

Australasian College for Emergency Medicine

How Quality Education and Training Saves Money A Success Story

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Specialist Training Program (STP)

Commonwealth funded project administered by various specialist medical colleges
Commenced 1 January 2010

Partially funds the costs of a training Registrar (70 to 90% depending on level)

Encourages more training to be undertaken in rural areas by increasing access

Aim is to increase the number of rural Specialists over time

"A positive rural experience as a student or trainee is likely to result in that person returning to a rural area on completion of their training"



STPS Site

IRTP Site

EDPSCS Site

Specialist Training Program





Specialist Training Program ACEM

577
STP posts

Tasmanian Project Posts

STP Posts in ASGS RA 2-5 locations

EDPSCS in private settings

12
IRTP posts



Alice Springs and Tenant Creek

4 posts

3
Alice Springs

Tenant Creek



STP Success story

Then:

When I started in Alice Springs in 2009, there were 3 FACEMs and high reliance on locums

Successfully applied for STP positions in 2010

Since then have had more than 40 STP Registrars come through the STP

Concentrated on providing a high quality education program including weekly protected teaching time, exam preparation and involvement in audit

Developed a successful Fellowship exam program, with all 3 of our Fellowship candidates passing the most recent exams

"Growth through education and training"



STP Success story

Now:

16 FACEMs working between ED and Retrieval

10 of the new FACEMs have worked in Alice Springs as a STP Registrar and RETURNED

12 of the others have taken up Specialist positions in other rural areas, such as Wagga Wagga, Cairns, Port Macquarie and Orange



Emergency Medicine Training & Education EMET

Commonwealth funded project administered by ACEM

Aim is to improve the provision of emergency medicine in rural and remote areas

Acknowledgement that not every small regional hospital will be able to support a FACEM

Important role of general practitioners and rural generalists in this space

Development of ACEM EM Certificate and Diploma to support training

Strength of program is that it is very flexible in how it is delivered – tailor to local requirements

Most common model is hub and spoke

Extremely successful with not only improved patient care, but also better communication between the base hospital and the periphery and better relationships



