been developed.

This involves a simpler *three-tier system* that aims to maximise trainee exposure to patient cohorts and ensure adequate supervision. The new proposed three-tier system is based on the current system with additional provision made for the inclusion of the first year of training in the revised FACEM Training Program (currently termed provisional training), rather than the current system that only addresses time in Advanced Training (i.e., years two to five). **Under this proposal, all public mixed/adult sites will either retain or increase their current minimum accreditation time.**

The Council of Education is seeking feedback from stakeholders on the revised proposal. The consultation period will be open from mid-March to late April for six (6) weeks. The timeline for consultation, collation of feedback, further revisions and approval is outlined in the table below.

Table 1. Timeline for consultation and implementation

Timing	Details
Mid-March – April 2020	6-week Accreditation system consultation period
April/May 2020	Working Group and COE review feedback
May/June 2020	Training Program, Curriculum and Accreditation System Proposals finalised
June/July 2020	Training Program, Curriculum and Accreditation System Proposals circulated to all stakeholders for final comment and feedback provided to COE
July 2020	COE consideration of final proposals
August 2020	Board consideration of final proposals
During 2021	IT modifications – design, drafted, tested
2022 Training Year*	Implementation of revised system

* December 2021 for Aotearoa New Zealand, February 2022 for Australia

Table 2 (below) provides a broad comparison of the current and proposed systems. Please refer to the detailed sections in this document for further information.

Table 2. Summary of the Current and Proposed Accreditation Systems for Public Mixed/Adult EDs

Current System	Proposed System
Levels	
Five (5) levels (6-linked/6/12/18/24 months)	Three (3) Tiers (12/24/36 months)
Training time included in the system	
• Advanced training - 30 FTE months core ED training time • Discretionary time	• All core ED training time - 42 FTE months in revised Training Program
Training time excluded from the system	
• Provisional training (first 12 FTE months of FACEM training) • Maintenance and remediation • Non-ED/Critical Care	• Elective ED time (6 FTE months in Training Stage 4 of new Training Program) • Maintenance and remediation • Non-ED/Critical Care
Supervision: FACEM cover	
24-month sites – Multiple FACEM cover 14 hours / 7 days 18-month sites - 14 hours / 7 days 12-month sites - 14 hours / 5 days 6-month sites - 10 hours / 5 days 6-linked sites – 30% of clinical time	Tier 1 – Multiple FACEM cover 14 hours/7 days per week Tier 2 - FACEM cover 14 hours/7 days per week* Tier 1, 2 and 3 - 50% of trainee clinical time under direct FACEM supervision **FACEM cover 14 hours/7 days per week is currently met by 97% of ACEM accredited public adult/mixed EDs regardless of level of accreditation, including 6-month linked sites.*
Casemix	
• 24-month sites – A comprehensive casemix and a broad range of acute and complex patients • 18-month sites - A comprehensive casemix and a broad range of acute and complex patients; however, it is recognised there may be some limitations with respect to the numbers of some patient cohorts • 12-month sites - A broad casemix; however, some patient cohorts may be limited • 6-month sites - Casemix may be limited and not all patient cohorts will routinely be encountered.	• Tier 1 – A generally comprehensive casemix and a broad range of acute and complex patients • Tier 2 - A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts. • Tier 3 - A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered
Rural/regional sites*	
24-month sites – 2 sites 18-month sites – 3 sites 12-month sites – 16 sites 6-month sites – 13 sites 6-linked sites – 5 sites	Tier 1 – 5 sites Tier 2 - 29 sites Tier 3 - 5 sites

*Numbers current at the time of data collation.

2. Background

The FACEM Training Program Accreditation system aims to ensure that all sites that offer training for the FACEM Training Program provide trainees with the necessary resources, education, supervision and training to enable trainees to meet the training program requirements. The Accreditation Requirements were revised and implemented at the start of 2018. Unlike the previous Accreditation Guidelines, all requirements - except for two - must now be met by all sites. Sites are also approved for either 6-linked/6/12/18/24 months of Advanced Training time. These site time limits were put in place to optimise the training experience by limiting training time at smaller sites with lower casemix and reduced direct Fellow supervision levels. Whilst the 2018 Accreditation *Requirements* were reviewed, the five-tier (6-linked/6/12/18/24 months) *accreditation system* was continued with the intention that it would be reviewed in future.

