



Australasian College
for Emergency Medicine

Accreditation Application

Form no: AC548
Dec 2023 v3-00

Introduction

The Australasian College for Emergency Medicine (ACEM) accredits emergency departments as training providers for Emergency Medicine Specialists in Australia and Aotearoa New Zealand. Training providers are described as “Sites” in this application.

As part of the accreditation process, the Site is required to complete this Application (including the Appendix 1: Site Data) to initiate the Inspection process.

Incomplete applications will be returned to the Site for completion and the accreditation process will not proceed until fully completed.

Before proceeding with this Application:

- **Review the following documents, which can be found on our website:**
 - AC549 Accreditation—Requirements
 - AC550 Accreditation—Process Guide
 - AC808 TS4 Accreditation Requirements
 - Site FAQs
- **For Emergency Medicine Training Network (EMTN) applications**
 - Each site within the EMTN is required to submit its individual application. The site can opt to meet relevant Requirements as an EMTN. The Requirements are indicated with:
 - “Respond as Site or an EMTN”
 - “Respond as an EMTN only”(All other requirements if not indicated as above will be respond as site only)
- **For Tier 3 applications**
 - The Tier 3 site, if linked to a host ED, can provide a response on how they meet some Requirements with input from the Host ED. These Requirements are indicated with “Host ED can have input”
- **Key to the Ratings in the Inspectors’ assessment section as below:**
 - **M** = Met (requirement is met)
 - **NM** = Not Met (requirement is not met)
 - **NA** = Not Applicable (the assessment is not relevant to this site’s application)

Once you have completed this application, please submit it along with required attachments (see below) to accreditation@acem.org.au.

Required attachments:

1. 6 months immediately prior plus 3 months future rosters with clear legends to decipher rosters and with individual FACEM trainees and FACEM consultants clearly identified (new sites may provide proposed rosters)
2. List of FACEMs and their FTEs and Clinical Support Time
3. List of all PEMs (for PED applications only)
4. Orientation Manual

5. Education Program for last 12 months with name of presenter and with clear descriptions of specific topics, including Primary and Fellowship examination preparation program and the proportion of adult and paediatric content.
6. Trainee attendance records for the education program with trainees clearly identified
7. CVs of DEM, DMT, local WBA coordinator
8. CV of Network DMT if applying as an EMTN
9. If applying as a new Tier 3 which is to be linked to another host ED, a formal letter from the host hospital confirming the agreement.

Section 1: Site Details

Hospital details

Hospital Name	HOSPITAL XXX		
Street Address			
Postal Address			
Phone number			
Region	<input type="checkbox"/> ACT	<input type="checkbox"/> NSW	<input type="checkbox"/> NZ
	<input type="checkbox"/> NT	<input type="checkbox"/> QLD	<input checked="" type="checkbox"/> SA
	<input type="checkbox"/> TAS	<input type="checkbox"/> VIC	<input type="checkbox"/> WA
Hospital Designation	<input type="checkbox"/> Major Referral	<input checked="" type="checkbox"/> Non-Major Referral	
	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	
Confirmation that hospital meets the minimum standards for an Emergency Department as stated in the <i>S12 Statement on the Delineation of Emergency Departments</i>	<input checked="" type="checkbox"/> Yes the hospital meets the minimum standards for an Emergency Department <input type="checkbox"/> No the hospital does not meet the minimum standards for an Emergency Department		
Current Accreditation	<input checked="" type="checkbox"/> Accredited	<input type="checkbox"/> Withdrawn	
	<input checked="" type="checkbox"/> ED	<input type="checkbox"/> Tier 1	<input checked="" type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
	<input type="checkbox"/> PED	<input type="checkbox"/> Private ED	
	<input checked="" type="checkbox"/> TS4	<input type="checkbox"/> PLB/PER Status	
	<input checked="" type="checkbox"/> EMTN	<input type="checkbox"/> Linked-ED	
Accreditation Requested	<input checked="" type="checkbox"/> ED	<input type="checkbox"/> Tier 1	<input checked="" type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
	<input type="checkbox"/> PED	<input type="checkbox"/> Private ED	
	<input checked="" type="checkbox"/> TS4	<input checked="" type="checkbox"/> PLB/PER Status	
	<input checked="" type="checkbox"/> EMTN	<input type="checkbox"/> Linked-ED	

For Tier 3 Linked Sites only

Name of Host ED	
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For Emergency Medicine Education Network (EMTN) accreditation only

Name of EMTN	XXX
Designated Network DENT	XXX
Names of the other hospitals in the EMTN	XXX

Contact details—ED staff completing this report:

Name	XXX
Position	XXX
E-mail	XXX
Phone	XXX

Please note that if the site staff member completing this application is a FACEM, he/she can claim CPD hours and record the following activity at ACEM's CPD Online portal:

- Quality Enhancement—Accreditation Visits for Hospitals—Preparing for an Accreditation Inspection

Contact details—Hospital Executive to whom all correspondence will be directed to:

Name	XXX
Title (eg Professor, A/Professor, Dr)	XXX
Executive Position (eg. CEO, DMS, GM)	XXX
E-mail	XXX
Phone	XXX

Contact details – ED Leaders (DEM, DEMENT, Local WBA Coordinator, Local Mentoring Coordinator)

Role	Name	FTE at <u>THIS</u> site	Phone number and Email
DEM	Dr XXX	1.0	XXX
DEM	Dr XXX	1.0	XXX
Co DEMENT	Dr XXX	0.75	XXX
Co DEMENT	Dr XXX	0.5	XXX
Network DEMENT	Dr XXX	0.25	XXX
WBA Coordinator	Dr XXX	0.5	XXX

Section 2: Site Self-Assessment Against the Requirements

Domain 1	Promotes the Health, Welfare and Interests of Trainees
Standard 1.1	Governance, safety and quality assurance
Criterion 1.1.1	<p>The training site has clear governance structures which support:</p> <ul style="list-style-type: none"> a) Education and training; b) Workplace health, safety and welfare of trainees; c) Trainee participation in governance; and d) Improved safety and quality

Requirement 1.1.1.1: The site prioritises, promotes and supports education and training

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.

- There are regular educational activities carried out at XXX ED. This is highlighted in the attached document 'XXX ED Educational Activities'
- A summary of the educational roles of XXX ED FACEMs is highlighted in the attached document 'ACEM Fellow Education Roles'
- XXX ED rostering for junior doctors (including trainees) is done by Dr XXX and Dr XXX, who ensure all junior staff and trainees have equitable access to rostered teaching sessions. This is highlighted in the attached documents 'XXX ED Rosters'
- As part of an EMTN with XXX, we hold combined Fellowship teaching sessions, with one session a month held and organised at XXX Hospital. XXX ED Trainees are also able to and are rostered to attend the sessions at XXX. This is highlighted in the attached documents 'XXX ED Rosters'
- The designated DEMENT stays in frequent interaction with trainees to make sure their educational needs are satisfied.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
<ul style="list-style-type: none"> A. XXX ED Non Trainee Educational Activities B. ACEM Fellow Education Roles C. XXX ED doctors Rosters M. ACEM Trainee teaching & Attendance program 	

Office use only – Inspectors' assessment	
<p>Rating:</p> <p> <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA </p>	<p>The timeframe for addressing the condition is normally 12 months unless specified here:</p>

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 1.1.1.2: The site supports the workplace health, safety and welfare of trainees

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.

