

FACEM Training Program Accreditation Definition of a Fellow for Paediatric ED Accreditation

Background

The Revised FACEM Training Program will be implemented for new trainees who commence training in Training Stage 1 in 2022. These trainees must complete the new Paediatric Emergency Requirement (PER) that was the subject of previous stakeholder consultation and was approved by the ACEM Board in 2020.

The PER comprises eight (8) WBAs and the completion of a Paediatric Emergency Portfolio (PEP – logbook and review), all of which must be completed by the end of Training Stage 3. Trainees in the revised FACEM Training Program who train at any of the types of Paediatric EDs as listed below must still complete the logbook.

The components of the Paediatric Emergency Requirement can be completed during placements across multiple sites including the following:

- 1. Paediatric EDs that may be:
 - a. Specialist Children's ED accredited for PEM training
 - Non-Specialist Children's ED includes adult EDs with a co-located but separately accredited Paediatric ED
- 2. Mixed EDs accredited by ACEM for the Paediatric Emergency Requirement (current 'Paediatric Logbook (PLB) accredited' sites, with a minimum of 5000 paediatric presentations annually).

We are currently finalising accreditation requirements for Paediatric EDs and are seeking your feedback regarding the definition of a Fellow for supervision in a Paediatric ED (a. and b. above).

Requirements for Specialist PEM training are outside the scope of this consultation. It may be determined by the CJCT that for PEM specialist training (not FACEM training), trainees need to undertake a minimum of 'x' months in a specialist Children's ED accredited for PEM training and a maximum of 'y' months in a Non-Specialist Children's ED - includes adult EDs with a co-located but separately accredited Paediatric ED.

While the new training program will only apply to Trainees who commence Training Stage 1 in 2022, a single system of accreditation for all trainees is needed.

Sites will have until the commencement of the 2024 training year to address any new accreditation requirements.

Paediatric EDs - Definition of a Fellow for Accreditation

Under the current system (until 2022), Paediatric EDs are accredited for 6, 12 or 18-months. Under the revised system (from 2022), the maximum time that a FACEM trainee can spend in a single accredited Paediatric ED is 12 months. The 6-month accreditation limit has been removed. As such, only a **single level of PED accreditation is needed (12-months)**.

NOTE: A Joint PEM trainee is required to complete 18 FTE months of Paediatric ED training. For the purposes of Joint PEM training only, Paediatric EDs will be permitted to retain these trainees for an additional 6 FTE

months. This will be outlined in accreditation guidelines and relevant regulations specific to Joint PEM training.

From 2022, Paediatric EDs be required to meet the following supervision requirement:

Current System	Revised System – all accredited Paediatric EDs
Safe, Effective, Direct Fellow Clinical Supervision (minimum hours per day / days per week)	
18-months – Multiple FACEM cover 14 hours / 7 days 12-months - 14 hours per day/weekdays + 10 hours per day / weekends 6-months* - 10 hours / 5 days	Cover 14 hours/7 days that includes a minimum of 1 Fellow at any one time.

Sites that do not meet this requirement on implementation will have until the commencement of the 2024 training year to meet this requirement.

The purpose of this consultation is to determine whether the specialists that staff an ED that is accredited for PEM specialty training should have a recognised PEM specialist qualification, that is having successfully completed Stage 2 or 3 of the joint PEM training program. Due to the low numbers of PEM specialists, it was previously accepted to use the other definitions of a fellow so that more Paediatric EDs could be accredited for PEM speciality training. With the increased number of trainees and graduates of the PEM specialty training program, it was felt timely to consider if we should now require only those fellows who have a recognised PEM specialist qualification as being suitable to be called a fellow for accreditation purposes of those EDs which are accredited for PEM specialty training. If this change is made, those fellows who are not recognised PEM specialists but currently meet the other approved definitions of a fellow for an ED which is accredited for PEM speciality training as per the consultation paper, will still be considered a fellow for accreditation purposes if they meet these definitions by the commencement of the 2024 training year.

The current definition of a PEM physician for PEDs accredited for 6 months Advanced Training time includes someone who has consultant experience of 24 months as a FACEM or FRACP in a Paediatric ED. It is proposed that up until 2024, for all currently accredited PEDs, the definition of a PEM physician for accreditation purposes includes the current definition used for PEDs accredited for 6 months Advanced Training time. That is, those FACEMs and FRACPs who have 24 months of experience should be included as supervisors for the purposes of accreditation. However, from 2024, only those who hold a PEM qualification, that is, those who have successfully completed stage 2 or 3 of the joint PEM training program or equivalent as outlined in the definition below should be able to hold the role if they have not already met any of the other definitions below ((c) to (f)) by the commencement of the 2024 training year.

The following updates to the definition are proposed from 2024 (indicated in red or strikethrough):

For Paediatric Emergency Departments, a Fellow is an individual:

- a) who is both a FACEM and Fellow of the Royal Australasian College of Physicians (FRACP); OR
- b) who has been awarded completion of, or granted equivalence to, Stage 2 of the Joint Paediatric Training Program and obtained a Letter of Completion or Equivalence by the Committee for Joint College Training in Paediatric Emergency Medicine;
 OR
- c) who, if they obtained FACEM prior to 1 January 2011, can demonstrate:
 - o 12 fulltime equivalent (FTE) months of paediatric experience in their Advanced Training prior to 4 February 2024. At least 6 months of this must have been within a paediatric major referral centre; and
 - o 12 FTE months consultant experience working in a PED since obtaining FACEM prior to 4 February 2024; and
 - current clinical work (0.2 FTE or greater) in a PED;

OR

o 24 FTE months consultant experience working in a PED since obtaining FACEM qualification prior to 4 February 2024; and

o current clinical work (0.2 FTE or greater) in a PED;

OR

- d) who, if they obtained FRACP prior to 1 January 2009, can demonstrate:
 - 24 FTE months consultant experience working in a PED since obtaining FRACP prior to 4 February 2024; and
 - o current clinical work (0.2 FTE or greater) in a PED.

OR

- e) who is a FACEM, can demonstrate:
 - o 24 FTE months consultant experience working in a PED prior to 4 February 2024 since obtaining FACEM; and
 - o current clinical work (0.2 FTE or greater) in a PED.
- f) who is a FRACP, can demonstrate:
 - o 24 FTE months consultant experience working in a PED prior to 4 February 2024 since obtaining FRACP; and
 - o current clinical work (0.2 FTE or greater) in a PED.

For Paediatric Emergency Departments accredited for six months Advanced Training time, a Fellow is also considered to be an individual:

a) who is a FACEM and can demonstrate at least 24 FTE months' consultant experience working in a PED_since obtaining FACEM;

OR

b) who is a FRACP and can demonstrate at least 24 FTE months' consultant experience working in a PED—since obtaining FRACP.

NOTE: For adult and mixed Emergency Departments, a Fellow is an individual who holds Fellowship of the Australasian College for Emergency Medicine (i.e. FACEM).

For the purposes of this document, it is understood that in New Zealand, some doctors registered in the vocational scope of practice in Emergency Medicine may not be Fellows of the College. As such, the College accepts that these doctors are recognised as specialists in Emergency Medicine with the same scope of practice as a FACEM.