AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

National Programs

Emergency Medicine Education and Training

Program Guidelines

Document Review

Timeframe for review: every two (2) years, or earlier if required.
Document authorisation: Commonwealth Department of Health
Document implementation: Australasian College for Emergency Medicine
Document maintenance: ACEM National Program team

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
1	Jan 2019	First Edition

Contents

Acronyms

ACEM	Australasian College for Emergency Medicine
ASGS-RA	Australian Statistical Geography Standard Remoteness Areas
CPD	Continuing Professional Development
EBA	Enterprise Bargaining Agreement
ED	Emergency Department
EM	Emergency Medicine
EMC	Emergency Medicine Certificate
EMCD	Emergency Medicine Certificate and Diploma
EMD	Emergency Medicine Diploma
EMET	Emergency Medicine Education and Training
FACEM	Fellow of the Australasian College for Emergency Medicine
FTE	Full Time Equivalent
GP	General Practitioner
MO	Medical Officer
NPSC	National Program Steering Committee
PSO	Program Support Officer

Glossary

Emergency Medicine Education and Training Program
The Emergency Medicine Education and Training (EMET) Program was established to improve care for patients requiring urgent and emergency care in Australia. The Commonwealth Department of Health has funded ACEM to administer the EMET Program since 2011, as a component of the Emergency Medicine Program (EMP).

Fellow of ACEM (FACEM)
A physician who:

- has completed the FACEM Training Program through ACEM; or
- who has been assessed by the College under the Specialist Pathway of the Medical Board of Australia and completed all requirements as specified by the College; or
- who has been assessed in New Zealand by the College and completed of all requirements as specified by the College.

Program Support Officer (PSO)
A PSO is responsible for coordinating and supporting the FACEM leading and delivering Emergency Medicine Education and Training (EMET), including supporting trainees enrolled in the Emergency Medicine Certificate and Diploma (EMCD).

Hub
ACEM contracts with a hub (a hospital) to deliver EMET activities within their own hospital and/or peripheral hospitals in their region or network (training sites). The hubs are primarily funded for clinically protected teaching and supervision time to enable FACEMs to lead and deliver:
- supervision and training of EMCD trainees,
- emergency medicine (EM) training sessions, and
- on-the-floor teaching and supervision to build capacity in smaller emergency departments (EDs)[1].

Training site
A hospital or outpost managing emergency presentations whose staff are receiving EMET training coordinated by a hub.

Rural Australia/rural hospital/rural location
Specifically refers to hospitals or health services located in Remoteness Areas (RA) 2–5 (regional, rural and remote) according to the Australian Statistical Geography Standard Remoteness Areas (ASGS-RA). The Department of Health may change this classification system in the future.

Emergency Medicine (EM) training session
A training session led by a FACEM(s) from the hub and delivered to staff at a training site or hub. EM training sessions must be medically focused. Non-FACEMs can support delivery of training as long as it is led by a FACEM. Non-FACEM support must not exceed 30% of the allocated teaching budget.

On-the-floor teaching and supervision
This funding is for a hub (with low FACEM full-time equivalent (FTE)) to 'buy-in' FACEM staff to both work and teach at their hospital, or a training site (with low FACEM FTE) to have FACEM staff from their hub to both work and teach at their hospital.

Target audience
Doctors not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs) working in an emergency care facility with a low FACEM workforce[1] and/or in a regional, rural or remote location. The multidisciplinary teams involved in emergency medicine care, including nurses and paramedics, may also benefit from attending training sessions.

Non-specialist doctors
For the purposes of the EMET Program, non-specialist doctors refers to those not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs). This does not include those currently on the pathway towards Fellowship of ACEM.

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1   Where FACEM staffing is less than one FTE FACEM per 10,000 presentations

EMCD trainee

A doctor, usually a GP or MO, enrolled in the Emergency Medicine Certificate (EMC) or Emergency Medicine Diploma (EMD). The EMC and EMD aim to provide medical practitioners working in EDs with adequate knowledge and sufficient clinical experience to be safe, efficient practitioners.

1. Introduction

1.1   The Program

The Emergency Medicine Education and Training (EMET) Program (the Program) was established to improve care for patients requiring urgent and emergency care in Australia. The Commonwealth Department of Health (the Department) has funded the Australasian College for Emergency Medicine (ACEM, the College) to administer the EMET program since 2011 as a component of the Emergency Medicine Program (EMP).

Of the more than 600 hospitals with Emergency Departments (ED) or urgent care services in Australia, only 25 percent are staffed by Fellows of the Australasian College for Emergency Medicine (FACEMs). The 75 percent of hospitals without FACEMs are typically located in rural locations with clinical staffing models that include general practitioners (GPs), medical officers (MO), nurses, paramedics and/or allied health workers. The EMET Program enables FACEMs, typically from larger regional or metropolitan hospitals, to lead and deliver education, training and supervision in emergency medicine primarily to the doctors in these settings.