The revised FACEM Training Program to be introduced from 2022 comprises four Training Stages that are aligned to the ACEM Curriculum Framework. When the site limits were introduced, they provided structure to the four years of Advanced Training in the pre-2015 training program that was highly flexible, had no mid-training standards or aligned assessments, and used an educational philosophy that prescribed the only major assessment as the exit Fellowship examination. The revisions to the training program prompted an examination of whether the existing time limits under the current system of site accreditation are optimising the training experience as intended, or whether they are unintentionally reducing flexibility for trainees and complicating recruitment for sites.

A Working Group was formed in January 2019 to evaluate the implications of the proposed revised FACEM Training Program and Curriculum for the current accreditation system. The Working Group acknowledged that appropriate casemix and supervision are needed to prepare a FACEM trainee for work as a consultant and found that while both sites and trainees are clearly aware of the site limits, the process for determining the time limit for which each site is accredited requires greater clarity. In areas such as casemix and supervision. For example, regular and consistent feedback from trainees and DEMTs indicates that there is no clear distinction for many aspects in the overall training experience between 18/24-month sites and 6/12-month sites. Subsequently, the Working Group developed a proposal that was circulated for stakeholder consultation in September 2019, along with proposed revisions to the FACEM Training Program and Curriculum. Development of the proposal was guided by the design principles included in Appendix 1.

While there was a high level of support for a simpler system of accreditation, concerns were raised about some aspects, including mandated FACEM cover linked to number of presentations, restrictions on Training Stage 4 training and the potential for sites to lose accredited training time. A revised proposal that addresses feedback received previously has been developed. While the current stakeholder consultation is focussed on the Site Accreditation System, all proposed revisions to the FACEM Training Program, ACEM Curriculum Framework and the system of FACEM training site accreditation will be provided to internal and external stakeholders for a final period of consultation as advised in the November 2019 communique. The final consultation will be held in June/July 2020, prior to COE finalising a set of recommendations at its meeting scheduled for late July 2020 for the consideration of the ACEM Board.

With the introduction of the Selection into FACEM Training (SIFT) process in 2018, it is now recognised that the first year of FACEM training is no longer undertaken on a 'provisional' basis, and that FACEM training commences at the beginning of the first year. It follows then that accreditation limits should be inclusive of this first year of training and be applied to Training Stages 1 to 4 for the revised training program.

2.1 The Current System

2.1.1 Advantages of the current system

Advantages of the current system of training site accreditation are considered to be:

- Supports DEMTs in facilitating movement of trainees.
- Enables trainees to clearly identify sites by level and make an informed decision.
- Familiar to FACEMs and trainees.

2.1.2 Disadvantages of the current system

Disadvantages associated with the current system of training site accreditation are considered to be:

- It can be difficult for sites to self-assess.
- Continuing challenges for sites in attracting and retaining a workforce. Trainees who are looking for stability are unlikely to seek training positions at a 6 or 12-month accredited site. Therefore, smaller sites are potentially disadvantaged. Given that only eight (8) out of 48 Rural/Regional Base sites are accredited for more than 12 months, the current site limits may effectively restrict trainees from spending the majority of their training at a Rural/Regional Base site.
- The current site limits do not necessarily address exposure to different EDs. This is achieved through the current requirement for trainees to undertake six months at Major Referral (MR) and six months at Urban District (UD) or Rural/Regional sites.

2.2 Revised FACEM Training Program Approved Training Requirements

Following a period of consultation, revisions to the FACEM Training Program for introduction for the 2022 training year were approved by COE at its meeting in December 2019. A summary of the revisions that will be circulated for final comment in June/July 2020 is presented below.

2.2.1 Mandatory number and type of EDs

Currently, trainees must train at a minimum of two EDs that must include:

- A Major Referral (MR) (6 months) site;
- A Non-Major Referral (6 months) site.

Under the proposed revised Training Program, trainees must train at a minimum of two EDs that must include:

- A Major Referral (MR) (6 months in an adult/mixed) site;
- A Non-Major Referral (12 months in an adult/mixed) site.

To satisfy the Paediatric Emergency Portfolio, trainees must train at an ED with a minimum of 5000 paediatric presentations per year which may or may not be met by one of the two sites required above.

The rationale for the minimum time in each site includes ensuring preparation for work as a consultant and appropriate depth and breadth of experience. It is acknowledged that the majority of trainees are likely to train and, upon completion of the training program, work in non-Major Referral sites. The value in trainees experiencing non-Major Referral sites where the model of care is significantly different to MR sites is also recognised. These sites often do not have all the inpatient services that a MR site has, and hence trainees will experience the management of many conditions without inpatient service support. It was proposed and supported by stakeholder feedback in the September 2019 consultation that twelve months provides the necessary experience outside an MR ED to prepare trainees for future practice and to meet the relevant learning outcomes.