- Dr XXX (FACEM) is the nominated Work Health & Safety Medical representative for the ED at XXX.
- Staff are provided training as part of their orientation as to the location of duress alarms in ED.
- There is hospital wide security coverage 24/7, who attend all 'Code Blacks' which are incidents when a threat to staff or patient safety is perceived.
- Rostering takes into account out-of-work commitments e.g. parental commitments or exam preparation and encourages trainees to request shift patterns that facilitate this, to prevent workplace fatigue.
- Trainees are encouraged to attend Statewide trainee wellness days and this can be requested via the ED roster requests system.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
c. XXX ED doctors Rosters D. ED orientation Manual	SLS Procedure documents

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 1.1.1.3: The site provides an orientation program including an orientation manual for trainees commencing at the site

For EMTN applications: **Respond as Site or EMTN**

For Linked EDs: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.

- A full day paid orientation is provided to all new medical staff to the ED, including a tour of the department, familiarisation with computer software and provision of a comprehensive ED Orientation booklet (see attached 'XXX ED Orientation Manual')
- The site DEMENT's are made known to the trainees usually prior to commencing their rotation at the site so that they can contact DEMENTs with any concerns or queries. In the initial interaction with DEMENT the training programme, ITA procedure, WBA roster and procedure, mentor programme option, and non-ED rotation options and procedure are all explained to incoming trainees.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
D. XXX ED Orientation Manual	Structured DEMENT document of placement meeting with trainees

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 1.1.1.4: A formal mentoring program is available for trainees

For EMTN applications: **Respond as Site or EMTN**

For Linked ED applications: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">• A formal mentoring program is available at XXX Hospital & XXX Hospital as as a EMTN (XXX)• There is a formal mentoring program at our EMTN is co-ordinated by Dr XXX (based at XXX). All trainees are individually contacted after their first month of working in the Emergency Department and asked to name three FACEMs who they would like as a mentor. One of these FACEMs is then matched with the trainee. Prior to their first meeting the trainee is requested to provide a CV to their mentor so that they have an understanding of their career path to date. Both the trainee and the mentor are provided with the ACEM document: An Introduction to Mentoring in the Emergency department. There is a section on the Emergency Department Mentoring Programme in the XXX ED Orientation document.• Trainees are aware that participation in this mentoring program is voluntary.	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
D. XXX ED Orientation manual	List of Mentors and Mentees at XXX ED
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Requirement 1.1.1.5: A rostering process for trainees that ensures timely roster distribution and equitable exposure to all shift types whilst balancing trainee workload, casemix exposure, FACEM Training Program requirements, the service needs of the training site, safe working hours and leave arrangements

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">• The non-consultant medical roster is written by a FACEM (Dr XXX)• Rosters are written in compliance with the 2022 XX Salaried Medical Officers Enterprise Agreement, which requires rosters to be released a minimum of 28 days prior to the commencement date. This agreement also provides guidance of safe working hours for trainees (Examples of this - no trainee is rostered to work in excess of 12 hours per shift and no trainee is rostered to work in excess of 68 hours per week.)• Trainees are exposed to different roles within the ED, including allocation to the Resuscitation team or the See and Treat area. An equitable number of night shifts and weekends for trainees and other non-consultant medical staff is a priority.• Trainees are rostered for weekly education sessions and exam preparation sessions. This is rostered as paid time.• There is a formal process for application for study leave, Professional development leave and annual leave, again with the aim of being equitable across the medical staff. Dr XXX and the Directors of Emergency Medicine strongly try to accommodate trainee’s requests for study leave in preparation for examinations.• Please see attached ‘XXX ED Rosters’	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
C. XXX ED doctors Rosters P. XXX ED Rostering – Daily sheets with trainees highlighted	XXX ED Rostering – Daily sheets with trainees highlighted to date

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 1.1.1.6: Trainees are able to participate in relevant decision-making process at the departmental level

For EMTN applications: Respond as Site or EMTN

Please provide a description of how your site meets this ACEM Requirement.

- Trainees have regular meetings with their DEMENTs and DEMs as part of the XXX network which enables them to provide feedback/ voice concerns and provide suggestions for improvement regarding the department.
- TS4 trainees are invited to attend ED Clinical Governance Meetings, particularly if this falls within their rostered clinical support time.
- Trainees participate in a ‘Planning day’ once every 3 months which provides updates on any new or proposed major departmental changes. This is coordinated at the XXX Hospital as part of our EMTN.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
	Departmental meetings where trainees are involved in the decision making process will be provided on the inspection date.

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Criterion 1.1.2	Trainee management structures are effective
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Requirement 1.1.2.1: Clearly defined management structure that effectively manages and supports the FACEM Training program and trainees

For EMTN applications: Respond as Site or EMTN.

For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.

- There is an Emergency Consultant in charge every day for day to day clinical needs as well as any issues that occur on a day to day basis
- The trainees can escalate issues or discuss departmental concerns with the co-DEMs, Dr XXX and Dr XXX
- For training related issues or trainee wellbeing trainee are encouraged to contact XXX site co-DEMTs, Dr XXX and Dr XXX

- Regular teaching programme as EMTN on Thursdays during trainees paid time and are expected to come off the shopfloor to attend, with cover provided by RMO's GP's and FACEMs, For further assistance, the trainees take part in our EMTN mentorship programme as well. In order to promote trainee wellness, the EMTN also has a social network where trainees may engage in social interactions with general ED personnel. To commemorate passing the ACEM examinations, monthly trainee dinners are planned.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
H- XXX ED WBA Rosters- 1yr	
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)	

Requirement 1.1.2.2: Processes for identifying and managing trainees in difficulty

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.
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- All trainees are discussed every 3 months by the combined FACEM group where general issues are raised, as well as a record of what they have done well and how well they have progressed. This gets translated into verbal feedback given from the DEMENT to the trainee, and also into that trainee's ITA.
- The mentoring system is also another identification process. Noting that the mentoring system is trainee led, the mentor has the ability to discuss issues with the DEMENT with consent from the trainee. Should the issue prove serious, the mentor may approach the DEMENT without consent from the trainee to ensure trainee wellbeing. This may be escalated to the DEM where appropriate.
- The DEMENTs have access to the ACEM "Trainee in Difficulty" Policy to guide them on how they can support trainees. Dr XXX is the current ACEM XX Regional Censor and both co DEMENTs have asked XXX for advice on current college processes, including the use of the ACEM Trainee Advocate.
- As the Network DEMENT, Dr XXX oversees both XXX and XXX training sites and should trainees in difficulty in either site be identified, he is well placed to support the site DEMENTs.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)	

Requirement 1.1.2.3: A process for managing trainee grievances

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.

- At the XXX ED part of our EMTN, trainees with grievances either report this to the ED consultant on duty that day, or the DEM or DENT as per the issue. In addition, the hospital provides a complaints service through the SLS system, and also directly through their human resources department.
- The trainees also have a general spokesperson for their group who raises general issues with the DENT and DEM as appropriate regarding workplace or more system wide concerns.
- If there are safety concerns regarding the workplace, the FACEM who is the Health Safety Representative for our department is Dr XXX
- The trainee is also aware that there is the ACEM XXX trainee representative (currently Dr XXX at XXX), the ACEM XX Deputy Censor (Dr XXX who is at XXX) or the ACEM XX Censor (Dr XXX who is at XXX) who may all be approached when needed.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Criterion 1.1.3

There are appropriate quality assurances in place

Requirement 1.1.3.1: A quality framework that is informed by the ACEM Quality Standards for Emergency Departments and relevant national safety and quality health service standards

Please provide a description of how your site meets this ACEM Requirement.

