



Australasian College for Emergency Medicine

ABN 76 009 090 715

**GUIDELINES FOR PAEDIATRIC  
EMERGENCY DEPARTMENTS  
SEEKING TRAINING ACCREDITATION:  
MINIMUM REQUIREMENTS**

## DEFINITIONS

### Those definitions pertaining to FTE or FT:

#### **PEM Specialist**

A doctor holding Specialist qualifications and experience in Paediatric Emergency Medicine recognised by RACP or ACEM.

#### **Total FTE PEM Specialist**

Total FTE PEM Specialist is the cumulative total of paid FTE PEM Specialist (ordinary time plus all paid leave), overtime FTE PEM specialist, and approved, funded but short term vacant FTE PEM Specialist positions. (The total FTE PEM Specialist figure should be provided by the hospital HR/Finance Service).

#### **Total clinical FTE PEM Specialist**

That cumulative FTE of PEM Specialists that refers to clinical on-floor duties only.

#### **FTE - full time equivalent position**

One full-time equivalent position; pertains to one or more PEM Specialists or staff members being employed in positions equivalent to one FT or one full-time position.

#### **FT - full time position**

One full-time position; pertains to one PEM Specialist or staff member employed in a position.

#### **FTE trainees**

One full-time equivalent of either advanced and/or provisional trainees.

### Other definitions in order of appearance in the document:

**Non-clinical time** (with regard to PEM Specialists / DEMTs or DEMs, see 4.7 to 4.9; 5.7 to 5.9; 6.7 to 6.9)

That time which is other than that for direct on floor clinical duties and is designated for approved teaching, research or administrative duties.

**PEM Specialist hours exclusively rostered to clinical duties** (see 4.10; 5.10 & 6.10)

Example:

An eight hour shift covered by two or more PEM Specialists would count as eight hours only; not as a multiple of eight hours. Thus five shifts such as this per week would equate to 40 hours of PEM Specialist hours rostered exclusively to clinical duties.

**Direct clinical supervision** (see 4.11; 5.11 & 6.11)

Rostered trainee clinical time that is associated with one or more PEM Specialists rostered on the floor clinically at the same time.

**Protected teaching time** (with regard to trainees, see 4.13; 5.13; 6.13)

Time which is paid protected non-clinical time and is available for the trainee to engage in approved educational activities. It would be envisaged that part of this would involve the presence of a PEM Specialist tutor or facilitator in a “programmed fashion” as outlined in item 3.7, while part could be individually organized self directed learning and/or research projects.

**Additional non-clinical time** (with regard to trainees, see 4.13; 5.13; 6.13)

That time which is other than for direct on-floor clinical duties and is designated for approved educational, research, quality management or administrative duties.

## 1. PURPOSE AND SCOPE

This document provides information on the minimum requirements necessary for an emergency department to be considered for accreditation by the Paediatric Emergency Medicine Joint Training Committee (JTC) of the RACP and the ACEM for the paediatric emergency component of advanced training. Detail relating to periods of 6, 12, or full (18 months) accreditation is included.

The guidelines will assist non-accredited emergency departments to ascertain their possible status prior to making an application for an inspection to the JTC. It will also assist JTC accredited departments; and other key stakeholders, by providing clear references to the current requirements. The JTC recognises that emergency departments across Australia and New Zealand are a complex mix of factors, and therefore, *some discretion may be applied when making decisions regarding accreditation*. As a result, the meeting of these requirements does not provide a guarantee of JTC accreditation for the training periods outlined. Similarly a department may not meet all these requirements but may offer other elements that would help it gain accreditation for one of the training periods outlined. The inspection visit and supervisor and trainee feedback received by the JTC are considered the most important parts of the accreditation process and issues identified by those mechanisms will clearly play an important role in the final decision regarding accreditation.

## 2. MANDATORY CRITERIA FOR ALL LEVELS

All emergency departments seeking accreditation for Paediatric Emergency Medicine Training must have:

- 2.1 Appropriate and acceptable standards of patient care.
- 2.2 Documented management, admission, discharge and referral policies.
- 2.3 A functional electronic patient information management system.
- 2.4 A formal system of quality management. Trainees are expected to participate in these activities.
- 2.5 A formal orientation program for new staff.
- 2.6 Educational programs for all grades of medical and nursing staff.
- 2.7 Adequate paediatric emergency medicine textbooks, journals, management guidelines and protocols available on site. There should also be access to electronic sources of medical information.
- 2.8 Access to advice or information which facilitates trainees seeking mentorship if they wish to do so.

## 3. EMERGENCY DEPARTMENT EVALUATION

**The evaluation of an emergency department as suitable for advanced training will include consideration of the following:**

- 3.1 The level and numbers of paediatric emergency physicians and other senior staff capable of providing adequate and appropriate supervision for trainees of all levels of experience and at all times.
- 3.2 An appropriate number and casemix of paediatric emergency patients to provide adequate clinical experience and with trainees having an adequate and appropriate level of involvement at an assessment, procedural and management level.
- 3.3 There will be an adequate Specialist workforce. In considering the adequacy of the Specialist workforce, regard will be given to the appropriateness of rosters, safe hours, access to leave, overall department performance and benchmarks.