2.2.2 Maximum time in a single ED

Of the 60 FTE months of total FACEM Training time required, the following placements are mandated:

- 12 FTE months of core ED in each of Training Stages 1-3;
- Six (6) FTE months of core ED in Training Stage 4;
- Six (6) FTE months in critical care during Training Stages 2-4;
- Six (6) FTE months in non-ED during Training Stages 1-3; and
- Six (6) FTE months elective (ED or non-ED) in Training Stage 4.

Given these requirements, trainees will undertake either 42 or 48 FTE months of training in ACEM-accredited EDs.

Taking into account the requirements for the mandatory number (two; 2) and time spent at different types of EDs under the revised training program as outlined above, the maximum possible time at a

single ED will be 36 months of core ED time or 42 months, if undertaking elective TS4 ED time (refer Table 3, below).

Table 3. Maximum ED training time at a single site where a trainee only trains at two sites.

Example	Total ED time (FTE months)	MR Site time	Non-MR Site time
Trainee 1	42*	30	12
Trainee 2	42*	6	36
Trainee 3	48**	36	12
Trainee 4	48**	6	42

*excluding elective ED time in TS4.

**including elective ED time in TS4.

2.2.3 Private EDs – twelve (12) FTE months of core ED and six (6) FTE months elective ED in TS4

Informed by feedback received as part of the September 2019 stakeholder consultation, COE has determined that training in a private ED be limited to 12 FTE months in total across all core ED training time (excluding TS4 elective ED time).

The rationale for this is:

- the limited opportunity to teach and supervise junior medical staff; and
- insufficient exposure to issues that commonly impact upon EDs, including:
    - management of patient flow;
    - access block; and
    - certain acute presentations (e.g. presentations requiring multi-personnel care and psychiatric/behavioural presentations).

Of the 13 private sites currently accredited for FACEM training, the number of sites at each level is provided in Table 4 below:

Table 4. The number of private EDs at each level of accreditation

Current level of accreditation	Number of private EDs*
12 months	2
6 months	6
6 months linked	5

*Numbers current at the time of data collation.

In addition to the 12 months of core ED training time, trainees may also undertake up to six (6) FTE months of their elective time in Training Stage 4 in a private ED, provided that the site demonstrates that it meets the TS4 curriculum learning outcomes as part of the accreditation process.

2.2.4 Delineation of ACEM accredited EDs

In the previous consultation document, it was proposed that the ACEM delineation system be aligned with the relevant national systems (National Health Priority Areas (NHPA) system in Australia, and the Ministry of Health system in Aotearoa New Zealand) that identify tertiary, metropolitan and non-metropolitan sites. Alignment with health system classifications provides clarity for sites and the ACEM Accreditation process.

3. Three-Tier System of Accreditation for Public Mixed/Adult EDs*

A three-tier system of ED accreditation is proposed for adult/mixed EDs. Trainee and DEMT feedback indicate that there is little difference in the experience in sites accredited for 18/24 months or 6/12 months. Therefore, a simpler accreditation system is proposed that removes potentially unnecessary levels of accreditation that are not wholly supported by objective evidence. It is felt that a three-tier system will better support trainees in identifying sites that offer varying training experiences and assist trainees in making an informed decision about their training.

It is recognised that ACEM needs a mechanism to accredit some sites for a limited time where the site is unable to address all requirements of accreditation (e.g. FACEM cover) but can still provide valuable training. It is, therefore, important to maintain the *linked* site classification to support these sites. It is, however, proposed that the total time a trainee can undertake training at a Tier 3 and/or private ED be limited to a total of 12 FTE months of training across all core ED training time.

The proposed time limits include all core ED training in Training Stages 1 to 4. This core ED training time equates to 36 FTE months in the current three-phase training program and 42 FTE months in the revised four-stage Training Program. The time limits do **not**, however, include:

- non-ED training time;
- elective TS4 ED training time;
- maintenance time; and
- remediation time.

**Following approval of the proposed revisions to the site accreditation system, appropriate amendments will be made for accrediting paediatric EDs.*

In addition to the FACEM Training Program Accreditation Requirements, specific requirements as outlined in Table 5 below are proposed for each tier.