Keys to EMET's success are:

- The ability of the FACEMs to lead and deliver training and provide supervision customised to the local hospital, doctor and patient needs as well as the increased capacity building and networking that occurs between the larger hub hospitals and smaller training site hospitals.
- Enhancing the sustainability of the emergency medical workforce, across the broad range of emergency department and urgent care settings, through the promotion and supervision of doctors, including GPs and MOs, to undertake ACEM's Emergency Medicine Certificate (EMC) and Diploma (EMD) Programs.

1.2   Purpose and structure of the guidelines

This document is designed to:

- provide a comprehensive description of the EMET Program
  and the guidelines that underpin its success;
- strengthen internal administration and management of the EMET Program;
- clearly delineate the roles and responsibilities of ACEM staff and the National Program Steering Committee;
- provide hospitals applying for EMET funding with a guide to preparing their application;
- support hubs that have been granted funding to implement the EMET Program according to the financial and reporting requirements; and
- ensure hubs are accountable and deliver high-quality training and supervision
  under the EMET Program that reaches the target audience.

2. The EMET Program

2.1 Program aim

Boost the quality of and access to emergency care in areas of need, particularly in rural Australia, through the increased provision of emergency medicine education, training and supervision led and delivered by Fellows of the Australasian College for Emergency Medicine (FACEMs) for non-specialist doctors.

2.2 Target audience

Doctors not specifically trained in emergency medical care, e.g. general practitioners (GPs) or medical officers (MOs), working in an emergency care facility with a low FACEM workforce[2] and/or in a rural location

Whilst EMET is primarily targeted at doctors, there is a substantial benefit to the GPs and other medical practitioners attending training sessions with the non-medical staff they work alongside in the provision of emergency care, as this enhances the fidelity of the education and training provided.

The multidisciplinary team involved in emergency medicine care, including nurses and paramedics, may also benefit from attending training sessions.

2.3 Program delivery

ACEM contracts with a hub hospital to deliver EMET activities within their own hospital and/or peripheral hospitals in their region or network (training sites). Funding enables FACEMs to lead and/or deliver:

- supervision and training of Emergency Medicine Certificate and Diploma (EMCD) trainees; [1]
- emergency medicine (EM) training sessions; and/or
- on-the-floor teaching and supervision to build capacity in smaller Emergency Departments (EDs[3]).

EMET funding cannot be used as a contribution towards FACEM time relating solely to clinical service delivery (and associated activities) or for the supervision and teaching of ACEM fellowship trainees, medical students or interns.

2.4 Hubs and training sites

To be eligible to be a hub, a hospital should be:

- a rural hospital, typically the region's referral hospital; or
- a metropolitan hospital or retrieval service delivering outreach only.

An eligible training site is an emergency care facility with a low FACEM workforce[3] and/or in a rural location. A training site is typically within the same health jurisdiction as the hub.

2.5 Delivery models

The three delivery models are as follows:

- in-house and outreach (hub delivering EMET activities for hub and training site staff)
- outreach only (hub delivering EMET activities for training site staff only); or
- in-house only (hub delivering EMET activities for hub staff only).

Hubs delivering EMET in-house only is limited to those hospitals who are geographically isolated from their regional referral hospital and who cannot receive EMET through the typical Hub and Training Site model. Regional hospitals without specialist emergency physicians on staff can 'buy in' FACEM supervision and training to lead and deliver EMET activities.

2.6 Program Support Officers

Hubs may receive funding to employ a Program Support Officer (PSO). A PSO is responsible for coordinating and supporting the FACEM delivering Emergency Medicine Education and Training (EMET), including supporting trainees enrolled in the Emergency Medicine Certificate and Diploma (EMCD).

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2   Where FACEM staffing is less than one FTE FACEM per 10,000 presentations

3   Ibid.

2.7 Governance

The National Program Steering Committee (NPSC) oversees the development of the National Program, a joint initiative between ACEM and the Department of Health. The EMET Program is one of a range of projects under the National Program. The role of the National Program Steering Committee in the delivery of the EMET Program includes:

- approving all major decisions associated with the Program;
- applying the Program Guidelines;
- assessing applications for funding;
- ensuring the Program aims are met;
- undertaking reviews of under performing hubs; and
- initiating and overseeing whole-of-Program reviews and evaluation activities.

ACEM staff support the NPSC to administer the EMET Program. The role of ACEM staff includes:

- day-to-day administration of the Program;
- providing support to the hospitals funded to employ PSOs
  (e.g. providing a positon description, training);
- liaising with and reporting to the Department;
- ensuring hubs meet reporting requirements;
- managing EMET Program data;
- undertaking a preliminary assessment of new funding applications and reviewing funded sites;
- alerting the National Program Steering Committee when a hub requires a review; and
- undertaking evaluation activities.

