Revised Accreditation Standards mapped against current Accreditation Requirements

The table below sets out how each of the revised accreditation standards maps to the corresponding requirement(s) under the current accreditation framework.

Revised standards (From August 2027)	Current requirements (up until August 2027)
Domain 1. Trainee health and welfare	
1.1.1 Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.	1.1.1.2 The site supports the workplace health, safety and welfare of trainees. 1.1.1.3 A process for managing trainee grievances.
1.1.2 Risks to trainees regarding bullying, harassment, discrimination, racism and other unlawful or unacceptable workplace behaviours are identified, investigated, managed and recorded.	1.1.1.2 The site supports the workplace health, safety and welfare of trainees. 1.1.1.3 The site provides an orientation program, including an orientation manual for trainees commencing at the site. 1.1.2.2 Processes for identifying and managing trainees in difficulty.
1.1.3 There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds.	1.1.1.2 The site supports the workplace health, safety and welfare of trainees.
1.1.4 Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed and recorded.	1.1.1.2 The site supports the workplace health, safety and welfare of trainees
1.1.5 Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.	1.1.1.2 The site supports the workplace health, safety and welfare of trainees 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
1.1.6 Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions.	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
1.1.7 Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions.	Nil
1.1.8 Trainees who have had a break in training are supported in their return to training.	1.1.1.3 The site provides an orientation program, including an orientation manual for trainees commencing at the site
1.1.9 Reasonable adjustments for trainees with disabilities are provided, in accordance with legislative requirements and employment and/or appointment conditions.	Nil
1.1.10 Trainees have access to resources that support their health and welfare	1.1.1.2 The site supports the workplace health, safety and welfare of trainees 1.1.1.4 A formal mentoring program is available for trainees

Domain 2. Supervision, management and support structures	
2.1.1 There is an effective, transparent and clearly understood educational governance system that demonstrates a commitment to the training program and manages the quality of training.	1.1.1.1 The site prioritises, promotes and supports education and training 1.1.2.1 Clearly defined management structure that effectively manages and supports the FACEM Training Program and trainees 1.2.1.1 Access to educational resources, including current ACEM recommended resources 1.2.1.2 Access to the ACEM online assessment platforms
2.1.2 Trainees and the training provider engage constructively about how training is delivered at the training setting and trainees can provide input and feedback into how their local training is delivered.	1.1.1.6 Trainees are able to participate in relevant decision-making processes at the departmental level
2.1.3 Management and administrative resources, such as rostering and recruitment, effectively support the delivery of training.	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 1.1.2.1 Clearly defined management structure that effectively manages and supports the FACEM Training Program and trainees' 2.1.2.5 Fellows involved in the training, education and assessment of trainees are provided with clinical support time to fulfil their role 2.1.2.6 Fellows are provided with administrative support and resources to enable their involvement in the training, education and assessment of trainees 2.1.3.5 The Director(s) of Emergency Medicine Training is provided with administrative support and resources to fulfil their role
2.1.4 Trainees are provided with effective orientation for each training setting/rotation.	1.1.1.3 The site provides an orientation program, including an orientation manual for trainees commencing at the site
2.1.5 The training provider engages with the college to resolve issues raised about the training program and training setting.	1.1.2.2 Processes for identifying and managing trainees in difficulty 1.1.2.3 A process for managing trainee grievances
2.1.6 The training provider/setting has been accredited by relevant accreditation bodies.	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 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

2.2.1 There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety.	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 2.1.1.2 The site provides guidelines for notification, seeking advice from and attendance of the on-call Fellow 2.1.1.3 A minimum of fifty percent (50%) of a trainee's clinical time is under direct Fellow supervision. 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 at any one time. # Fellow as defined for Paediatric EDs in the accreditation requirements
2.2.2 Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.	2.1.2.4 All Fellows at the site are expected to be actively involved in the training, education and assessment of trainees
2.2.3 Trainees having difficulty in meeting the requirements of the training program are identified and appropriate support measures are available and promoted	1.1.2.2 Processes for identifying and managing trainees in difficulty

