



# Future planning and predictions

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# Future College directions



# Review the EMC and EMD

- College to progress review of the EMC and EMD
- Now well established qualifications – BUT EMC remains the more popular of the two qualifications
- Practicalities of an 18-month diploma that requires completion of the certificate prior to enrolment is a matter that requires consideration.
- Working Group will be convened to commence this work

# What about allied health?

- In light of maldistribution of the current workforce – what role does the College have to up-skill other non-specialists and the allied health workforce in rural and regional areas



# Networked training accreditation

- Exploring feasibility of 'Networked Training Accreditation Model'
- Could establish a framework that would facilitate the delivery of the entire training program within a single network
- Could utilise existing networks within jurisdictions OR allow formation of new networks (for accreditation purposes)

# Networked training accreditation

- Potential benefits
  - Ability to mandate inclusion of rural and regional sites within a network
  - Quotas for number of trainees that must rotate through rural and regional sites
  - Improve trainees' experience, through streamlining their training pathway by ensuring adequate access to training placement requirements
  - Facilitate the development of an ACEM Rural Training Pathway

# Networked training accreditation



- Challenges
  - The logistics of transitioning sites, and training requirements to a new accreditation model
  - Jurisdictions where there is no or limited access to EM in rural areas e.g. SA and ACT
  - Significant consultation and collaboration with jurisdictions needed
  - Ensuring allocation to a rural training site within a network, did not deter trainees from remaining at that network.

# Networked training accreditation



- Next steps
  - Explore feasibility of establishing such a model
  - Modelling to determine ((i) how many trainees could rotate through a potential network, (ii) the number and type of training sites that would make up a network, and (iii) whether each network would be able to provide trainees with the opportunity to meet all of the training requirements within the FACEM Training Program.
  - Preliminary consultation with jurisdictions, services and the membership
  - Consultation with College of Physicians



# Formalise rural training pathways



- Currently interested trainees establish their own rural pathway
- ACEM to be more proactive and formalize rural pathways, that already informally exist

# Night shift



## 2017 Site Census

- Five EDs had EM Specialists rostered on-floor during the night shift on weekdays and six EDs had them rostered on-floor during the night shift on weekends
- Does the College need to change it's position on FACEM night shift rostering?



# Workforce in 10 years time

- Current numbers...2,600 EP's, 2,500 trainees.
- Future numbers.
- Impacted by retirements, work diversification, increased regional/ rural demands, evolving special skills to meet community needs.
- FACEM led and staffed ED's. More FACEM's, levelling trainee numbers, middle grade workforce.
- Every prediction of oversupply has been wrong so far, but we need to be involved in planning an EP led EM future..

# The Safe ED



- Increased advocacy and resources in relation to:
- Safe for patients..clinically, culturally, physically.
- Safe for staff- clinically, educationally, emotionally
  - Rostering practices
  - Adequacy of senior EM workforce and alignment to G23
  - Supervision
  - Mentoring, EAP, leadership



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