3. Application process

This chapter describes the application process for ACEM staff and National Program Steering Committee members administering EMET and for hospitals applying for EMET funding.

3.1 Requesting applications

ACEM staff and the National Program Steering Committee will jointly determine the preferred approach to requesting applications from potential hubs, which may entail an open request for applications, issued to all hospital emergency departments, or targeted requests to emergency departments in locations where the EMET Program is not active.

A copy of these guidelines will be provided with the Request for Applications to ensure that the applications received contain all necessary information.

3.2 Submitting an application

Sites wishing to submit an application for EMET funding must do so on the application form prepared by ACEM and submitted by the deadline allocated. The application form will ask sites to provide information on the:

- details of the proposed EMET model;
- breakdown of planned EMET activities;
- delivering a quality EMET Program; and
- application budget.

3.3 Details of the proposed EMET model

A hospital's application must include details of the proposed EMET Program, described in Table 3.1.

Table 3.1 Details of the proposed EMET model

Area	Detail required
Information on the hospital/ health service applying to be a hub	If the hospital is applying to deliver any component of the EMET Program to staff employed at the hub site, the application must also include FACEM FTE and ED presentations per annum of the hub hospital.
Information on the proposed training sites	• name of hospital/health service; • staffing of ED including FACEM FTE; • ED presentations per annum; • the relationship of the hospital with the proposed training sites; and • support of the training site for the proposed EMET Program.
The delivery model proposed	• outreach and in-house; • outreach only; or • in-house only.
FACEM FTE	Funded FACEM FTE applying to lead and deliver this EMET Program.
EMCD trainees	If delivering the EMCD component at either the hub and/or training sites, an estimated number of trainees in the first 12-month period should be provided.
Resources	Information on education facilities and resources available.
Non-FACEM support hours	Hours spent supporting EMET delivery.
Target audience	Details of the non-specialist doctors to whom the proposed training will be delivered.

3.4 Breakdown of planned EMET activities

Applications are required to specify the proportion of their planned EMET activities by audience (hub or training site) and detail which components will be delivered:

- supervision and training of EMCD trainees;
- EM training sessions; and/or
- on-the-floor teaching and supervision to build capacity in smaller ED[4].

This should be provided in table format, as per Table 3.2.

Table 3.2 Format for presenting EMET Program components the hospital is proposing to deliver

Audience	Planned EMET activities by audience	EMCD supervision	EM training sessions	On-the-floor teaching and supervision
Hub	X%			
Training sites	X%			

An outline plan for the first 12 months of delivery of the proposed model (Table 3.1) is also required.

3.5 Delivering a quality EMET Program

Hospitals must demonstrate within their funding application that the EMET Program they will deliver will increase the knowledge and skill of participants and the quality of emergency care.

Outcomes

Hubs must identify four generic outcomes against which they will measure the progress of their EMET Programs. The measures selected should enable hubs to demonstrate benefits from participant knowledge/satisfaction to service provision and patient care/community benefits. Examples of this include:

- increasing the number of medical staff working in EDs that have completed EMC or EMD training;
- deliver a comprehensive training program to all EMET training sites within a network;
- reduction in serious clinical incidents;
- improving retention of or increasing local medical workforce at peripheral sites;
- increasing access to clinical services in rural Australia;
- improvements in quality of care measures or indicators;
- enhancing service delivery or breadth of services provided;
- more appropriate patient transfer practices;
- increased use of telemedicine;
- build relationships with staff at peripheral sites to encourage communication and trust; or
- gain accreditation through the Royal Australian College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACCRM) for a number of EM training sessions to enable GPs in attendance to earn Continuing Professional Development (CPD) points.

For hubs delivering the 'on-the-floor teaching and supervision component' the ACEM Quality Standards[5] may assist in identifying outcome measures that align with the EMET Program aims. [2]

Measuring increased participant knowledge and participant satisfaction

As part of their funding application, hospitals must specify how they intend to:

- measure the impact their EMET Program has had on participants' knowledge; and
- gain feedback from participants on the quality of training and supervision received.

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4   The on-the-floor teaching component will only be funded at hubs or training sites where FACEM staffing is less than one FTE FACEM per 10,000 presentations. The primary objective is for supervision and training and cannot be used solely for the purpose of service delivery.

5   In 2015, ACEM released the Quality Standards for Emergency Departments and other Hospital Based Emergency Care Services (the Quality Standards) to provide guidance and set expectations for the provision of equitable, safe and high quality emergency care.