- All quality improvement activities are governed by the ACEM Quality Standards document or the NSQHS standards.
- Our current DEMs are the clinical leads provide the leadership on the aspects of safety, quality and risk.
- Integrated team approach guided by the models of care for routine patient care. These models are based on network/local site(XXX ED) guidelines & Procedures which are endorsed by the ED FACEMs, divisional directorates and inpatient teams. These guidelines are readily available on the intranet and revised regularly by the set date.
- Our current electronic medical record has been in place for the past 12 months. This improved the ED clinicians' capacity to assist patients to get admitted to the hospital under a suitable inpatient team, improved flow to the inpatient wards and transfers resulting in reducing access block. When there are no inpatient beds in the hospital available there is some access block, however this is a statewide issue which is currently being addressed at an ACEM XX Faculty level and at a network level. We had a ED remodeling in 2020, adding more cubicles and ECCU beds helped in assisting the patient flow. We have formally agreed transfer guidelines to the Network and State wide hospitals to ensure seamless transfer of patients.
- We have a participation in a research project led by Dr XXX. Trainees are encouraged to be involved in that project.
- Trainees have meetings with their DENT during their 3 monthly meetings on the quality of the education program. Our current WBA system provides good formal feedback on the floor, and

there is also good informal on the floor teaching, which is used more by our TS1 and TS2 trainees.

- The health and welfare of the workers is always a priority for XXX ED. We constantly encourage you to voice your concerns. availability of professional counselling services and assistance with social events within the department.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
E. FACEMs List and C/S Portfolios N. Hospital admission through network Emergency Departments	
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Requirement 1.1.3.2: Trainees are able to be involved in quality improvement activities

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">• Trainees are encouraged to be involved with Quality Improvement (QI) activities. This can be done via suggestion from the trainees if they have their own QI interests or by invitation of the QI project lead.• Paid time to carry out the projects will be awarded where needed.• Examples of QI projects that trainees can get involved in include safety and quality in the ED, complaints management, results checking, education and teaching, incident management or participation in an audit.• Dr XXX (FACEM) is the XXX ED Lead for clinical Audits, which trainees can participate in and are encouraged to undertake with appropriate supervision.• We have implemented dedicated non-clinical time for TS4 trainees/ SIMGs to carry out quality improvement projects. This is usually 5 hours every roster period per trainee.	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Standard 1.2

Infrastructure, facilities and educational resources

Criterion 1.2.1	There are appropriate educational resources and these are available to trainees
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Requirement 1.2.1.1: Access to educational resources, including current ACEM recommended resources

For EMTN applications: **Respond as Site or EMTN**

For Linked ED applications: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.

- Trainees have access to a dedicated Registrar room within the ED Administration area, which is equipped with internet access/computers, textbooks relevant to the Primary and Fellowship examinations and anatomical models.
- Trainees can access the ACEM Learning and Educational resources Australian Medicines Handbook, UpToDate, and other online resources including the most recent editions of the ACEM recommended textbooks as well as state and national online guidelines online.
- Anatomy models for primary exam training are stored and accessible within the teaching area(at XXX ED), as well as iSimulate units for low fidelity simulation training.
- Trainees employed by XXX Health are provided with \$8500 per annum (As per the XXX Medical Officer Enterprise Agreement 2017) to reimburse professional development costs such as attendance of courses/ purchasing computers and textbooks/ attending conferences or ACEM examination fees.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 1.2.1.2: Access to the ACEM online assessment platforms

Please provide a description of how your site meets this ACEM Requirement.

- There are dedicated computers in the ED Registrar Room that trainees can use to access the ACEM online assessment platforms.
- This allows trainees to view and complete their ITAs and WBAs onsite.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 1.2.1.3: Clinical and decision support resources are available to trainees

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">• All computers in the ED have access to online medical resources such as the Australian Medical Handbook, UptoDate and other online resources including access to local clinical guidelines through the network Policies, Procedures and Guidelines Portal.• There are also binders in the ED clinical area which enables doctors to easily access important information on the shift. These include information on referral processes, outpatient services and clinical decision making rules in ED (eg chest pain protocol)	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Criterion 1.2.2	The training site provides a physical environment that supports trainees
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Requirement 1.2.2.1: A private room or facility, with computer access, in a non-clinical area is available for trainee use for teaching and learning activities and their assessment requirements

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">• There is a dedicated ED Registrar room in the ED Administration area. This contains computers for Registrar use as well as simulation equipment and textbooks.• There is also a larger meeting room in the ED administration area which is regularly used for larger group teaching and learning activities.• There is a private consulting room available in ED to complete WBA on the shopfloor	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Domain 2	Ensures Trainees have the Appropriate Knowledge, Skills and Supervision to Deliver Quality Patient Care
Standard 2.1	Department specialist staffing and supervision
Criterion 2.1.1	There are appropriate staff to ensure effective supervision of trainees at all times

Requirement 2.1.1.1: Commensurate with the number of trainees on the floor at any one time, their stage of training and having regard to the casemix of the site, the Fellow clinical roster provides for appropriate clinical supervision of trainees at all times

Please provide a description of how your site meets this ACEM Requirement.

- There is FACEM cover available from 0800 till 2400 every day 7 days a week. Our current model is the ensures there are 2 Consultants in the day shift 0800 – 1800, 7 days a week and 2 consultants in the evening shift 1430 – 0000, 7 days a week
- Occasionally due to rostering, there is one clinical ED Consultant rostered from 0800 – 1800(AM), one clinical ED Consultant rostered from 1230 - 2200(PM3) and third from 1400-2400(PM4#)
- There is an on-call consultant rostered who is available overnight (0000 – 0800) for telephone support or to return to ED if required overnight to assist doctors/ trainees on the night shift.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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F. Consultant XXX ED Rosters

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.1.2: The site provides guidelines for notification, seeking advice from and attendance of the on-call Fellow

Please provide a description of how your site meets this ACEM Requirement.

- Advice on when to call the on-call Consultant is available to trainees as part of their Orientation and is available in the Orientation booklet.
- Trainees and senior decision makers are encouraged to seek advice , or request attendance of the on-call Fellow at any point in their shift if there is any concern regarding patient care or departmental issues that require escalation.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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D. XXX ED Orientation manual

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.1.3: A minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow supervision

Please provide a description of how your site meets this ACEM Requirement.

- Trainees are under direct Fellow supervision during all shifts worked between 0800 – 0000, 7 days a week.
- This constitutes well above 50% of trainees’ clinical time

Documents attached (provide reference numbers).

- F. Consultant XXX ED Rosters
- C. XXX ED Doctors Rosters

Documents that will be made available at the site inspection.

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.1.4: Fellow clinical coverage that meets one of the following

- Tier 1 training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of two (2) Fellows at any one time.
- Tier 2 training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of one (1) Fellow at any one time.
- Tier 3 training site: Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow clinical supervision.
- Private ED training site: Direct Fellow clinical coverage is governed by Requirement 2.1.1.3; whereby a minimum of fifty percent (50%) of a trainee’s clinical time is under direct Fellow clinical supervision.
- PED training site: Direct Fellow clinical supervision for a minimum of 14 hours per day, seven days per week and this involves a minimum of one (1) Fellow ¹ at any one time.