Table 5. Proposed requirements for each tier of accreditation for public mixed/adult EDs

Accreditation type	Requirements
Tier 1 (36 months maximum at a single site) Current 18/24 month sites	• Safe, effective clinical supervision with FACEM cover 14 hours/7 days that includes a minimum of 2 Fellows at any one time • 50% of trainee clinical time must be under direct Fellow* supervision • A generally comprehensive casemix and a broad range of acute and complex patients • DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater) • Director of Research (Major Referral sites only)
Tier 2 (24 months maximum at a single site) Current 6/12 month sites	• Safe, effective clinical supervision with FACEM cover 14 hours/7 days that includes a minimum of 1 Fellow at any one time • 50% of trainee clinical time must be under direct Fellow* supervision • A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts. • DEMT CST – 10 hours per week +/- 1 hour per trainee per week (whichever is the greater)
Tier 3 – (12 months maximum at a single site Tier 3 and/or private ED AND across all FACEM core ED time) Current 6 month linked sites	• Safe, effective clinical supervision as per requirement 2.1.1.3 • 50% of trainee clinical time must be under direct Fellow* supervision • A broad casemix; there may be some limitations with respect to the numbers of some patient cohorts; and not all patient cohorts will routinely be encountered • DEMT CST – 5 hours per week *See page **Appendix 2** for the definition of a Fellow.

Based on the current levels of accreditation that already consider appropriate supervision and casemix, the total of public mixed/adult EDs in each tier is indicated in Table 6 below.

Note that no public mixed/adult EDs will lose training time under the proposal at the time of implementation. If sites are unable to meet the requirements of their allocated Tier by 2024, they risk being either downgraded to the tier below or losing accreditation.

Table 6. Number of sites in each proposed tier

Tier	No. of current sites*
Tier 1 – 36 months	Current 18/24 months - 59 sites • 14 of the current 18-month sites increase by 6 months.
Tier 2 – 24 months	Current 6/12 months – 59 sites • 16 of the current 6-month sites increase by 6 months.
Tier 3 – 12 months	Current 6-month linked sites • All linked sites (8 sites) increase by 6 months 12 months maximum across all core ED training time.

*Numbers current at the time of data collation.

Table 7 below outlines the number of sites in each tier by delineation.

Table 7. Number of sites in each proposed tier by delineation

Tier	Site delineation			
	Major Referral	Regional/Rural	Urban District	Total
1	35	5	19	59
2	2	29	28	59
3	-	5	3	8

*Numbers current at the time of data collation.

3.1 Six-month linked sites (Tier 3) and Private sites

Due to the limitations on exposure to casemix and acuity, it is proposed that the maximum training time allowed at linked sites is limited to 12 FTE months across all core ED training. The Working Group felt that increasing the time at linked sites would remove some of the barriers to training in regional and rural sites.

Elective TS4 time in the revised FACEM Training Program is not included in the site limits. This enable trainees to return to a linked site for TS4 elective ED time (provided the site meets the TS4 accreditation requirements), thereby undertaking a total of 18 months ED training time at the linked site.

It is further proposed that the total core ED training time that can be completed at a combination of both linked and private sites is limited to 12 FTE months. This does not include TS4 elective ED time.

4. Supervision of trainees at currently accredited adult/mixed sites

4.1 Minimum FACEM Supervision

Currently, supervision is covered under Accreditation Requirement 2.1.1.4 (see **Appendix 3**). The consultation paper circulated in September 2019 requested feedback on the proposed 16 hour/7 days per week FACEM coverage to ensure appropriate supervision for trainees. Feedback indicated that sites in some regions would be unable to meet this due to jurisdictional requirements and in response COE agreed at its November 2019 meeting that the minimum requirement for FACEM[1] supervision for accredited sites (excluding linked sites) should be 14 hours/7 days per week. It was felt that this is reasonable because, based on 2018 site census data, ninety-seven percent (97%) of currently accredited mixed/adult public EDs meet the minimum 14 hours/7 days (weekday day and evening and weekend day and evening).

Table 8 below summarises the current and proposed requirements for direct Fellow clinical supervision.