This could include data collection methods such as pre- and post-training session surveys and/or running a brief focus group with EMCD trainees. It is preferable that hospitals specify at least one quantitative measure specific to participant satisfaction. It is preferable that hospitals specify at least one quantitative measure specific to community outcomes.

Measuring community outcomes
As part of the funding application, hospitals must specify how they intend to demonstrate patient care/community benefits.

3.6 Itemised budget in application
As part of the application process, hospitals must prepare an itemised budget for running the Program over a 12 month period. This section provides a description of what should be included in the estimated budget and an example of a final budget. The budget should be prepared in accordance with the Expenditure Guidelines at Chapter 5.

FACEM time
The budget in a hospital's application must provide an estimate for the funding required for FACEMs to deliver the EMET Program over the course of one year. It may assist hospitals to first calculate an estimate of total FACEM hours required to deliver the proposed Program. Total FACEM hours should include:

- leading and delivering EM training sessions;
- training and supervising EMCD trainees;
- on-the-floor teaching and supervision to build capacity in smaller emergency departments;
- preparing for sessions and developing resources (as a guide, this should be no more than 30 percent of total FACEM time); and
- travelling to and from training sites.

Hospitals must provide a statement detailing the underpinning methodologies that informed their calculations when estimating the funding required for FACEM FTE. Examples of this could include:

- 'calculations are based on the Victorian Public Health Sector Medical Specialists Agreement 2013 for a Year 5 specialist'; [3] or
- 'calculations are based on the current salary of our Director of Emergency Medicine who would deliver the training ($5,048 per month, equivalent to $132 per hour).

Hospitals may also include any on-costs associated with providing a FACEM to deliver the EMET Program. This can include any fly-in-fly-out costs of FACEMs for remote locations.

Program Support Officer
Hospitals may include provision for a PSO position in their application. PSO positions will be funded at $44,000 per hub, equivalent to approximately 0.5 FTE.

Hubs may apply to have increased PSO funding if they can provide a strong justification, for example, greater output (training) levels. In addition, smaller hubs may apply for less than the full $44,000 if the size of the EMET Program does not require a part-time PSO. Hospitals may also include any on-costs associated with employing a PSO to deliver the EMET Program.

Other program costs
Hospitals may include provision for other program costs which hubs can spend at their discretion to enable delivery of their EMET Program. Items included under other program costs include:

- travel and accommodation costs for delivering outreach;
- resource development;
- simulation costs;
- catering costs, e.g. providing lunch at a full-day course;
- equipment not otherwise available but required to deliver training; and
- other ancillary costs.

A hospital's budget must limit the items within this category to a maximum of 15 percent of their total budget. For details on what items are included and excluded from the 'Other' program costs see Chapter 5 (page 14).
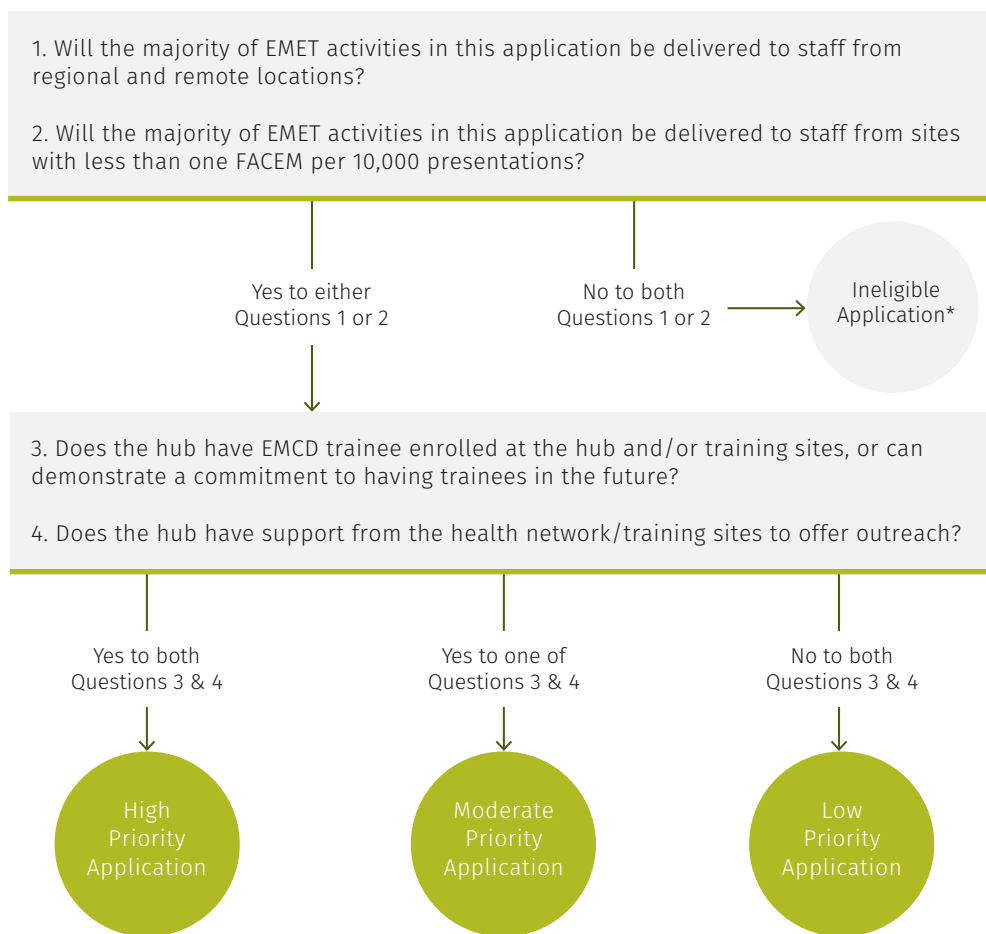
3.7 Assessing applications