¹ Fellow as defined for Paediatric EDs in the accreditation requirements

Please provide a description of how your site meets this ACEM Requirement.

- As outlined in requirement 2.1.1.1 and 2.1.1.3, trainees are under direct clinical supervision from 0800 – 0000 (16 hours per day), 7 days per week and there is a minimum of one Fellow present at any one time.

Documents attached (provide reference numbers).

- F. Consultant XXX ED Rosters

Documents that will be made available at the site inspection.

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

<p>Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)</p>	
<p>Criterion 2.1.2</p>	<p>Supervisory staff understand their roles and responsibilities and are supported in their supervisory roles</p>

Requirement 2.1.2.1: The Director of Emergency Medicine is a Fellow and is provided with resources, inclusive of clinical support time, to fulfil the role

<p>Please provide a description of how your site meets this ACEM Requirement.</p>

- XXX and XXX are both Fellows of ACEM
- XXX is employed full time, of which 0.75 FTE is designated clinical support time and 0.25FTE clinical time.
- XXX is employed full time, of which 0.75 FTE is designated clinical support time and 0.25 FTE clinical time.
- Drs XXX and XXX have a designated office space in the ED Administration area to allow them to fulfill their roles.
- XXX, Senior ED Administration Officer, provides administrative support to the co-DEMs.

<p>Documents attached (provide reference numbers).</p>	<p>Documents that will be made available at the site inspection.</p>
<p>F. Consultant XXX ED Roster</p>	

<p>Office use only – Inspectors’ assessment</p>	
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<p>Rating:</p> <p> <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA </p>	<p>The timeframe for addressing the condition is normally 12 months unless specified here:</p>
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<p>Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)</p>

Requirement 2.1.2.2: There is a Local Workplace-based Assessment (WBA) Coordinator(s) at the site who is employed at least a minimum of 0.25 FTE and working one (1) clinical shift per week in the Emergency Department which they are the Local WBA Coordinator

<p>Please provide a description of how your site meets this ACEM Requirement.</p>

- XXX is our current WBA coordinator
- He is employed 0.5 FTE at XXX Hospital and works 3 clinical shifts a fortnight at the XXX Emergency Department

<p>Documents attached (provide reference numbers).</p>	<p>Documents that will be made available at the site inspection.</p>
<p>E : FACEMs List and C/S Portfolios</p> <p>F: Consultant XXX ED Roster</p>	

<p>Office use only – Inspectors’ assessment</p>	
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<p>Rating:</p> <p> <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA </p>	<p>The timeframe for addressing the condition is normally 12 months unless specified here:</p>
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.2.3: The site provides at least one (1) hour per trainee per month of clinical support time for the Local WBA Coordinator role

Please provide a description of how your site meets this ACEM Requirement.

XXX is employed 0.5 FTE , 0.25% of which is clinical support time

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
E : FACEMs List and C/S Portfolios F: Consultant XXX ED Roster	

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.2.4: All Fellows at the site are expected to be actively involved in the training, education and assessment of trainees

Please provide a description of how your site meets this ACEM Requirement.

- The attached ‘ACEM Fellow Education Roles’ document summarises the involvement of XXX Fellows in the education, training and assessment of trainees and other junior medical staff.
- In addition, all consultants are involved in the day-to-day clinical teaching and supervision of trainees.
- A WBA roster has been created for trainees and to ensure that all XXX Fellows are involved in the completion of WBAs for trainees. These rosters also allow for WBAs required for the Emergency Medicine Certificate (EMC) candidates at our site.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
G. ACEM Fellow Education Roles H. XXX ED WBA roster	

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.2.5: Fellows involved in the training, education and assessment of trainees are provided with clinical support time to fulfil their role

Please provide a description of how your site meets this ACEM Requirement.

In compliance with the 'ACEM statement on clinical support time allocation', all XXX ED Fellows have a minimum of 25% of their shifts rostered as clinical support time to enable their administrative, training and education roles.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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F. Consultant XXX ED Rosters

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 2.1.2.6: Fellows are provided with administrative support and resources to enable their involvement in the training, education and assessment of trainees

Please provide a description of how your site meets this ACEM Requirement.

- All XXX Fellows have designated office spaces with computers & printers in the ED Administration area.
- All XXX Fellows have administrative support from ED Senior Administration Officer.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 2.1.2.7: The site has the capacity for Fellows to voluntarily contribute to College committees, panels and activities relating to trainee education, assessment and examinations

Please provide a description of how your site meets this ACEM Requirement.

- Involvement of XXX Fellows in College committees, panels and activities are summarised in the attached document 'ACEM Fellow education roles'.
- Fellows are provided with paid clinical support time and professional development leave to contribute to ACEM activities relating to trainee education, assessment and examinations.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

G. ACEM Fellow education roles

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Criterion 2.1.3

The designated Director(s) of Emergency Medicine Training is supported in the role and is available to trainees

Requirement 2.1.3.1: The Director(s) of Emergency Medicine Training is a Fellow. For a Paediatric Emergency Department, the Director(s) of Emergency Medicine Training is a Fellow of ACEM or RACP.

The DEMENT must be provided with clinical support time as follows (as applicable):

- 10 hours per week; or one (1) hour per trainee per week, whichever is greater
- Five (5) hours per week for Tier 3 sites and Private EDs

Please provide a description of how your site meets this ACEM Requirement.

- Both the co-DEMTs are Fellows of ACEM
- The Network DEMENT is also a Fellow of ACEM.
- Dr XXX is employed 0.5 FTE, of which 25% is provided as clinical support time. Dr XXX is employed at 0.75 FTE, of which 33% is provided as clinical support time. This is equivalent to approximately 54 hours per month (i.e approximately 12.5 hours per week of clinical support available for the XXX DEMENT role.)

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

I . DEM and DEMENT CV's XXX ED

F. Consultant XXX ED Rosters

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.3.2: The Director(s) of Emergency Medicine Training is not the sole Director of Emergency Medicine at the site

Please provide a description of how your site meets this ACEM Requirement.

Neither of the site co-DEMTs is in the role of DEM.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.3.3: The Director(s) of Emergency Medicine Training is employed at a minimum 0.5 FTE of which a minimum of 0.25 FTE or a minimum of one (1) clinical shift per week within the Emergency Department for which they are the DEMENT

Please provide a description of how your site meets this ACEM Requirement.

- Dr XXX is employed at XXX ED 0.5 FTE, of which 75% are clinical shifts and 25% is clinical support.
- Dr XXX is employed at XXX ED 0.75 FTE, of which 66% are clinical shifts and 33% is clinical support.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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F. Consultant XXX ED Rosters

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.3.4: The Director(s) of Emergency Medicine Training fulfils their role in accordance with the College’s requirements

Please provide a description of how your site meets this ACEM Requirement.

Both Co-DEMTs are responsible for trainee welfare and assessments, including ITAs. Co-DEMTs cover for each other while on leave. Both Co-DEMTs attend regular training network meetings with the DEMTs from the XXX and also attend the regional DEMENT meetings when they are organised by the Regional Censor (as clinical commitments permit). Both DEMTs also have active involvement in the Primary and Fellowship examination training program at the network. Network DEMENT XXX coordinates teaching and external rotations.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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M : ACEM Trainee teaching & Attendance program

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 2.1.3.5: The Director(s) of Emergency Medicine Training is provided with administrative support and resources to fulfil their role

Please provide a description of how your site meets this ACEM Requirement.

