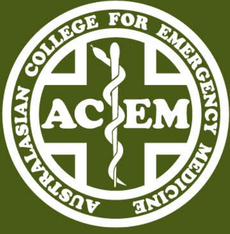

Australasian College for Emergency Medicine

Clinical support time allocation

Position statement S17

November 2024

acem.org.au

Document Review

Timeframe for review:	Every three years, or earlier if required
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Emergency Medicine Standards Advisory Committee
Document maintenance:	Department of Policy, Research and Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	July-1994	First version
V2	July-2011	Revised document
V3	July-2019	Updated accreditation documents, content revised, and new template adopted
V4	Nov-2024	Review and minor updates

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1. Purpose and scope

This document outlines the position of the Australasian College for Emergency Medicine (ACEM; the College) on the proportion of clinical support time (CST) assigned to emergency physicians in emergency departments (EDs) in Australia and Aotearoa New Zealand. Directors of Emergency Medicine (DEMs) and Directors of Emergency Medicine Training (DEMTs) [1] are not in scope for this document.

2. Background

The specialist role in emergency medicine includes both clinical and clinical support components. The clinical role includes coordination, liaison, supervision and clinical patient-based teaching as well as direct patient care. The Australian Medical Association (AMA) defines CST '... as a range of activities undertaken by clinicians that are not directly related to the diagnosis or management of individual patients but that are directed towards skills and knowledge development and/or teaching and training and that aim to enhance the quality of care.' [2]

Emergency physicians must be allocated sufficient time to facilitate clinical support activities, including, but not limited to: [3]

- disaster planning
- quality improvement
- teaching*
- assessment*
- research
- mentoring
- planning
- self-education and personal development
- risk management
- representation of the emergency department on hospital committees
- ACEM-related bodies and work
- other projects

*As a requirement of accreditation of ACEM Training Program, ACEM Fellows in accredited training sites are expected to be actively involved in the training, education and assessment of ACEM trainees and must be provided CST to fulfill this requirement. [4]

3. ACEM position

ACEM believes that clinical support activities are of great value to the department and health service, the whole system of healthcare delivery and the individual. ACEM's position is that the clinical support component of practice time for (non-director) FACEMs should be **30% and no less than 25%** as measured as a total of the employed hours for each FACEM, irrespective of total hours worked. CST allocation should be negotiated and agreed to between an individual emergency physician and their health service. This allows a health service to appropriately allocate a greater or lesser clinical support load to individuals, and for individuals to exercise choice about their proportion of clinical and clinical support time. However, ACEM recommends that CST for emergency physicians is not pooled within EDs. Where CST pooling occurs, this should not decrease the CST allocation of individual FACEMs below the recommended minimum levels.

[1] Australasian College for Emergency Medicine, Accreditation requirements (AC549). Criterion 2.1.2 – 2.1.3. Melbourne; 2023
[2] Australian Medical Association. Position Statement – Clinical support time for public hospital doctors. 2019. https://www.ama.com.au/position-statement/clinical-support-time-public-hospital-doctors-2010-revised-2019
[3] Australasian College for Emergency Medicine. Constructing a sustainable emergency department medical workforce (G23). Melbourne; 2023.
[4] Australasian College for Emergency Medicine, Accreditation requirements (AC549). Criterion 2.1.2. Melbourne; 2023

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