Assessment process

ACEM staff are responsible for making a recommendation to the National Program Steering Committee (NPSC) to assist with decision-making on which applications should be funded. A decision tree (Figure 3.1) is used to categorise each application, according to the EMET Program aims, as either:

- **high priority**—the application fits within the Program aims and there are no issues with the proposed delivery model
- **moderate priority**—the application fits within the Program aims but changes to the proposed delivery model may be required
- **low priority**—the application largely fits within the Program aims but changes to the proposed delivery model are required.

Applications can be considered outside of the decision tree where additional priority areas have been agreed upon by the NPSC in consultation with the Department of Health.

Figure 3.1 Decision tree used by ACEM to categorise applications

1. Will the majority of EMET activities in this application be delivered to staff from regional and remote locations?

2. Will the majority of EMET activities in this application be delivered to staff from sites with less than one FACEM per 10,000 presentations?

Yes to either Questions 1 or 2

No to both Questions 1 or 2

Ineligible Application*

3. Does the hub have EMCD trainee enrolled at the hub and/or training sites, or can demonstrate a commitment to having trainees in the future?

4. Does the hub have support from the health network/training sites to offer outreach?

Yes to both Questions 3 & 4

Yes to one of Questions 3 & 4

No to both Questions 3 & 4

High Priority Application

Moderate Priority Application

Low Priority Application

*In cases where an application does not meet the eligibility criteria, applicants may request to submit a business case for assessment under special circumstances, which the National Program Steering Committee will review.

Assessment criteria

Along with the decision tree, assessment of applications will also take into consideration equity amongst jurisdictions, including consideration of any overlap, to ensure a broad reach of the EMET Program.

ACEM staff also consider whether the proposed amount of training delivered to hub staff compared with training site staff is reasonable and that the application demonstrates value for money.

The National Program Steering Committee reserve the right to exercise a degree of flexibility in determining the priority areas to best meet the Program aims and objectives.

3.8 Scope negotiations

ACEM may request that a hospital make changes to their submitted proposal. Examples of reasons for this might include:

- excluding or decreasing training activities at the hub and/or training sites where there is high FTE to ED presentations;
- increasing or decreasing the focus on certain activities, e.g. increasing the amount of training and supervision to EMCD trainees; and
- recalculating the overall budget and scope of the Program.

In these circumstances, hospitals will need to resubmit a revised version of their application.

3.9 National Program Steering Committee's role in finalising applications

The National Program Steering Committee makes the final decision on which applications will be approved for funding and what quantum of funding is to be allocated for each successful application. The outcomes of the National Program Steering Committee decision-making on all applications will be clearly documented and communicated to the ACEM Board for information and to ACEM staff for implementation.

4. Reporting requirements

Reporting requirements enable ACEM, as the organisation responsible for administrating the EMET program, to provide aggregated data and reports to the Commonwealth Department of Health, which funds the program. This chapter of the Guidelines provides information to funded hubs on how to complete their reporting requirements.

4.1 Hub reporting

Hubs approved for EMET funding must complete:

- six-monthly progress reports,
- annual financial reports; and
- the mid-funding report, on performance against targets.

Reporting administration

ACEM staff will ensure that all funded hubs comply with reporting requirements. ACEM staff roles include:

- administration of:
    - progress reports at the end of each reporting period,
    - financial reports at the end of each financial year,
    - mid-funding target reports after 18 months of operation;
- ensuring the targets set by hubs are appropriate;
- ensuring all reports are received in a timely manner; and
- following up with sites where reporting is incomplete.

ACEM staff are responsible for extracting data from progress reports to assist in reporting and evaluation requirements with the Department. These requirements include preparing six-monthly submissions to the Department on the overall progress of the EMET Program.