*Table 8. Current and proposed requirements for direct Fellow clinical supervision**

Current accreditation level	Minimum FACEM supervision required	Proposed Tier of accreditation	Proposed minimum supervision required
24 months	Multiple cover 14 hours / 7 days	Tier 1	Multiple cover 14 hours / 7 days 50% of clinical time under direct Fellow supervision
18 months	14 hours / 7 days		
12 months	14 hours / 5 days	Tier 2	14 hours / 7 days 50% of clinical time under direct Fellow supervision
6 months	10 hours / 5 days		
6 months linked	30% of clinical time under direct Fellow supervision	Tier 3	50% of clinical time under direct Fellow supervision

4.2 Multiple FACEM cover

In the September 2019 proposal, specific FACEM to presentation ratios were proposed for all sites, regardless of accreditation classification. Feedback from stakeholder consultation indicated that there are significant concerns with introducing any such requirement. Some sites reported that they were unable to meet the proposed minimum FACEM numbers despite providing excellent training according to trainee feedback, and other sites were concerned that any such requirement could be used to reduce their FACEM cover.

The proposed Tier 1 sites (current accredited 18/24-month sites) have, on average, higher presentations, complexity and acuity than Tier 2 and 3 sites. In addition, 93% of these sites have multiple FACEM cover 14 hours/7 days.

While it is considered appropriate to continue to consider FACEM cover during the accreditation process, the range of models of care and physical layout of EDs mean that additional information will continue to be utilised to make an assessment of appropriate supervision. The Working Group therefore felt it was reasonable that Tier 1 sites be required to have, as a minimum, multiple FACEM cover (two or more as appropriate for their site). The Accreditation Subcommittee will continue to assess whether safe and effective supervision is provided for FACEM trainees and will make any additional recommendations based on each site's specific circumstances.

It is proposed that when the system is implemented in 2022, all sites will be classified based on their current classification – current 18 and 24-month sites will be classified as Tier 1 sites. Tier 1 sites will then have until 2024 to address the requirement for multiple FACEM cover as well as any other new requirements. If a Tier 1 site cannot meet the requirement for multiple FACEM cover by 2024, the site will be downgraded to Tier 2. If a site is due for inspection prior to 2024, the site will need to demonstrate how (or whether) it intends to address the requirement for multiple FACEM cover by 2024.

[1] See **Appendix 2** for the definition of a Fellow

5. Casemix

Currently, casemix requirements are addressed under Accreditation Requirement 2.2.1.2 (**Appendix 4**). In the September 2019 consultation, it was proposed that sites be classified based on presentation numbers and transfers occurring at the site. However, the feedback indicated that this was felt to be too simplistic a tool on which to base accreditation decisions. Following this feedback, the Working Group agreed that while peer comparison data is useful in informing and guiding the inspection panel, additional information gleaned from the site inspection would continue to play a major role in the accreditation process. It is suggested that the data be used only as a guide for inspection panels in comparing casemix across the peer groupings.

Data from current sites (based on 2018 Site Census data) is summarised in Table 9 below.

Table 9. General casemix characteristics of Tier 1, 2 and 3 sites (2018 site census data updated from accreditation inspections where possible)

	Tier 1 – 59 sites (18/24 month sites)	Tier 2 – 59 sites (6/12 month sites)	Tier 3 – 8 sites 6 month linked sites
Total attendances (mean)	61710 95% of sites ≥50 000	42126 95% >25 500	31605
Admit/transfer* (mean)	22931 95% ≥11,000	11170 95% >5,000	5304
Admit/transfer* % (mean)	33% 95% ≥23%	27% 95% ≥18%	20% 95% ≥14%
Ambulance arrivals (mean)	21900 95% ≥12,000	10761 95% ≥4,800	5072
ATS Category 1&2 (mean)	11833 95% ≥6,500	5473 95% ≥2270	3890
ATS 1 & 2 % (mean)	17% 95% ≥11%	13% 95% ≥8%	12%
ICU on site	100% of sites	76% of sites	38% of sites
Number of specialties accredited for training (mean)	26 95% ≥7	11 95% ≥1	2

*Exclusive of SSU

The following revised descriptions are proposed with respect to Adult/Mixed Public Emergency Departments:

- For Tier 1, the site will, in general, have a similar profile to peer sites across casemix variables and associated resources. It is expected the site will, in general, have a comprehensive casemix with a broad range of acute and complex patients.
- For Tier 2, the site will, in general, have a similar profile to peer sites across casemix variables and associated resources. It is expected the site will have a broad range of acute and complex patients; however, it is recognised that there may be limitations with respect to the numbers of some patient cohorts.
- For Tier 3, the site will, in general, have a similar profile to its peer sites across casemix variables and associated resources. It is expected the site will have a broad casemix; however, not all patient cohorts will be encountered.