- The DEMENT has access to the ED administrative staff’s assistance and support as required.
- The DEMTs have offices in the ED administration area with computers provided

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Standard 2.2	The provision of clinical experience and work is relevant
Criterion 2.2.1	The training site provides the appropriate breadth and volume of clinical experience

Requirement 2.2.1.1: The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training

Please provide a description of how your site meets this ACEM Requirement.
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XXX ED is a mixed ED and trainees are exposed to a wide variety of patients throughout their training. Trainees are encouraged to manage acutely unwell patients (with the supervision of a Consultant), and as trainees progress through their training, are encouraged and supported in more leadership roles e.g. senior decision makers at night/ Resuscitation team leader. More senior trainees are also encouraged and supported in supervising junior staff on the floor.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
J : ACEM XXX ED Site Census 2022 K : ACEM XXX ED Site Census 2023	

Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Requirement 2.2.1.2: The number, breadth, acuity and complexity of the casemix, and trainee exposure to it, provides an appropriate clinical training experience

Please provide a description of how your site meets this ACEM Requirement.
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- XXX Hospital ED is a mixed ED, seeing paediatric (including neonates) and adult patients
- Please refer to the attached ACEM site census guide, for details of the XXX ED Casemix.
- In the absence of an onsite Intensive care unit, critically unwell patients are managed in the ED until suitable up-transfer to an Intensive Care facility can be facilitated. This allows trainees to be exposed to the clinical course of a critically unwell patient, including advanced airway management.

- Our casemix also includes mental health, gynaecology, paediatrics, orthopaedics and general medicine and surgery. Our current inpatient facilities include Gen Med and HDU. We have robust inter hospital referral and transfer agreements in place to ensure smooth flow of the patients from the department.
- Trainees are rostered regularly to be part of the resuscitation team, and also as part of the 'See and Treat' stream to widen their exposure to different presentations

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
J : ACEM XXX ED Site Census 2022 K : ACEM XXX ED Site Census 2023	
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)	

Requirement 2.2.1.3: For Paediatric Emergency Requirement accreditation (if applicable):

- There is a minimum of 5,000 paediatric attendances per annum or 500 admissions/ transfers per annum (inclusive of admissions to a Short Stay Unit)
- A Paediatrician or Paediatric Registrar on-call system operates 24 hours per day
- There are formal referral arrangements to major-referral paediatric services

Please provide a description of how your site meets this ACEM Requirement.
<ul style="list-style-type: none"> • XXX ED paediatric attendances per annum 5820 in 2023 and 6133 in 2022. • We have 24 hours a day on call Paediatric Registrar based at the XXX hospital, who is available for advice and to accept admissions for transfer to XXX • There are formal referral arrangements and all junior doctors are made aware of this during orientation, which outlines the referral process to the XXX paediatric ward or to the XXX Hospital, which is our major referral paediatric hospital. (Please see page 2 of attached 'Criteria for Patient admission to the Children's ward')

We are applying for Paediatric logbook accreditation as we feel we meet the current requirements for this.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
L. Local Health Network guideline – 'Criteria for patient admission to the Children's Ward' J ACEM XXX ED Site Census 2022 demonstrating number of Paediatric presentations (Section 6.1) K. ACEM XXX ED Site Census 2023 demonstrating number of Paediatric Presentations (Section 6.1)	
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:

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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

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Domain 3	Supports a Wide Range of Educational and Training Opportunities aligned to the FACEM Curriculum Requirements
Standard 3.1	Education, training, teaching and learning opportunities
Criterion 3.1.1	Teaching and learning opportunities in the workplace are targeted and enable exposure to the breadth of experience in the learning environment

Requirement 3.1.1.1: Within clinical supervision there are processes that facilitate clinical teaching and learning opportunities which includes bedside and on-floor teaching.

Please provide a description of how your site meets this ACEM Requirement.

- During shifts when there are two Consultants present, one Consultant (usually designated AM2/ PM3 or PM4) will actively provide bedside and on the floor teaching to trainees and other junior staff. Additionally, all FACEMs offer teaching when a teaching moment is identified during clinical work eg radiology interpretation/ ECG interpretation/ case discussions.
- WBAs are formally rostered and are used as a formal process for clinical teaching and early identification of required learning points.
- During resuscitation scenarios, the ED Consultant is expected to attend with the trainees and junior doctors to provide the appropriate level of assistance and supervision based on the trainee's competence and experience.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
H. XXX ED WBA rosters D. XXX ED Orientation manual	

Office use only – Inspectors' assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 3.1.1.2: The site has resources and systems for monitoring and assessing trainee performance via the completion of Workplace-Based Assessments including Direct Observation of Procedural Skills (DOPS)

Please provide a description of how your site meets this ACEM Requirement.

The WBA coordinator is Dr XXX (FACEM)

Trainees are formally rostered to do WBAs with a range of consultants. This ensures that trainees are able to keep up with the required WBAs.

If a consultant performing a WBA has a concern about a trainee, this is fed back to the WBA Coordinator and the DEMENTs who will be able to discuss this with the trainee and monitor their progress.

Trainees are encouraged to seek out consultants to perform DOPS, particularly when rostered on Resus shifts. We have had feedback from trainees that all FACEMS have been supportive of this.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
H . XXX ED WBA Rosters	

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.1.1.3: Access, whether on- or off-site, to accredited non-emergency department training placements

For EMTN applications: Respond as EMTN only
For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.

There are 3 permanent 6month anaesthetics rotations which are all ANZCA accredited (3 positions between XXX Hospital and XXX Hospital)

There is one permanent 6m rotation to the XXX ICU which is CICM accredited.

There is an understanding of rotations being available to the inpatient paediatric unit, however this is organised centrally through the XXX as per the statewide paediatric training system.

Other rotations, such as cardiology, general medicine, O&G are available, pending the needs of the trainee.

There is an ACEM accredited 0.5FTE ultrasound special skills post run via XXX ED, to which XXX/network trainees are able to apply. This is a combined 0.5FTE ultrasound / 0.5 FTE ED (XXX hospital) post.

A 6 month external rotation to the XXX PED is also available to those trainees who would like to gain additional Paediatric experience..

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Criterion 3.1.2	Structured education programs and continuing medical education sessions are accessible to the trainees
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Requirement 3.1.2.1: The structured education program is aligned to the content and learning outcomes of the FACEM Curriculum

For EMTN applications: Respond as EMTN only
For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.

The education program for trainees is run every Thursday of the week. It is delivered by a team of Consultants – which includes ACEM examiners and members of the ACEM FEWG (SAQ and OSCE groups) – from both XXX and XXX Hospitals.

For provisional trainees, there is a statewide Primary Examination program on Thursday mornings (10am-12pm) which incorporates all three local health networks. This program is coordinated by Dr XXX. It covers all 4 subjects of the Primary Exam (including clinical building block) with topics that span the prescribed syllabus and curriculum framework – see attached program. Trial integrated vivas are run as part of the program (with ACEM examiner involvement).

For TS2 trainees, we run a Core Competencies program every Thursday morning (10am-12pm). Topics covered are based on the ACEM curriculum framework – see attached document. This includes regular paediatric topics. This program is coordinated by Dr XXX.