- 3.4 Appropriate levels of staffing with respect to medical, nursing, secretarial and other personnel.
- 3.5 Design and equipment of the department appropriate to the provision of emergency care to children and training in paediatric emergency medicine.
- 3.6 An appropriate range and level of child focused support services.
- 3.7 An appropriate education program, including lectures, case presentations, mortality and morbidity review, discussions, audit and review. There should be a strong emphasis on activities that encourage adult learning, reflection, self-evaluation, discussion and collaborative learning. There should be emphasis placed on interactive teaching. There should be appropriate provisions in the education program to meet the needs of trainees sitting fellowship examinations.
- 3.8 The opportunity for trainee research and the infrastructure supporting this.
- 3.9 Accreditation of an appropriate range of paediatric specialties within the hospital by their relevant training bodies, and the opportunity for frequent interaction with these services while managing children with acute presentations of complex or chronic conditions. There should be effective clinical collaboration between the Emergency Department and other key hospital services such as PICU, General Paediatrics, Paediatric Surgery, Paediatric Orthopaedics and Paediatric Radiology.
- 3.10 Evaluation of emergency department function and level of access block so as to determine how this may impact on training and registrar wellbeing.

#### **4. FULL ACCREDITATION**

##### **With respect to hospitals seeking accreditation for up to 18 months of Paediatric Emergency Medicine Advanced Training:**

- 4.1 There should be at least 20,000 paediatric presentations per year to the emergency department, which are primarily attended to by emergency department staff.
- 4.2 The emergency department should have a comprehensive casemix, including major trauma, critically ill patients, and a broad range of complex patients. It is important to ensure that with increasing experience trainees are able to provide immediate care and assume increased responsibility for these patients, while at the same time receiving appropriate levels of supervision.
- 4.3 The emergency department should have one FTE Nurse Unit Manager, or equivalent, who is supernumerary to the clinical staffing needs of the department.
- 4.4 The emergency department should have at least one FTE Nurse Educator.
- 4.5 The emergency department should display a willingness and capacity to support the fellowship clinical examinations.

##### **With respect to the level of supervision of trainees, the emergency department requires:-**

- 4.6 One (1) FTE PEM Specialist as Director of Paediatric Emergency Medicine who should ideally be supernumerary to the clinical staffing needs of the department. If this is not possible, the Director of Emergency Medicine should be provided with at least 50% non-clinical time.

- 4.7 One (1) FTE PEM Specialist as Director of Advanced Training for registrars. The Director of Advanced Training should ideally be provided with at least 50% non-clinical time. It is recommended that this one FTE, including 0.5 FTE of non-clinical time, be satisfied by the appointment of a single PEM Specialist. However two part-time PEM Specialists could combine to wholly satisfy this one FTE which must include 0.5 FTE of non-clinical time.
- 4.8 A minimum of a further six (6) FTE PEM Specialists. Each PEM Specialist should ideally be provided 25% non-clinical time for approved teaching, research or administrative activities.
- 4.9 The presence of a PEM Specialist exclusively rostered to clinical duties for at least 98 hours of every week.
- 4.10 A minimum of 50% of trainee time to be under the direct clinical supervision of a PEM Specialist.

**With respect to the structure of the training program, the emergency department requires:-**

- 4.11 An educational program, which addresses the objectives of the PEM curriculum developed by the JTC. For emergency departments seeking a continuation of accreditation, there should be demonstrated proven performance in the development of highly regarded paediatric emergency physicians who practice good clinical care.
- 4.12 There must be protected teaching time for trainees of four (4) hours per week. Additional non-clinical time should be provided to allow trainees to complete other non-clinical duties specified by the department.
- 4.13 The opportunity for frequent interaction with a full range of subspecialty paediatric services within the hospital while managing children with acute presentations of complex or chronic conditions. There should be effective clinical collaboration between the Emergency Department and other key hospital services such as PICU, General Paediatrics, Paediatric Surgery, Paediatric Orthopaedics and Paediatric Radiology. This should include regular clinical consultation and discussion with Specialists, shared peer review meetings between services and contribution of Specialists from other services to PEM trainees educational sessions.
- 4.14 There should be at least one PEM Specialist formally responsible for the provision of advice, supervision and support of trainees planning, executing, presenting or publishing the research component of their training. They should also be responsible for providing critical review of the trainee's final manuscript to ensure it is suitable for submission for presentation or publication.