Information collected in progress reports included over the six-monthly period is detailed in Table 4.1. To meet reporting requirements, hubs must ensure they implement processes to capture all information specified, for example, attendance lists.

Table 4.1 Information collected in progress reports

Area	Reporting requirement
EMET program overview	• The name of training sites where training was delivered • The number of any EMCD trainees enrolled including the location of their enrolment

EM training session	• Date of session
	• Location of session
	• Topic
	• Length of session
	• Number of attendees, broken down by:
	  · MOs;
	  · GPs; and
	  · other attendees.
	• Hospitals where attendees were from
	• Number of training sessions which were case based discussions
	• Total number of sessions delivered, where the primary audience was hub staff
	• Total number of hours delivered, where the primary audience was hub staff
	• Total number of sessions delivered, where the primary audience was training site staff
	• Total number of hours delivered, where the primary audience was training site staff

Training and supervision of EMCD trainees	• Number of EMCD trainees enrolled at the hub • Number of EMCD trainees enrolled at training sites • Number of FACEM hours delivering training and supervision to EMCD trainees enrolled at hub • Number of FACEM hours delivering training and supervision to EMCD trainees enrolled at training sites
On-the-floor teaching and supervision to build capacity in smaller EDs	• Number of FACEM hours delivering on-the-floor teaching and supervision at the hub • Number of FACEM hours delivering on-the-floor teaching and supervision at training sites
FACEM hours	Combined number of FACEM hours: • leading and delivering EM training sessions • training and supervising EMCD trainees, and • on-the-floor teaching and supervision to build capacity in smaller emergency departments • FACEM hours spent preparing for sessions and developing resources • FACEM time spent travelling to and from training sites • Total FACEM hours
PSO hours	The proportion of an FTE the PSO works under the EMET Program
Non-FACEM hours	Hours spent supporting EMET delivery
Training tools	• Describe any telemedicine or video conferencing activities used for education • Describe any simulation sessions and simulation equipment used • Describe any web-based activities used for education

4.2 Financial reporting

Hubs must provide an Annual Financial Report for every financial year they receive funding. Under the expenditure section, hubs must provide information on:

- PSO salary;
- pro-rata FACEM salary based on FTE spent delivering EMET during this period; and
- other Program costs.

All financial reporting should be in adherence to the Expenditure Guidelines at Chapter 5.

4.3 Setting and reporting against targets

In the first six months of operation, hubs will scope their project, develop a plan and commence delivering training and supervision. Using this knowledge, hubs are then required to set annual targets for their EMET Program. Targets will include:

- number of GPs, MOs and other attendees at EM training sessions;
- number of EM training sessions delivered; and
- number of FACEM hours of leading and delivering:
    - EM training sessions;
    - on-the-floor teaching and supervision; and
    - EMCD supervision.

Hubs must deliver the EMET Program as described in their accepted funding application including any scope negotiation. Hubs must not:

- deliver a greater proportion of in-house training to hub staff than what was specified in the approved application; and
- allocate hours to any component they were not funded to deliver (e.g. set a target for on-the-floor teaching when this was not approved in the original funding application).

Proposed targets will be submitted to ACEM for approval. ACEM staff will assess targets to ensure they align with the original funding application. Hubs should aim to ensure their targets represent value for money. For example, if funding was received for 0.5 FACEM FTE and the hours proposed are only equivalent to 0.1 FTE, either the hub's budget or the targets may need to be revised.

Hubs will report against their set targets annually from the 18 month mark of the funding agreement. This target reporting will coincide with regular progress reporting timeframes.

Reporting actual attendees compared with target attendees

Hubs must report on how they performed against the target set for the number of attendees at EM training sessions. Individual attendees can be counted more than once. For example, if a hub expects the same GP to attend five separate training sessions, this would be counted as five in their GP target. The number of attendees under 'actual' should be consistent with two progress reports from the same 12-month period.

Where the proportion of the target actually delivered is less than 80 percent of the target, hubs must provide an explanation.

Table 4.2 provides an example of how the table in the mid-funding report, on performance against targets should be completed.

Table 4.2 Example of reporting on actual attendance compared with targets set

	EM training sessions		
	Target	Actual	Target %
No. of GPs	30	45	150%
No. of MOs	24	30	125%
Target no. of other attendees	45	60	130%
Please provide an explanation for any instances where the percentage of the target was less than 80%	No explanation required. Attendance has been far higher than expected. The Program has been very well received.		

Reporting actual sessions delivered compared with target sessions

Hubs must report on how they performed against the target/s set for the number of EM training sessions. The number of sessions under 'actual' should be consistent with two progress reports from the same 12-month period.