For TS3 trainees there is a Statewide Fellowship Written Exam teaching program. These teaching sessions happen between 10am and 12pm every Thursday. The sessions are facilitated by two FACEMs and teaching responsibilities rotate between the network hospitals (see document attached).

TS4 trainees are provided with OSCE teaching sessions between 10am and 12pm every week. There are also statewide OSCE teaching sessions and a Statewide OSCE trial exam every 6 months.

In addition to this, there is a joint CME session every Thursday afternoon (1pm-3pm) for all trainees and CMOs, as well as Consultants. The topics covered are wide ranging and in accordance with the curriculum framework, and includes (but not limited to) Simulation, Radiology, ECG, trainee presentations and talks delivered by ED Consultants and other specialists. This program is coordinated by Dr XXX. The Tuesday sessions are run primarily at XXX but rotates out to XXX once a month.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
M. ACEM Trainee teaching Program & Attendance	
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)	

Requirement 3.1.2.2: Simulation education is utilised at the site

For EMTN applications: Respond as EMTN only

For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.	
Simulation sessions are run once a month as part of the CME program in the dedicated Simulation training room in the ED admin area. The scenarios and oversight are provided by the network consultant teaching team- they are in the form of resus team cases and also ED based critical response team. Specific efforts are made to include both adult and paediatric cases	
XXX ED has purchased dedicated simulation equipment including iSimulate units and basic adult and paediatric mannequins, and airway task trainers). As part of the EMTN, XXX trainees also participate in these simulations sessions.	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
M. ACEM Trainee teaching Program & Attendance	
Office use only – Inspectors' assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.1.2.3: Structured education sessions for trainees are provided for, on average, a minimum of four (4) hours per week of which twenty-five percent (25%) must be paediatric-specific.

For EMTN applications: **Respond as EMTN only**

For Linked ED applications: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.

Trainees are generally rostered to 4 hours of teaching per week. There is concerted effort to make this as well rounded as possible, with regular inclusion of Paediatric specific topics, for example in simulation sessions and radiology interpretation. For specific program details, please refer to section 3.1.2.1 and the attached programs

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

M. ACEM Trainee teaching Program & Attendance

Office use only – Inspectors’ assessment

Rating:

☐ M

☐ NM

☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.1.2.4: Trainees are provided with adequate access, through scheduling and rostering, to structured education sessions

For EMTN applications: **Respond as EMTN only**

For Linked ED applications: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.

All trainees have 4 hours per week rostered as paid teaching time, subject to shift work conditions as per the Enterprise Agreement for all doctors in the public hospital system.

TS2 to TS4 trainees have 4 hours on a Thursday, which includes 2 hours of exam related teaching, and 2 hours of general departmental teaching. This is undertaken either at XXX or XXX Hospital, as per the formal teaching program.

TS1 trainees are rostered to participate in a regional primary exam preparation course which runs for 2 hours every Thursday morning and then attend 2 hours of general departmental teaching in the afternoon. The XXX and XXX hospitals also contribute to the statewide fellowship trial written exam (the last one co-ordinated by XXX) and our EMTN hosts the statewide fellowship trial OSCE every 6 months (based at XXX hospital).

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

C : XXX ED doctors Rosters

Office use only – Inspectors’ assessment

Rating:

☐ M

☐ NM

☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Standard 3.2	Multidisciplinary clinical support services and equipment
Criterion 3.2.1	Information on relevant supporting services and specialties to support the delivery of the specialty service

Requirement 3.2.1.1: The site has a staffing profile, inclusive of medical, nursing, allied health, administrative, security and ancillary staff, appropriate to the number and casemix of patients

Please provide a description of how your site meets this ACEM Requirement.

- The FACEMS in the ED have multiple special interests including certified qualifications and training in areas such as paediatrics, ultrasound, retrieval and education and administration.
- XXX ED employs 4 nurse practitioners who have a wide scope of practice.
- We have an ED Pharmacist and an ED Liaison nurse as well as access to allied health such as Physiotherapy, Occupational Therapy and Social work within the ED.
- We have one ED based mental health nurse who assists with assessments of mental health patients and is able to liaise with the inpatient Psychiatry team
- ED has access to security staff 24/7 who are available to assist if required.
- We have dedicated ED administrative staff to assist with patient registration/ collation of documentation and admission paperwork/ phone calls and many other administrative tasks on the floor.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.2.1.2: Access to pathology and imaging services appropriate to the site’s casemix

Please provide a description of how your site meets this ACEM Requirement.

- XXX ED has a pathology service on site 24/7, which provides a majority of our pathology tests. More specialised tests are run centrally.
- There is a Radiology service via XXX’s radiology onsite. This provides 24/7 Xray and CT services. Ultrasound services are available 6 days a week with on call availability after hours. There is an MRI service available during business hours 4 days a week. If an urgent MRI is required out of hours, patients can be transferred to XXX (if clinically appropriate) , where there is an on-call MRI service.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating:	The timeframe for addressing the condition is normally 12 months unless specified here:
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☐ M ☐ NM ☐ NA

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 3.2.1.3: Timely access to pathology results and imaging reports

Please provide a description of how your site meets this ACEM Requirement.

- Pathology reports are available on the same day, usually ranging from between 30 minutes to 2 hours. There is a point of care blood gas analyser located in the ED resuscitation room.
- Radiology reporting for Xrays, CT scans and Ultrasounds are available promptly during working hours. After hour reports are available the next day, and weekend reports are available on Monday. CT reports after hours are reported by Everlight Radiology service, a remote reporting service and are reported within 2-4 hours. Critical imaging findings are phoned thru to the department and discussed with a doctor.
- All reports and imaging are accessed online via the 'Inteliviewer' platform, which all medical staff have access to via a generic emergency department login.
- Pathology and radiology reports are available via our Electronic Medical Records system, to which all ED medical staff have access

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Requirement 3.2.1.4: Critical care resources are appropriate to the casemix of the site (e.g. Intensive Care Unit, High Dependency Unit, Coronary Care Unit, Cardiac Catheter Laboratory and Special Care Nursery). If these resources are located off-site, there are processes for accessing these services

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.

- With the Local Health Network, there is an adult ICU based at XXX with 17 beds, this has the capacity for most patients except for neurosurgical/ cardiothoracic/ major trauma / patients requiring ECMO.
- There is a Coronary Care Unit based at XXX which takes all Cardiology patients except for those requiring immediate cardiothoracic surgery.
- Two cardiac catheter laboratories which are available 24/7 via an on call service for 'STEMI' patients (based at XXX). There is a clear transfer policy for 'STEMI' patients presenting to XXX Hospital
- An acute stroke unit which provides thrombolysis for acute strokes via 'Code Stroke' pathway (0800 – 2000 7 days a week)
- Inpatient Psychiatric Intensive Care Unit based at XXX
- Special care nursery based at XXX. Paediatric ICU and Neonatal ICU are available at XXX's hospital.
- There is a statewide retrieval service that transport patients requiring advanced airway, breathing or circulatory support to tertiary centres in the city or to XXX from XXX hospital.

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
N. Local Health Network guideline – ‘Hospital Admission through network Emergency Departments’	Q. Local Health Network guideline – ‘Code Stroke Procedure’ R. Local Health Network Guideline – ‘Admission to the Division of Medicine’

Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Criterion 3.2.2	Equipment is available to provide the specialty service
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Requirement 3.2.2.1: Clinical equipment appropriate to the site’s casemix is available

Please provide a description of how your site meets this ACEM Requirement.