EMET Network



- EMET Training Site
- Provider of EMET





EMET Network

49
EMET Hubs

424
hospitals and sites

49 EMET Hubs 236
EMC and EMD trainees

99
EMET sites

9,000 hours of FACEM-led training

3,300 training sessions

36 + 2 graduates from EMET sites

28,700 attendees



Alice Springs and Tenant Creek - EMET

939 attendees

2 training sites

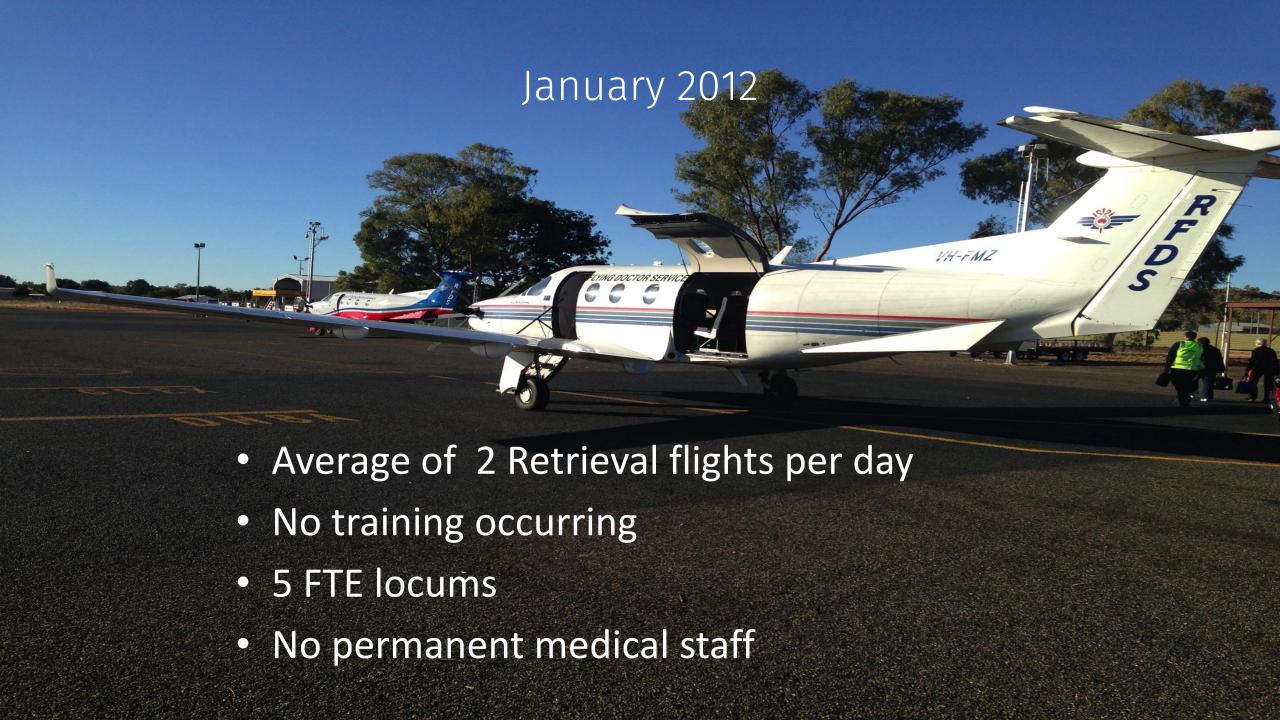
208 training sessions

381
hours of FACEM-led training

23 EMC graduates

4 EMC trainees for 2018 4 EMD trainees for 2018

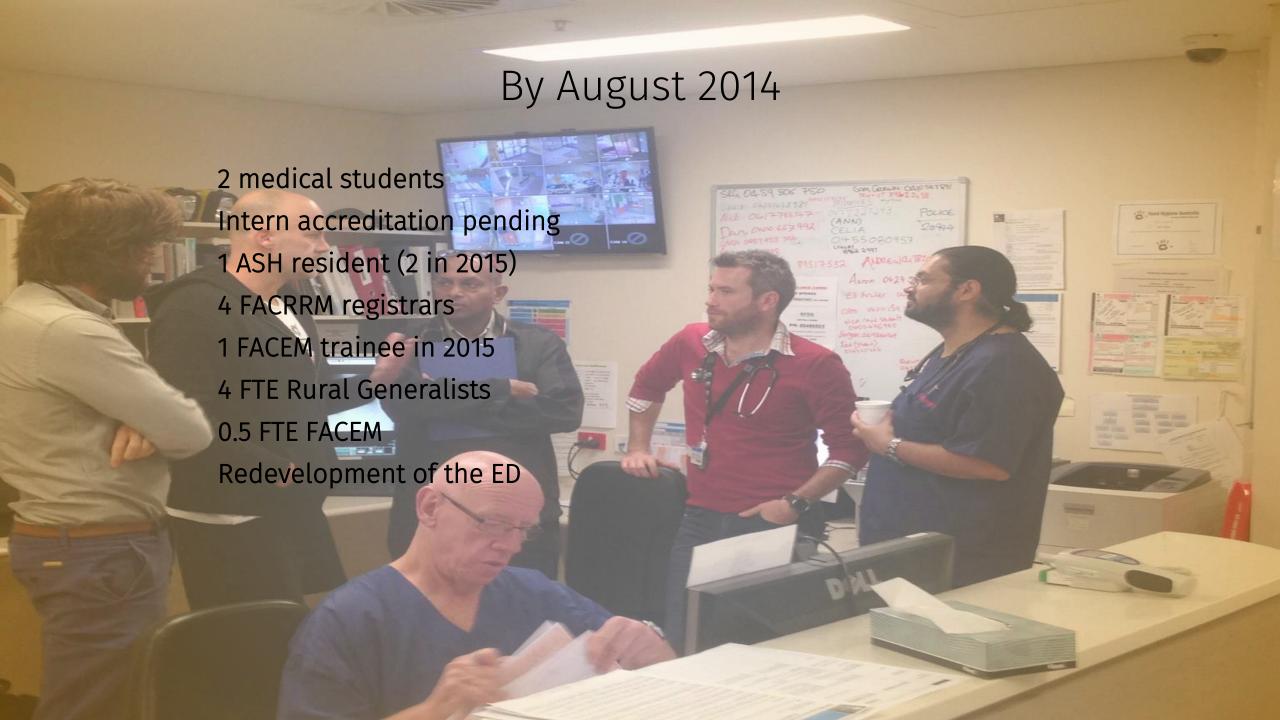




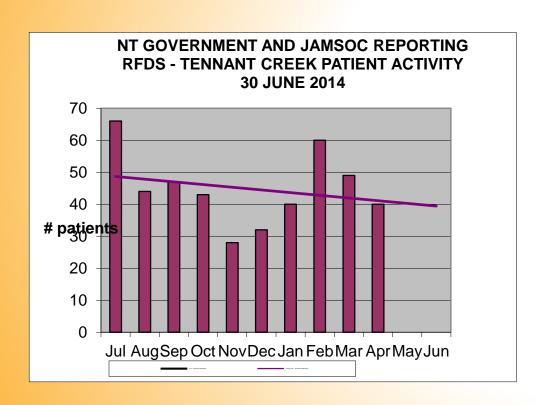


July 2013 after the introduction of EMET

- Alice Springs FACEM group decide to go to TCH for a week, every second week
- 5 rotating rural generalists start
- Accreditation process with ACRRM
- 3 trainees commence all EMC



Benefits



Capacity to deliver enhanced care
Better patient outcomes
Treat more patients on country
Cost saving of over \$900,000 in 2013/14
Training is the key

Positive Impact Of EMET In Tennant Creek 2019

Education

- Over 380 sessions delivered
- 84 Workshops
- Formal teaching embedded in culture of hospital

Hospital

- Reduced reliance on locums
- Reduced aeromedical transfers
- Improved bed occupancy
 - From 10% to 90%
- Reduced critical incidents
- Significant cost reduction

Workforce

- 6 Senior rural generalists
- 5 Registrars
- 4 RMO
- 2 Interns accredited
- Medical students
- Mental health services
- Improved nursing retention

Better patient care. Better outcomes. Delivered on Country.

