



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

STATEMENT

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STATEMENT ON CLINICAL SUPPORT TIME ALLOCATION

1. PURPOSE AND SCOPE

This document is a statement of the Australasian College for Emergency Medicine (ACEM) and relates to the proportion of clinical and clinical support time assigned to specialist practitioners in emergency medicine, excluding Directors of Emergency Medicine Training (DEMTs). Refer to AC01 Guidelines for Adult and Mixed EDs seeking training accreditation and AC05 Guidelines for Paediatric EDs seeking training accreditation: Minimum Requirements for details of clinical and clinical support time for DEMTs.

2. STATEMENT

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 clinical support components of the specialist role in emergency medicine may include, but is not limited to: disaster planning, quality improvement, teaching, research, personal development, risk management, representation of the emergency department on hospital committees, ACEM-related bodies and work, and other projects. Refer to G23 Guidelines on Constructing an Emergency Medicine Medical Workforce.

ACEM believes that these roles are of great value to the individual, the department and the organisation, and the whole system of healthcare delivery. ACEM believes that the clinical support component of practice time for (non-director) FACEMs should be 30% but no less than 25% as measured as a total of the employed hours for each FACEM, irrespective of total hours worked. This allows a department to appropriately allocate a greater or lesser clinical support load to individuals, and for individuals to exercise choice about their proportion of clinical time.

ACEM believes that a practitioner in active clinical practice should spend an average of at least 20% (or 8 hours per week) of their time in the direct clinical role.

3. DATES AND NOTES

Approved by Council: *July 1994*

Reviewed and approved: *July 2011*

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