



Australasian College  
for Emergency Medicine

# Special Skills Placement – Pre-Hospital and Retrieval Medicine

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AC85 V5.2

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[acem.org.au](http://acem.org.au)

## Document Review

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Timeframe for review:	Every two years, or earlier if required
Document authorisation:	Council of Education
Document implementation:	Executive Director, Training
Document maintenance:	Manager, Accreditation

## Revision History

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Version	Date	Pages revised / Brief Explanation of Revision
04	July 2015	Section 7 Changed Learning Portfolio and include LNA information, Logbook requirements and addition of ITA requirement. Modification of Section 8. Addition of Section 9.
04-1	Sep 17	Reference to “term” changed to “placement” as per Regulation B
05-0	Jan 2020	Review
05-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)
05-2	Dec 2023	Routine review  Standardising formatting and layout All SSP terms are standardized to 6 months at 1 FTE LDPs are no longer required but recommended. A logbook is still required.

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## 1. Purpose and Scope

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The purpose of these guidelines is to outline the minimum criteria for accreditation of a special skills placement in pre-hospital and retrieval medicine (PHRM).

*Note:*

*The ACEM recognises and accepts the site accreditation of the Diploma in Pre-hospital and Retrieval program (administered by the Conjoint Committee of Pre-Hospital and Retrieval Medicine). These sites are not required to apply separately for the FACEM Training Program PHRM SSP accreditation.*

## 2. Abbreviation

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<b>FACEM</b>	Fellow of the Australasian College of Emergency Medicine
<b>FANZCA</b>	Fellow of the Australian and New Zealand College of Anaesthetists
<b>FCICM</b>	Fellow of the College of Intensive Care Medicine
<b>FTE</b>	Full-time equivalent
<b>ITA</b>	In-Training Assessment
<b>LDP</b>	Learning Development Plan
<b>SSP</b>	Special Skills Placement

## 3. Supervisor

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The placement supervisor(s) will be a specialist with qualifications in an appropriate critical care discipline (e.g. FACEM, FANZCA, FCICM) and have three (3) years post Fellowship experience and expertise in pre-hospital and retrieval medicine.

Retrieval services that operate from multiple bases within the one service are accredited as separate sites.

## 4. Placement Structure

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The trainee selection criteria must be clear. It is recognised that, due to the nature of pre-hospital and retrieval medicine, the trainee will need to have a level of functional independence, and so will need to be suitably experienced and advanced in their training.

The placement may be undertaken up to the maximum training time equivalent to six (6) months at 1.0 FTE. (Please note the minimum term length is three (3) months at 1.0 FTE or equivalent, as per Regulation G.)

It should be recognised that differing placement lengths may determine differing learning objectives and duties.

## 5. Demographics

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The service may utilise fixed or rotary wing aircraft or road transportation, or any combination thereof. The service must comply with ACEM Policy P03/PS52: [Guidelines for Transport of Critically Ill Patients](#).

## Senior medical staffing

Senior medical staffing must include sufficient specialist cover for the service to provide clinical supervision for the trainees whilst undertaking missions.

## Caseload

- a) The service will have a caseload that reconciles with the requirements for a trainee within the employed medical FTE workforce.
- b) The individual trainee is required to undertake a minimum of 50 missions within a six-month placement working at 1.0 FTE (or pro-rata for differing placement lengths and FTE status), with approximately one-third of these missions involving differentiated or undifferentiated critically ill or injured patients. This may include, but is not limited to, the following examples:
  - intubated patients
  - major trauma patients
  - haemodynamically unstable patients
  - patients requiring inotropic/vasopressor support, or
  - patients requiring invasive cardiovascular monitoring.

## Acuity and complexity

The retrieval cases need to be of sufficient acuity and complexity to meet the caseload criteria and to enable trainees to meet the learning objectives.

## Other requirements

Across all bases, the service must also provide:

- a strong safety culture
- a continuing medical education program on pre-hospital and retrieval medicine
- case audits and other quality assurance activities
- appropriate amenities and living accommodation (should the on-duty medical team be required to be on-site continuously or require rest for safety reasons), and
- appropriate workplace supports including, but not limited to, a networked computer, suitable study facilities, and access to a suitable room for education and quality assurance activities.

## 6. Learning Objectives

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The service must provide a formal structured orientation/induction program for trainees, including occupational health and safety and, where air transport is provided, the fundamentals of aviation medicine and safety around aircraft.

Learning objectives will include, but are not limited to, developing knowledge and skills in the following:

- the fundamentals of pre-hospital and retrieval medicine, including patient triage, assessment and preparation, airway management, advanced critical care skills and haemodynamic monitoring and support
- the retrieval environment, including the pre-hospital environment where relevant

- working within the context of a multidisciplinary pre-hospital and retrieval team
- an understanding of the risks, both clinical and logistical, in transporting the critically ill
- sound practical knowledge of retrieval equipment and monitoring
- effective communication with stakeholders in the retrieval process using a variety of media.

## 7. Activities/Duties

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### 7.1 In General

The activities/duties that a trainee undertakes within the pre-hospital and retrieval placement must reconcile with the set learning objectives for the placement. For each learning objective, there should be documented activities/duties being undertaken in order for the trainee to achieve the objective.

The duties for the trainee when not tasked on a mission must be clearly stated and should be focused on pre-hospital and retrieval medicine.

### 7.2 Specifically

The trainee will receive formal instruction with respect to many of the learning objectives via:

- the formal induction program
- clinical teaching during the course of their duties (e.g. operational exposure to a variety of cases; supervised transports, case reviews with a consultant)
- participating in the unit's education program. The education program will have a curriculum and may, for example, include tutorials, case presentations, simulation and morbidity and mortality sessions.

## 8. Supervision and Assessment

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### 8.1 In General

Regular contact with the placement supervisor is required throughout the placement.

For each activity/duty being undertaken to achieve a certain learning objective, it should be clear as to how it will be assessed that the trainee has successfully met the objective during the placement.

### 8.2 Specifically

During orientation at the start of the placement, the placement supervisor (or suitable delegate) is required to ensure the trainee understands the learning objectives, how they will be achieved and how they will be assessed as being met. A mid-placement assessment is required to review the progress with respect to this.

The service must have sufficient senior medical staffing to provide clinical supervision for the trainees. If a 24-hour service is provided, then 24-hour supervision is required. It is recognised that, due to the nature of retrieval work, the on-duty supervisor may not always be present in person and may have limited ability to attend to assist the trainee at short notice. Clear processes, including trainee assessment, must be in place to ensure that trainees are not exposed to situations that are beyond their level of expertise. Trainees should be sent on retrievals alone only when they are deemed to be competent with remote supervision.

### 83 Education/Learning Portfolio

The trainee is highly recommended to maintain an Education/Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan.

The trainee should describe the activities they will perform to achieve the learning outcomes during their placement. In addition, the following should be included in the LDP:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities
- a copy of any research or project(s) performed.

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 placement.
- Supervisors will use it to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The accreditation inspection team may use the information to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the placement, the primary supervisor must sign off that the trainee's LDP has been reviewed and displayed sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

### 84 Logbook

The trainee is required to document cases that they have attended (minimum of 50 missions over a six (6) month placement) for their own benefit and also to facilitate the LDP and ITA discussions. A reflective statement from the trainee about what they have learned from particular cases in the logbook is encouraged. The supervisor must also sign off on the trainee's logbook completion.

### 85 In-Training Assessment

An in-training assessment must be completed every three months.

## 9. Referenced Documents

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Policy P03/PS52: Guidelines for Transport of Critically Ill Patients



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