6. Training Stage 4

In the revised FACEM Training Program, trainees must undertake six (6) FTE months core ED training and six (6) FTE months elective (ED or non-ED) training in Training Stage 4. Following support expressed through the stakeholder feedback, COE approved the recommendation that in order to be accredited to provide Training Stage 4 training (core ED and/or elective), sites should be subject to additional accreditation requirements that align to the learning outcomes specific to Training Stage 4 (detailed in Appendix 5) and ensure that trainees are able to meet the requisite training and assessment requirements of this stage that focus on senior leadership and management skills.

There was concern that some small sites and private sites may not provide adequate opportunities for management and leadership, or development of non-technical skills, that are deemed necessary for effective practice as a new FACEM. However, it is acknowledged that smaller EDs may provide other unique experiences that would be valuable to a TS4 trainee.

While there is some concern that non-ED rotations may not allow for trainees to function in a senior role, it is acknowledged that other valuable skills and relationships can be developed in these rotations and that it is important to maintain flexibility for trainees in determining their rotations. Guidelines will be provided for non-ED rotations in TS4 to assist sites and trainees to understand the expectations.

7. Director of Research

At its November 2019 meeting, COE agreed that sites must have a Director of Research as a requirement of achieving maximum accreditation status. This requirement was reconsidered in the context of the revised proposal and it was agreed that only Major Referral sites must have a Director of Research as a requirement for Tier 1 accreditation.

8. Regional /Rural Sites

Under the revised proposal, no sites accredited as regional or rural will lose accreditation time for trainees relative to the current maximum allowed period. The overall effect on accredited rural/regional sites is, in fact, positive: 21 sites would receive an additional six (6) FTE months of core ED training time and a potential six (6) FTE months of elective ED time in TS4, provided the site addresses the learning outcomes for TS4.

9. Emergency Medicine Training Networks

An Emergency Medicine Training Network (EMTN) is a group of two or more ACEM-accredited training sites that have formally agreed to provide a coordinated education and training program for FACEM trainees. No change has been proposed to EMTNs.

10. Implementation

It is proposed that, along with revisions to the FACEM Training Program and the ACEM Curriculum Framework, all sites be transitioned to the revised system at the beginning of the 2022 Training Year and then given until January 2024 to meet any new requirements that may be applicable. All sites will be required to comply with the new requirements from 2024.

- Sites due for inspection before 2024: following their inspection, sites will be provided with a quality improvement condition(s) so that they may meet all requirements by 2024.
- Sites accredited from 2024: will be assessed against the new accreditation system.

Effective from 26 February 2020, applications from currently accredited sites to increase their site time limit `will not be accepted until the implementation of any revised system (2022) unless the site is due for a routine five yearly accreditation inspection. New sites may apply for accreditation as per the current process.

Appendix 1 – Design Principles used to Guide Development of a Revised System of Classification

To develop a system for both classification and delineation of FACEM Training Sites that:

For Trainees:

- addresses the curriculum
- is flexible in allowing trainees to choose placements that meet their career (and personal) objectives within the constraints of the training program
- assumes ownership of own training in collaboration with DEMT
- ensures that trainees experience different types of EDs
- provides experience in the inter-hospital transfer of patients and practising emergency medicine with limited access to specialty services
- attempts to limit training time in sites that may not have access to the full spectrum of emergency medicine practice

For sites:

- is workable
- transparent
- is fair
- removes barriers to recruitment and retention for regional and rural sites

For ACEM:

- is workable
- enables transparent and defensible decision making
- separates accreditation of sites from training requirements

To address these principles, the system needs to include:

- clearly articulated criteria for classification of sites
- training time limits at sites where training experience is limited
- a robust and stable system of delineation, possibly including reference to an external system
- consideration of relevant training requirements (minimum number of EDs and site types)

Appendix 2 – Definition of a Fellow (as described in the current Accreditation Standards)

For adult and mixed Emergency Departments, a Fellow is an individual who holds Fellowship of the Australasian College for Emergency Medicine (i.e. FACEM).

For the purposes of this document, it is understood that in New Zealand, some doctors registered in the vocational scope of practice in Emergency Medicine may not be Fellows of the College. As such, the College accepts that these doctors are recognised as specialists in Emergency Medicine with the same scope of practice as a FACEM.

