



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

## ACCREDITATION GUIDELINES

Document No: AC69  
Approved: 14 Mar 18  
Last Revised: Jul-20  
Version No: V3-2

---

# ACEM-ICM ACCREDITATION GUIDELINES

## 1. PURPOSE AND SCOPE

The purpose of this guideline is to outline the minimum criteria for accreditation of an ACEM - Intensive Care Medicine (ACEM - ICM) critical care placement. ACEM-ICM accreditation applies only to those ICUs which are not able to meet level 2 accreditation standards for advanced training by the College of Intensive Care Medicine (CICM). The process of applying for ACEM accreditation is described in the ACEM policy AC95, and the generic educational standards to be fulfilled are described in the ACEM policy AC638.

Abbreviations used in this document:

**ACEM-ICM** – Australasian College for Emergency Medicine Intensive Care Medicine  
**FCICM** – Fellow of the College of Intensive Care Medicine  
**FACEM** – Fellow of the Australasian College for Emergency Medicine  
**FTE** – Full-time equivalent  
**ICU** – Intensive Care Unit  
**ICM** – Intensive Care Medicine  
**HDU** – High Dependency Unit  
**CCU** – Critical Care Unit  
**ITA** – In-Training Assessment

## 2. SUPERVISOR

The supervision will be provided by a Fellow of the College of Intensive Care Medicine (FCICM). In New Zealand, Intensivists who are not a FCICM but have vocational registration by the NZMC in Intensive Care Medicine will be accepted. The supervisor will have a minimum three (3) years post Fellowship experience. The supervisor must be employed at a minimum of 0.5FTE and work clinically within the department. It is acknowledged that some smaller sites may have Intensivists who work less than 0.5FTE yet would be the most appropriate supervisor. Should this be the case, the site would need to apply to the ACEM Accreditation Subcommittee for variation of this criteria, outlining the basis for this. For example, if the supervisor worked 0.4FTE and the trainee was guaranteed to be working with this Intensivist at least once every week, this may be allowed.

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

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

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

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

### 3. PLACEMENT STRUCTURE

The placement must be able provide training for three or six months FTE to be considered suitable an application for accreditation. Six month FTE sites must be able to provide a sufficient casemix, educational program and variety of procedural skills to allow the trainee to successfully complete all the learning outcomes in the ACEM-ICM ITA as listed at the end of this guideline. Three month FTE placements will require all learning outcomes to be met except those in medical expertise relating to the acute management of the difficulty airway; it will be expected that trainees go to an ANZCA or CICM accredited placement for the remaining three FTE months of critical care training to obtain these skills.

All placements must provide the trainee with adequate experience to become competent in advanced intravascular procedures, treatment of patients requiring more than 24 hours of assisted ventilation, and the assessment and management of patients with multisystem failure.

### 4. DEMOGRAPHICS

#### 4.1 Staffing capacity and facilities

Adequate senior medical staffing should be available to provide on-site direct clinical supervision for trainees. The unit will require a director with suitable experience. The director is not required to be a FCICM.

The unit may be designated as an ICU, ICU/HDU; or ICU, HDU, CCU or a combination of these. Adequate facilities must be present to promote an appropriate clinical learning experience for the trainee including a formal education program. The facilities must meet those standards of a level 2 ICU as per the CICM standards document IC-1.

#### 4.2 Caseload / Acuity

The unit will receive at least:

- 500 admissions per annum (inclusive of ICU, HDU, and CCU admission, where relevant)
- 100 ventilated patients per annum (inclusive of non-invasive and invasive ventilation)
- A variety of presentations and diagnoses, in particular patients with multisystem/multiorgan failure.

There will be the capacity for trainees to:

- manage a patient who is invasively ventilated for at least 24 hours;
- perform vascular access procedures such as arterial lines and central lines;
- perform airway procedures and management;
- perform invasive ventilation, non-invasive ventilation and complex (i.e. multimodal) haemodynamic monitoring.