XXX ED has the following relevant equipment:

- X 2 ultrasounds for point of care ultrasound
- Intubation equipment for adult and paediatric intubations including difficult airway trolley
- X1 videolaryngoscopy unit
- X2 Hamilton ventilators which can provide BIPAP support
- ENT equipment including head lamp
- Ophthalmology equipment including slit lamp and tonometer
- Obstetric equipment including emergency delivery pack and neonatal resuscitation.
- Portable cardiac pacemaker interrogation device x 1
- Central line, arterial line, intercostal catheter and large bore chest drain equipment
- Assortment of dressings, suture materials, splinting devices.
- Appropriate monitors for adult and paediatric monitoring including invasive BP monitoring and end tidal CO2 monitoring

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
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Office use only – Inspectors’ assessment

Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.2.2.2: There is a process of orientation, education and training for trainees in relation to relevant clinical equipment

Please provide a description of how your site meets this ACEM Requirement.

- Trainees are oriented to the location of important equipment in the ED during their tour of ED during orientation.
- The use of common clinical equipment is done while trainees are on the floor and under the supervision of an ED Consultant
- In addition, the trainee and junior doctor teaching sessions (on Thursdays) allow the trainees to refresh the use of clinical equipment eg slit lamp.
- As part of the EMTN, trainees have access to an Ultrasound special skills rotation which provides in depth training and education for trainees in the use of point of care ultrasound. This is coordinated by the ACEM Ultrasound SSP Coordinator Dr XXX.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

Office use only – Inspectors’ assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Standard 3.3

Research opportunities are promoted and facilitated

Criterion 3.3.1

The training site facilitates and supports specialty specific research

Requirement 3.3.1.1: There is a designated staff member available to provide advice to trainees undertaking the research requirement of the FACEM Training Program

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.

- Dr XXX is a Fellow at XXX ED who is the clinical lead for Emergency Medicine Research at XXX ED. He is available to provide advice and support for trainees wishing to undertake a research project.
- The co-DEMTs also provide support and supervision for trainees who choose to enrol in the coursework pathway for their research requirement. The Co-DEMTs are aware of the venues available for trainees to do the coursework pathway

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

E. FACEMs List and C/S Portfolios

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Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Requirement 3.3.1.2: Trainees undertaking a Trainee Research Project can access expert advice and support

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">Dr XXX is a Fellow at XXX ED who is the clinical lead for Emergency Medicine Research at XXX ED. He is available to provide advice and support for trainees wishing to undertake a research project. This however has not been requested by trainees at XXX ED over the last few years.	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Requirement 3.3.1.3: The site has the ability to support and facilitate the conduct of research, for Tier 1 and Tier 2 sites

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.	
<ul style="list-style-type: none">Dr XXX is a Fellow at XXX ED who is the clinical lead for Emergency Medicine Research at XXX ED.XXX ED has the ability to conduct research. This is usually undertaken as a satellite site for other research projects.The current research project undertaken at XXX (at the time of this application) is the “RAPIDx AI” trial being conducted across the State.	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Requirement 3.3.1.4: A nominated Director of Emergency Medicine Research, with clinical support time to fulfil the role, for sites accredited as a Tier 1 Major Referral site

For EMTN applications: **Respond as Site or EMTN**

Please provide a description of how your site meets this ACEM Requirement.	
XXX ED is a Tier 2 site	
Dr XXX works 0.75FTE with one clinical support shift per week provided in order to fulfill the role at EMTN site XXX	

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	
Standard 3.4	Accreditation by others, supporting information
Criterion 3.4.1	The facility is accredited by other recognised accreditation bodies
Requirement 3.4.1.1: The site is accredited by an agency approved by the Australian Commission on Safety and Quality in Health Care, the Ministry of Health New Zealand or an equivalent national body	
Please provide a description of how your site meets this ACEM Requirement.	
XXX ED & Network is accredited by ACSQHC	
Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
O. XXX ACSQHC Accreditation Report 2021	O. XXX ACSQHC Accreditation Report 2021
Office use only – Inspectors’ assessment	
Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)	

Domain 4	Training Stage 4 - Leadership and Management Skills
Standard 4.1	Clinical Supervision, Management and Leadership
Criterion 4.1.1	The training site rostering provides opportunities for clinical leadership

Requirement 4.1.1.1 Trainees lead and manage a discrete clinical team/ geographical area (manage patients, flow and junior doctors in a specific area such as acute/SSU/fast track) during a shift

Please provide a description of how your site meets this ACEM Requirement.

- Trainees are rostered to different areas during each shift (day/evening)
- Trainees have the opportunity to manage the 'See and Treat' and Paediatric area, with the supervision of the ED Consultant during the day, or a section of the acute area (again with Consultant supervision). This includes supervising junior medical staff and retaining oversight of that area. Trainees are often rostered to the Resuscitation area to allow them to manage the flow through Resus as well as supervising the junior Resus team members. This is dependent on the level of training.
- Trainees are rostered for Shift reports as part of their WBA requirements, and are expected to manage flow, patient care and supervise junior doctors during this period.
- Overnight, senior trainees are in charge of the department (with an on-call Consultant available from 0000 – 0800)

Documents attached (provide reference numbers).	Documents that will be made available at the site inspection.
P. XXX ED Rostering – Daily sheets with trainees highlighted	P. XXX ED Rostering – Daily sheets with trainees highlighted- till date

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Rating: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> NA	The timeframe for addressing the condition is normally 12 months unless specified here:
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Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Standard 4.2	Scholarship and Teaching
Criterion 4.2.1	The training site provides opportunities for TS4 trainees to teach junior clinicians ² .

Requirement 4.2.1.1: Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2)) junior clinicians² while on shift on the floor

² Junior clinicians includes JMOs, interns, junior registrars, EMC/D/AD trainees, TS1-2 trainees but excludes medical students

For EMTN applications: **Respond as Site or EMTN**

For Linked ED applications: **Host ED can have input**

Please provide a description of how your site meets this ACEM Requirement.

- Trainees deliver education in formal education sessions, usually in the form of delivering a presentation on interesting cases/ latest guidelines/ critical appraisal of journal articles.
- Please see 'Network Trainee Teaching program'
- As trainees progress in seniority, they are given the responsibility to supervise up to 4 junior clinicians on night shifts (with assistance from Senior Medical Officers (SMPs). During the day, junior trainees are encouraged to teach junior medical officers and interns, with the ED Consultant present to assist and supervise.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

M : ACEM Trainee teaching Program & Attendance

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Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of "NM", commendation, suggestion for improvement, general comment)

Standard 4.3

Quality Management

Criterion 4.3.1

Trainees are involved in quality improvement activities

Requirement 4.3.1.1: Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)

For EMTN applications: Respond as Site or EMTN

For Linked ED applications: Host ED can have input

Please provide a description of how your site meets this ACEM Requirement.

- Trainees are encouraged to identify any QI activities they are interested in. They are also encouraged to participate in current QI activities, across both training sites. This includes participation in M&M reviews/ audits/ attendance at ED governance meetings.
- There is paid clinical support time (4 hours per roster) for each TS3/4 trainee at XXX to allow them to participate in QI activities within the department.
- Our Senior Trainee attends ED meetings regularly.
- Some examples of recent QI activities in which our recent TS3 / SIMG trainees have been involved include - Consumer feedback response , attendance at M&M meetings and results checking.