Where the proportion of the target actually delivered is less than 80 percent of the target, hubs must provide an explanation. Table 4.3 provides an example of how the table in the mid-funding report, on performance against targets should be completed.

Table 4.3 Example of reporting on target number of sessions compared with targets set

	Primary audience was training site staff			Primary audience was hub staff		
	Target	Actual	Target %	Target	Actual	Target %
No. of EM training sessions delivered	15	15	100%	5	6	120%
Please provide an explanation for any instances where the percentage of the target was less than 80%	No explanation required					

Reporting actual hours delivered compared with target hours

Hubs must report on how they performed against the targets set for the number of hours delivered. The number of hours under 'actual' should be consistent with two progress reports from the same 12-month period.

Where the proportion of the target actually delivered is less than 80 percent of the target, hubs must provide an explanation.

Table 4.4 provides an example of how the table in the mid-funding report, on performance against targets should be completed.

Number of FACEM hours delivering training and/or supervision:	Primary audience: training site staff			Primary audience: hub staff		
	Target	Actual	Target %	Target	Actual	Target %
EM sessions	251	275	110%	53	40	75%
EMCD trainees	0	0	N/A	0	0	N/A
On-the-floor sessions	200	120	60%	100	135	135%
Total hours	451	395	88%	153	175	114%
Total no. of Non-FACEM hours supporting EMET training	We used x% of our alllocated teaching budget of $XYZ towards <<number of hours>> non-FACEM hours for EMET teaching. This was to cover <<names or types of training sessions>> because <<rationale>>					
Please provide an explanation for any instances where the percentage of the target was less than 80%	We delivered too much training to EMCD trainees at the hub compared to the training sites. We will aim to rectify this in the next reporting period. The EM training session were not as well received at the hub and some were cancelled due to low numbers.					

Reporting on the proportion of planned EMET activities compared with actual EMET activities

Hubs must report on the proportion of planned EMET activities compared with actual EMET activities. Table 4.5 provides an example of how the table in the mid-funding report, on performance against targets should be completed.

Table 4.5 Reporting on the proportion of planned EMET activities compared with actual EMET activities

	Proportion of planned EMET activities by audience	Proportion of actual EMET activities by audience
Hub	Total target hours delivered at the hub/total no. of target hours 153/610 = 25%	Total actual hours delivered at the hub/ total no. of hours delivered 175/570 = 31%
Training sites (total)	Total target hours delivered at the training site/total no. of target hours 451/610 = 75%	Total actual hours delivered at training sites/total no. of hours delivered 395/570 = 69%

4.4 Outcomes

Hubs must report against the three generic outcomes identified in their funding application. See section 3.5 for examples.

In addition, using the methodologies specified in their funding application (e.g. pre- and post-training session surveys), hubs must report on the:

- impact their EMET Program has had on participants' knowledge,
- feedback from participants on the quality of training and supervision received; and
- patient/community outcomes such as, increased access to services, improvements to service delivery retention of local medical workforce, improvement in quality measures.

5. Expenditure guidelines

All EMET funding including the PSO funding, must be utilised in accordance with the expenditure guidelines outlined in this Chapter. The funding must have a direct link to the delivery of the EMET Program as described in the hub's accepted funding application including any scope negotiation as agreed by ACEM.

5.1 Cost centre

A dedicated cost centre must be established for the funding received and expended under the EMET Program.

The lead FACEM at each hub must have access to the dedicated cost centre to ensure all associated budgeting and reporting requirements are met.

5.2 FACEM time

The primary expenditure of an EMET Program is the cost of clinically protected teaching and supervision time to enable FACEMs to lead and deliver the EMET Program to the target audience.

FACEM expenditure charged to the EMET Program should represent the pro-rata FACEM salary based on FTE/hours spent:

- leading and delivering EM training sessions;
- training and supervising EMCD trainees;
- on-the-floor teaching and supervision to build capacity in smaller emergency departments;
- preparing for sessions and developing resources (as a guide, this should be no more than 30 percent of total FACEM time); and
- travelling to and from training sites.

EMET funding cannot be used as a contribution towards FACEM time relating solely to clinical service delivery (and associated activities) or for the supervision and teaching of ACEM fellowship trainees, medical students or interns.

The total FACEM time expended must match that reported in the EMET progress report and should not differ significantly from the FACEM FTE that was approved in the hub's application.

Funding can either be used to fund FACEM time directly or for backfill for a FACEM to release them to undertake EMET activities, but not both. FACEM time may also include any on-costs associated with providing a FACEM to deliver the EMET Program. This can include any fly-in-fly-out costs of FACEMs for remote locations.

5.3 Program Support Officer position

Funding provided for the employment of a PSO, including on costs, up to a maximum of the amount detailed in the funding agreement. The PSO FTE expended to the EMET Program must align with their job responsibilities related to the EMET Program and not other hospital activities.