For Paediatric Emergency Departments, a Fellow is an individual:

a) who is both a FACEM and Fellow of the Royal Australasian College of Physicians (FRACP); OR

b) who has been awarded completion of Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion by the Committee for Joint College Training in Paediatric Emergency Medicine;

OR

c) who, if they obtained FACEM prior to 1 January 2011, can demonstrate:

- 12 fulltime equivalent (FTE) months of paediatric experience in their Advanced Training. At least 6 months of this must have been within a paediatric major referral centre; and
- 12 FTE months consultant experience working in a PED since obtaining FACEM; and
- current clinical work (0.2 FTE or greater) in a PED;

OR

- 24 FTE months consultant experience working in a PED since obtaining FACEM qualification; and
- current clinical work (0.2 FTE or greater) in a PED;

OR

d) who, if they obtained FRACP prior to 1 January 2009, can demonstrate:

- 24 FTE months consultant experience working in a PED since obtaining FRACP; and
- current clinical work (0.2 FTE or greater) in a PED.

For Paediatric Emergency Departments accredited for six months Advanced Training time, a Fellow is also considered to be an individual:

a) who is a FACEM and can demonstrate at least 24 FTE months' consultant experience working in a PED since obtaining FACEM;

OR

b) who is a FRACP and can demonstrate at least 24 FTE months' consultant experience working in a PED since obtaining FRACP.

Appendix 3 - Supervision

Currently, supervision is covered under Accreditation Requirement 2.1.1.4.

> *The intent of this accreditation requirement is to categorise direct Fellow clinical supervision coverage for the purpose of determining the duration of Advanced Training that can be attributed to a site. (See also Requirement 2.2.1.2 which outlines appropriate casemix for sites accredited for 6, 12, 18 or 24 months).*
>
> *Fellow clinical coverage that meets one of the following for adult/mixed EDs at sites accredited for 6, 12, 18 or 24 months of Advanced Training time (as applicable).*
>
> - *Direct Fellow clinical supervision for a minimum of ten hours per day (day or evening coverage), five days per week: minimum required to be accredited for 6 months of Advanced Training time*
> - *Direct Fellow clinical supervision for a minimum of 14 hours per day, five days per week, with the remaining two days having a minimum of ten hours per day (day or evening coverage): minimum required to be accredited for 12 months of Advanced Training time*
> - *Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week: minimum required to be accredited for 18 months of Advanced Training time in adult and mixed departments*
> - *Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves multiple Fellow coverage (i.e. more than one) at any one time: minimum required to be accredited for 24 months of Advanced Training time in adult and mixed departments, and for 18 months of Advanced Training time in paediatric departments*

The intent of this accreditation requirement is to categorise direct Fellow clinical supervision coverage for the purpose of determining the duration of Advanced Training that can be attributed to a site. (See also Requirement 2.2.1.2 which outlines appropriate casemix for sites accredited for 6, 12, 18 or 24 months).

For 6 months (linked) accreditation, this requirement does not need to be met. Trainee supervision is governed by accreditation requirement 2.1.1.3 for 6 month (linked) sites.

Appendix 4 - Casemix

Currently, casemix requirements are addressed under Accreditation 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

With respect to trainee casemix exposure and gaining of expertise, the volume, breadth, acuity and complexity of the casemix, as well as the frequency of the trainee's exposure to it, is considered in determining the period of time a trainee can train in the Emergency Department.

With respect to Adult/Mixed Emergency Departments:

- *For a site being considered for the category of 'The casemix and trainee exposure is suitable for 24 months of Advanced Training', the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a comprehensive casemix and a broad range of acute and complex patients*
- *For a site being considered for the category of 'The casemix and trainee exposure is suitable for 18 months of Advanced Training', the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a comprehensive casemix and a broad range of acute and complex patients; however, it is recognised there may be some limitations with respect to the numbers of some patient cohorts*
- *For a site being considered for the category of 'The casemix and trainee exposure is suitable for 12 months of Advanced Training', the site will generally have a similar profile to its peers across the casemix variables and associated resources. It is expected the site will have a broad casemix; however, some patient cohorts may be limited*
- *For a site being considered for the category of 'The casemix and trainee exposure is suitable for six (6) months of Advanced Training', the site will generally have a similar profile to its peers across the casemix variables and associated resources; however, casemix may be limited and not all patient cohorts will routinely be encountered.*

In determining a site's casemix categorisation, the College considers information obtained from the Annual Census, the Site Accreditation Report, the Site Visit and Trainee Placement Surveys.