2.2.4 A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role	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 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 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 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. 2.1.3.2 The Director(s) of Emergency Medicine Training is not the sole Director of Emergency Medicine at the site 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 DEMT 2..1.3.4 The Director(s) of Emergency Medicine Training fulfils their role in accordance with the College's requirements 2.1.3.5 The Director(s) of Emergency Medicine Training is provided with administrative support and resources to fulfil their role
2.2.5 Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment.	2.1.2.5 Fellows involved in the training, education and assessment of trainees are provided with clinical support time to fulfil their role 2.1.2.6 Fellows are provided with administrative support and resources to enable their involvement in the training, education and assessment of trainees
2.3.1 Trainees are supported in delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.	3.1.1.1 Within clinical supervision, there are processes that facilitate clinical teaching and learning opportunities, which include bedside and on-floor teaching.
2.3.2 Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care, to Aboriginal and/or Torres Strait Islander and Māori people.	2.2.1.1 The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training 2.2.1.2 The number, breadth, acuity and complexity of the casemix, and trainee exposure to it, provides an appropriate clinical training experience 3.1.1.1 Within clinical supervision, there are processes that facilitate clinical teaching and learning opportunities, which include bedside and on-floor teaching.
2.3.3 Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care.	1.1.3.2 Trainees are able to be involved in quality improvement activities 4.3.1.1 Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)

Domain 3. Educational and clinical training opportunities	
3.1.1 Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.	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 at any one time. # Fellow as defined for Paediatric EDs in the accreditation requirements 2.2.1.1 The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training 2.2.1.2 The number, breadth, acuity and complexity of the casemix, and trainee exposure to it, provides an appropriate clinical training experience 2.2.1.3 For Paediatric Emergency Requirement accreditation: • 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 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 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 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

3.1.2 Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.	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 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 2.2.1.1 The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training 3.1.1.1 Within clinical supervision, there are processes that facilitate clinical teaching and learning opportunities, which include bedside and on-floor teaching. 3.1.2.1 The structured education program is aligned to the content and learning outcomes of the FACEM Curriculum 3.1.2.2 Simulation education is utilised at the site 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 3.1.2.4 Trainees are provided with adequate access, through scheduling and rostering, to structured education sessions 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 3.3.1.2 Trainees undertaking a Trainee Research Project can access expert advice and support 3.3.1.3 The site has the ability to support and facilitate the conduct of research, for Tier 1 and Tier 2 sites 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 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 4.2.1.1 Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2) junior clinicians1 while on shift on the floor 4.3.1.1 Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)
3.1.3 Trainees are involved in clinical handovers during transitions of care.	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

3.1.4 Trainees are given experience working and learning in multi-disciplinary teams and/or settings.	3.1.1.3 Access, whether on- or off-site, to accredited non-Emergency Department training placements 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
3.2.1 Trainees are given an increasing degree of responsibility as their skills, knowledge and experience grow.	2.2.1.1 The provision of clinical care enables adequate and appropriate clinical involvement at all stages of training 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 4.2.1.1 Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2)) junior clinicians while on shift on the floor 4.3.1.1 Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)
3.2.2 Training, learning and professional development opportunities are transparent and equitable for all trainees.	3.1.1.3 Access, whether on- or off-site, to accredited non-Emergency Department training placements 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 4.2.1.1 Trainees deliver some formal education sessions and have the responsibility to supervise and teach (a minimum of two (2)) junior clinicians1 while on shift on the floor 4.3.1.1 Trainees actively participate in Quality Improvement (QI) and Quality Assurance (QA) activities with opportunities to lead (with FACEM support)
3.2.3 Trainees are supported to complete their training program assessments in a timely manner	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) 3.1.2.1 The structured education program is aligned to the content and learning outcomes of the FACEM Curriculum
Domain 4. Educational resources, facilities and equipment	
4.1.1 Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning.	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
4.1.2 Trainees have access to educational resources that support their learning.	1.2.1.1 Access to educational resources, including current ACEM recommended resources 1.2.1.2 Access to the ACEM online assessment platforms 1.2.1.3 Clinical and decision support resources are available to trainees