5.4 Other program costs

Hubs may use up to 15 percent of their total budget at their discretion for other expenditure related directly to the delivery of their EMET Program.

Examples of items that hubs may allocate to their other Program costs include:
- travel and accommodation for delivering outreach;
- resource development;
- simulation costs (including any costs associated with utilising a simulation centre for the provision of EMET);
- catering costs, e.g. providing lunch at a full-day course;
- equipment not otherwise available but required to deliver training; and
- other ancillary costs.

Hubs will be required to provide an itemised summary of expenditure as part of their financial reporting.

Hospitals may also include any on-costs associated with providing a FACEM to lead and deliver the EMET Program. This can include any fly-in/fly-out costs of FACEMs for remote locations.

Travel and accommodation

All expenditure on travel and accommodation must be in accordance with ACEM's Travel & Expenditure Guidelines.

5.5 Exclusions

EMET Program funds must not be used to cover the following excluded items:

- courses for the personal development of FACEMs, e.g. simulation skill development for an individual FACEM;
- courses for EMCD trainees, e.g. Emergency Life Support (ELS);
- salary of non-FACEMs outside the scope of supporting training delivery within the limits specified in the EMET guidelines; and
- backfill for any medical staff attending training.

5.6 Unspent funds

Any funds unspent at the completion of each annual funding year, as detailed in the financial report submitted with the final reports, will be applied against funds payable in the subsequent funding year, if any, or returned to the College within 90 days of the end of the funding year.

6. Review processes

This chapter provides an overview of ACEM's review processes. The review processes are designed to ensure that hubs are accountable for the Department funds administered, and to provide ACEM and the Department of Health assurance that hubs are delivering the Program as intended. There are two types of review:

- mid-cycle funding; and
- performance.

6.1 Mid-cycle funding review

Following the submission of mid-cycle target reports (i.e. 18 months of operation), ACEM staff will conduct a review of the hub's EMET Program. The mid-cycle funding review will examine:

- the hub's performance against targets;
- the use of FACEM time compared to the budget provided; and
- alignment of the Program being delivered to that described and approved in the hub's application.

In some instances, ACEM staff may notify a hub of a minor issue and encourage the hub to work on this going forward. If ACEM staff identify a major issue, a hub may be referred for a performance review.

6.2 Performance review

At any point during a funding period, ACEM reserves the right to conduct a review of a hub's administration of the EMET Program.

Issues that may trigger a review include:

- concerns raised during a mid-cycle performance review or progress report;
- concerns raised by medical staff at hub or training sites;
- a failure to meet targets by a significant amount, especially when this occurs over multiple reporting periods;
- a significant change in the scope of the EMET Program being delivered from what was proposed in the hub's funding application, e.g. a hub delivers EM training sessions at the hub when they were only funded to deliver EM training sessions at training sites;
- targeting training and supervision to people other than the target audience, e.g. advertising and running nurse-only training sessions using EMET funding;
- delivering a much smaller program than was approved for funding, e.g. providing a small number of FACEM-led hours of training and supervision;
- not submitting reports or submitting poor quality reports with significant amounts of information missing; and
- using the expenditure pool on excluded items.

There are four stages to the review process.

- If an ACEM staff member notices an issue of concern, they will notify a senior ACEM staff member for follow-up. If outstanding issues remain, the National Program Steering Committee will be notified.
- The National Program Steering Committee discusses the hub's performance during their next meeting and either an ACEM staff member or a nominated FACEM member from a jurisdiction, other than the one where the hub is located contact the lead FACEM at the hub and discuss the issue at hand.
- At the discretion of that FACEM, the hub may be issued with advice whereby they have the following six month reporting period to make improvements; or
  the Hub may be provided an opportunity to re-scope their program, e.g. if the original program proposed in their funding application is unfeasible, a smaller program may be re-negotiated.
- If no improvements are seen, the National Program Steering Committee will consider remedial action, which may include cessation of funding to a hub.

Hubs are encouraged to raise any concerns they have with ACEM staff before a review is required. Dialogue between the hub and ACEM staff is encouraged, especially where there are issues of concern around meeting targets or changes outside the control of a hub that have affected their ability to deliver the Program.

Acknowledgements

The Australasian College for Emergency Medicine would like to thank the following committees and working groups for their expert input:

- National Program Steering Committee
- EMET Framework and Guidelines Reference Group

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Suggested citation

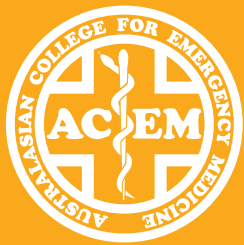Australasian College for Emergency Medicine (2017), Emergency Medicine Education and Training Guidelines, Melbourne

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