In considering the casemix profile of a training site, the data the College utilises includes, but is not limited to, the following:

- *Trainee exposure to patient cohorts*
- *Presence of on-site specialty services (including services accredited and unaccredited for training)*
- *ED attendances*
- *Attendances by triage category*
- *Ambulance arrivals*
- *Admission rates (Inpatient and Short Stay)*
- *Admission destinations (ICU, HDU, CCU etc.)*
- *Presence of specific clinical services (Trauma, Cardiac Catheter Lab etc.)*
- *Ambulance bypass for certain conditions or patient groups*
- *Streaming of patient groups out of the ED, such that they bypass significant involvement from trainees*
- *Trainees' ability to meet the complexity requirements with respect to their Workplace-Based Assessments*
- *Feedback from internal or College trainee surveys that demonstrates that the site is meeting this requirement*

The College may utilise training site profile data from all accredited training sites for peer benchmarking with respect to these casemix variables. With respect to the benchmarking data, the College recognises that no single variable is, of itself, a reliable indicator of casemix; however, comparison of a training site's data with their peers across a suite of casemix variables can provide meaningful guidance to the Inspection Team and the Accreditation Subcommittee when considering this requirement and in determining the period of time a trainee can train in the Emergency Department.

11. Appendix 5 – Training Stage 4 Learning Outcomes (pending approval)

Training Stage 4 Learning Outcomes pertaining to Leadership and Management

MEDICAL EXPERTISE

- Adapt skills to any patient presentation of any complexity.
- Prepare a critically unwell patient for transfer, arrange the transfer and, when required, undertake emergency escort of unstable patients for definitive management.
- Confirm and enhance admission plans created by more junior clinicians working within the Emergency Department.

PRIORITISATION AND DECISION MAKING

- Prioritise the assessment and management of a patient with a critically acute presentation.
- Simultaneously assess and manage multiple patients of any age with complex presentations.
- Apply modified risk stratification and prioritisation processes during patient surges and disasters.
- Demonstrate continued situational awareness with increased task loading.
- Review the decisions of others to seek and address situations where either no decision or an incorrect decision has been made.

COMMUNICATION

- Adapt communication skills to any patient presentation and apply principles of appropriate and professional communication in difficult interactions with the healthcare team.
- Provide skills, advice and resources to junior doctors and other members of the ED team in order to overcome communication barriers and minimise risk to patient care.

TEAMWORK AND COLLABORATION

- Lead resuscitation in any scenario.
- Lead a team debrief after a complex resuscitation.
- Recognise the need for additional resources to aid in debriefing, particularly in highly emotional resuscitation scenarios.
- Support junior members in routine team leader roles.

LEADERSHIP AND MANAGEMENT

- Proactively assist junior colleagues in the assessment and management of their patients.
- Facilitate the resolution of conflict involving junior staff members in the workplace.
- Apply understanding of different types of clinical supervision to the oversight of the work of junior clinicians.
- Effectively lead the staff of an ED during a shift, including managing staffing allocations to improve patient flow, particularly during times of patient surges.
- Role model appropriate leadership behaviours to junior doctors.
- Manage the process of a departmental morbidity and mortality meeting and its application in the quality cycle.
- Lead a team to collect data for quality assurance, clinical audit and other risk management activities.
- Represent the ED in a hospital-wide quality improvement activity.
- Apply principles of complaint management to responses to complaints in a timely manner, including the compilation of case reports in response to an investigation into patient care.

HEALTH ADVOCACY

- Contribute to the creation of tailored management plans with a focus on complex patients with recurrent presentations, applying additional management strategies when patients are identified with extra vulnerability risk factors.
- Challenge individual and systemic forms of discrimination within the ED and health care service.
- Support sustained relationship with external organisations to improve the delivery of health care to Indigenous, refugee and asylum seeker patients.
- Lead the discussion with patients and their family/whānau and/or carers regarding the medical decisions and goals for end of life care.
- Take responsibility for ceasing resuscitation appropriately in a complex presentation.

SCHOLARSHIP AND TEACHING

- Apply the principles of conducting workplace-based assessments to the assessment of junior trainees.
- Deliver constructive feedback to junior medical staff and peers.
- Perform a formal appraisal of a junior clinician with a consultant colleague.
- Effectively teach procedural skills and the use of equipment.
- Integrate simulation aids when delivering teaching as appropriate.

PROFESSIONALISM

- Obtain informed consent from patients for complex and high-risk interventions.
- Communicate with team members to clarify and move forward from complex ethical dilemmas arising from conflicting professionalism and clinical judgements.
- Identify and implement strategies to assist junior staff in dealing with challenging workplace situations.
- Monitor professional competence and currency of junior medical staff.
- Promote values of work-life balance to mentees and junior clinicians.