Documents attached (provide reference numbers).

Documents that will be made available at the site inspection.

C. XXX ED Rosters

Office use only – Inspectors' assessment

Rating:

☐ M ☐ NM ☐ NA

The timeframe for addressing the condition is normally 12 months unless specified here:

Comments (reason for rating of “NM”, commendation, suggestion for improvement, general comment)

Section 3: Accreditation Inspection Team Findings (OFFICE USE ONLY)

The Inspection Team recommends the following outcomes with respect to the emergency department:

Accreditation Status	<input type="checkbox"/> Accredited <input type="checkbox"/> Focused inspection required <input type="checkbox"/> Conditionally Accredited. The site must submit an action plan in the attached Quality Improvement Plan to address the Requirement(s) that are rated as 'Partially Met' or 'Not Met' <input type="checkbox"/> Not Accredited (for New Sites) <input type="checkbox"/> Accreditation Cancelled (for already accredited site)
Accreditation Level/Type	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> PED <input type="checkbox"/> Private ED <input type="checkbox"/> TS4
Hospital Designation	<input type="checkbox"/> Major Referral <input type="checkbox"/> Non-Major Referral
Paediatric Logbook (PLB) / Paediatric Emergency Requirement (PER) Status	<input type="checkbox"/> Accredited for PLB / PER status <input type="checkbox"/> Not accredited for PLB / PER status
Number of Trainees that can be supported at this Site at any one time (only if required)	
Reason for setting a limit on the number of trainees at this Site	
Further comments regarding the Site (optional)	

For Tier 3 with Linked accreditation only:

The following accredited Site is approved as the Host	
Further comments regarding the Host (optional)	

For Emergency Medicine Training Network accreditation only

Accreditation Status for the Name of EMTN Emergency Medicine Training Network (EMTN)	<input type="checkbox"/> Accredited <input type="checkbox"/> Not Accredited (for New EMTNs) <input type="checkbox"/> Accreditation Cancelled (for already accredited EMTN)
This Site is approved to be part of the above EMTN	<input type="checkbox"/> Yes <input type="checkbox"/> No
The other approved Site(s) for this EMTN are:	

Further comments regarding the EMTN (optional)	
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Appendix 1: Site Data

All sites must complete this section.

1. For all current staff employed permanently by your ED, please complete the following table

ACEM Staff	Total FTE	Total Head Count
FACEMs	11.875	22
No. of proposed Advanced or TS2-4 trainees	0.75	1
No. of proposed Provisional or TS1 trainees	1.5	2

2. Please complete the following tables relating to FACEMs with clinical or management roles in your ED

ACEM Staff	Name	Total FTE
DEM(s)	XXX	1.0
	XXX	1.0
DEMT(s)*	XXX	0.75
	XXX	0.5
Local WBA Coordinator(s)*	XXX	0.5

* If the DEMT) is new to the role and has not previously submitted the DEMT Appointment-[application form](#) – you must submit the application after reviewing the [DEMT Position Description](#). Current DEMT should submit the notification of withdrawal from the DEMT role

+ New Local WBA Coordinator(s) must also complete and submit the Local WBA Coordinator Appointment-form after reviewing the Local WBA Coordinator Position Description.

What percentage of the DEM role will be allocated to clinical support time?	50 %
What will be the total clinical support time (hours) of the DEMT role per week?	12.5 hrs

3. ED Clinical Cover: Please outline your proposed medical rosters for both weekdays and weekends providing the number of staff for each shift who will be rostered on-floor and on-call*

	Day		Evening		Night	
	On-Floor	On-Call	On-Floor	On-Call	On-Floor	On-Call
Monday to Friday						
FACEMs	2		2		0	1
ACEM trainees	1 – 2		1-2		1-2	
Saturday and Sunday						
FACEMs	2		2		0	1
ACEM trainees	1-2		1-2		1-2	

*If your staffing model does not fit the table above, please outline it here:

4. Please complete the following table regarding other nursing and medical staff working in your ED

Other ED Staff	Total FTE
Paediatric EM Specialists	0
Other Specialist Physicians	2
Non-ACEM Registrars	
Medical Officerst (Includes CMO; SMO; SRMO; SHMO; SHO and MO (NZ EDs))	7.5
Interns/ Junior Medical Officers	16.65
Nurse Practitioners	3.88
Nursing Educators	1.5
Nursing Staff	89.98

Other medical staff not covered above, if applicable (excl. administrative staff), please outline below:

†CMO: Career Medical Officer; SMO: Salaried Medical Officer; SRMO: Salaried Resident Medical Officer; SHMO: Senior Hospital Medical Officer; SHO: Senior House Officer

5. ED Casemix: For the last 12 months, please provide where applicable the total number of

Last financial year	Total	Adults	'Paediatrics ≤ 15 years'	'Geriatric > 65 years'
Patient attendances	42103	36283	5820	12878
ATS 1 attendances	274	247	27	122
ATS 2 attendances	6374	5700	674	1958
ATS 3 attendances	20922	17991	2931	7576
ATS 4 attendances	12265	10516	1749	2936
ATS 5 attendances	2268	1829	439	286
Number of ambulance arrivals	12300	11915	355	7388
Inpatient admissions	2677	2276	0	2107
Inter-hospital transfers from ED	2559	2262	297	1027
SSU (or equivalent) admissions from ED	6318	6311	7	3553
ICU admissions from ED	20	20	0	13
HDU admissions from ED	9	7	0	7
CCU admissions from ED	75	75	0	42
PICU admissions from ED	0	0	0	0

6. Please provide the number of beds and chairs, where applicable for the following areas

	Beds	Chairs
Resuscitation	2	
Adult Emergency/ Acute	20	
Paediatric Emergency/ Acute	4	
Adult Short Stay Unit (or equivalent)	8	
Paediatric Short Stay Unit (or equivalent)	0	
Adult Low Acuity / Sub-Acute/ Fast-track	3	2
Paediatric Low Acuity / Sub-Acute/ Fast-track	1	
ED Mental Health Assessment (includes Behavioural Assessment unit, Safe Assessment Room)	1	1

7. Please specify the total number of on-site speciality services available at your hospital and the number accredited for training

	Total Number
On-site speciality services	11
On-site speciality services accredited for training	9

8. Please select all of the speciality services on-site and if they are accredited for training by the relevant college

Specialty Services	On-site	Accredited for training
Anaesthetics	√	√
Cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>
Drug and Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>
ENT	√	√
Facio-maxillary	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>
General medicine	√	√
General surgery	√	√
Geriatrics	√	√
Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>
Hyperbaric Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>
Metabolic/ Genetic	<input type="checkbox"/>	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	√	√
Orthopaedics	√	√
Paediatrics	<input type="checkbox"/>	<input type="checkbox"/>

Specialty Services	On-site	Accredited for training
Paediatric ENT	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care	√	√
Plastic surgery	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	√	√
Radiology/ Medical Imaging (excluding interventional radiology and ultrasound)	√	<input type="checkbox"/>
Radiation Oncology	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Medicine	√	√
Renal	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Toxicology	<input type="checkbox"/>	<input type="checkbox"/>
Transplant	<input type="checkbox"/>	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>

9. Please answer the following questions regarding your related hospital services:

Do you have on-site Cardiac Catheter Lab for urgent PCI in STEMI?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you designated as a Major Trauma Service?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many major trauma cases with an ISS>12 did your hospital treat in last 12 months?	N/A