### 5. EDUCATION PROGRAM

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

Specifically, the education program will include:

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

## 5.1 Learning Outcomes

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

### MEDICAL EXPERTISE

- Assesses the need for a patient to commence intensive care medicine management
- Accurately assesses the grade and difficulty of a patient's airway
- Provides routine care of the intensive care patient, including prevention of complications
- Recognises organ failure and support strategies
- Creates appropriate treatment plans for a stabilised critical care patient

### PRIORITISATION & DECISION MAKING

- Justifies a decision to admit or refuse a patient to a critical or intensive care unit to the supervising intensivist
- Makes safe and timely decisions for a complex or critical patient

### COMMUNICATION

- Develops good rapport with patients, their families and staff
- Develops strategies to professionally convey bad news
- Communicates management and treatment plans to patients and their relatives
- Clearly documents discussions and decisions about advanced care orders and end of life care

### TEAMWORK & COLLABORATION

- Allocates and briefs an ICU team prior to the arrival of a critical patient to the ICU
- Collaborates with other inpatient teams to develop management plans
- Engages in a team debrief after a resuscitation

### LEADERSHIP & MANAGEMENT

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

### HEALTH ADVOCACY

- Recognises limitations of treatment and end of life issues, and discusses these with family members
- Informs patients and other clinicians if admission to the intensive care unit may be inappropriate
- Recognises and manages the potential organ and tissue donor
- Shows commitment to the best interests of the patient and the profession by recognising and respecting cultural diversity
- Demonstrates the skills required to deliver patient-centred care to people from diverse cultural backgrounds
- Balances patient autonomy with best clinical practice

### SCHOLARSHIP & TEACHING

- Undertakes a self-reflection to aid learning and to plan immediate and future learning with their Supervisor
- Identifies learning points from any experience during a shift that will enhance Intensive Care Medicine practice
- Describes the clinical relevance of a published article as applied to Intensive Care Medicine

- Justifies when to change intensive care practice from published clinical guidelines after incorporating critically appraised published articles

#### PROFESSIONALISM

- Complies with their professional and training responsibilities and obligations
- Obtains informed consent from patients or family members, where appropriate
- Independently analyses own workplace behaviour and puts in place corrective strategies to modify behaviour when necessary
- Acts as a positive role model for junior staff
- Proactively seeks, accepts and constructively responds to feedback

Regarding procedural skills, the trainee is expected to be able to perform the following:

- Advanced airway management (for 3 FTE month placements, trainees are expected to be able to do this with direct supervision)
- Use of non invasive and invasive ventilation
- Set up invasive haemodynamic monitoring, including arterial cannulation and central venous cannulation, and interpretation of monitoring results
- Use of sedation
- Stabilise and transport at critically ill or injured patient.

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

## 5.2 Activities

The site will provide appropriate activities and learning opportunities to meet the specified learning outcomes listed above. This includes:

- a) *Opportunistic teaching*: Clinical teaching during the course of their duties (e.g. supervised procedures, bedside patient reviews with a consultant, workplace-based assessments, etc.); and
- b) *Formal Didactic Education*: Participating within the unit's formal Education Program. The Education Program may include tutorials, case presentations, simulation and morbidity and mortality sessions.

## 6. SUPERVISION AND ASSESSMENT

Regular contact with the supervisor is required throughout the placement. An initial orientation meeting at the start of the placement is required to ensure the trainee understands the learning outcomes, how they will be achieved and how progress will be fed back by the supervisor. The trainee will be under the close supervision of the on-duty specialist.

### 6.1 In Training Assessment

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

### 6.2 Education Portfolio

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

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

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

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

## 7. OUTCOME OF ACCREDITATION PROCESS

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

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

## 8. DOCUMENT REVIEW

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

### 8.1 Responsibilities

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

### 8.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1	20 Jul 16	Endorsed by COE
v2	3 Oct 17	COE Approved
V2-1	14 Mar 18	COE Approved. Wording aligned with the new Learning Portfolio tool.
V3	Nov 18	Removed 2 tiered accreditation – SSP or Core. Sites can now only be accredited either for 3 months (partially meeting requirements) or 6 months (meets all requirements fully).
V3-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)
V3-2	Oct 2020	Added the SSP standard “3 years post Fellowship experience for supervisor” requirement.

© Copyright – Australasian College for Emergency Medicine. All rights reserved.