## **5. TWELVE MONTH ACCREDITATION**

**With respect to hospitals seeking accreditation for 12 months of Emergency Medicine Advanced Training:**

- 5.1 There should be at least 20,000 paediatric presentations per year to the emergency department, which are primarily attended to by emergency department staff.
- 5.2 The emergency department should have a broad casemix. This may include major trauma, critically ill patients, and a broad range of complex patients. However, it is acknowledged that there may be some limitations with regard to the number of these patients. It is important to ensure that with increasing experience trainees are able to provide immediate care and assume increased responsibility for these patients, while at the same time receiving appropriate levels of supervision.

- 5.3 The emergency department should have 1.0 FTE Nurse Unit Manager or equivalent, who is supernumerary to the clinical staffing needs of the department.
- 5.4 The emergency department should have at least one FTE Nurse Educator.
- 5.5 The emergency department should display a willingness and capacity to support fellowship examinations.

**With respect to the level of supervision of trainees, the emergency department requires:-**

- 5.6 One (1) FTE PEM Specialist as Director of Paediatric Emergency Medicine who should ideally be supernumerary to the clinical staffing needs of the department. If this is not possible, the Director of Emergency Medicine should be provided with at least 50% non-clinical time.
- 5.7 One (1) FTE PEM Specialist as Director of Advanced Training for registrars. The Director of Training should ideally be provided with at least 30% non-clinical time. It is recommended that this one FTE, including 0.3 FTE of non-clinical time, be satisfied by the appointment of a single PEM Specialist. However two part-time PEM Specialists could combine to wholly satisfy this one FTE which must include 0.3 FTE of non-clinical time.
- 5.8 A minimum of a further three (3) FTE PEM Specialists. Each PEM Specialist should ideally be provided with a least 25% non-clinical time for approved teaching, research or administrative activities.
- 5.9 The presence of a PEM Specialist exclusively rostered to clinical duties for at least 80 hours of every week.
- 5.10 A minimum of 40% of trainee time to be under the direct clinical supervision of a PEM Specialist.

**With respect to the structure of the training program, the emergency department requires:-**

- 5.11 An educational program, which addresses the objectives of the PEM curriculum developed by the JTC. For emergency departments seeking a continuation of accreditation, there should be demonstrated proven performance in the development of highly regarded paediatric emergency physicians who practice good clinical care.
- 5.12 There must be protected teaching time for trainees of at least two (2) hours per week. Additional non-clinical time should be provided to allow trainees to complete other non-clinical duties specified by the department.
- 5.13 The opportunity for frequent interaction with an appropriate range of specialty paediatric services within the hospital while managing children with acute presentations of complex or chronic conditions. This should include at least General Paediatrics, Paediatric Surgery, Paediatric Orthopaedics and Paediatric Radiology.
- 5.14 Opportunities for trainee research should be possible but it is recognized that the infrastructure to support this may be limited compared to an academic and/or 18 month accredited department.

## 6. SIX MONTH ACCREDITATION

### **With respect to hospitals seeking accreditation for 6 months Emergency Medicine Advanced Training:-**

- 6.1 There should be at least 15,000 paediatric presentations per year to the emergency department, which are primarily attended to by emergency department staff, and seen within an appropriate area designated for children's needs. This category of accreditation is most likely to apply to a large mixed Emergency department seeing significant numbers of children, but with a less complex case-mix than a tertiary children's centre.
- 6.2 It is recognised that the emergency department may have a limited paediatric casemix. It is possible that the department may be bypassed for conditions that involve trauma or other complex patients. However, the casemix may be such that it provides adequate exposure to critically ill patients and other emergencies to support training. It is important to ensure that with increasing experience trainees are able to provide immediate care and assume increased responsibility for these patients, while at the same time receiving appropriate levels of supervision.
- 6.3 The emergency department should have one FTE Nurse Unit Manager or equivalent. Ideally this person should be supernumerary to the clinical staffing needs of the department. However, it is recognised that this may not be possible due to rostering constraints.
- 6.4 The emergency department should have access to a Nurse Educator for paediatric emergency staff.

### **With respect to the level of supervision of Paediatric EM trainees, the emergency department requires:-**

- 6.5 One (1) FT PEM Specialist as Director of Paediatric Emergency Medicine who should ideally be supernumerary to the clinical staffing needs of the department. If this is not possible, the Director of Paediatric Emergency Medicine should be provided with at least 30% non-clinical time. [A part time PEM Specialist Leader may be considered acceptable for a 6 months department at the discretion of the JTC and if there is a minimum of 2.5 total FTE of PEM Specialist and criteria 6.7 is met.
- 6.6 Half (0.5) FTE PEM Specialist as Director of Advanced Training for JTC trainees. The Director of Advanced Training should ideally be provided with at least 50% non-clinical time.
- 6.7 A minimum of a further one (1) FTE PEM Specialist. Each PEM Specialist should ideally be provided with a least 25% non-clinical time for approved teaching, research or administrative activities.
- 6.8 The presence of a PEM Specialist exclusively rostered to paediatric clinical duties for at least 50 hours of every week.
- 6.9 A minimum of 30% of JTC trainee time to be under the direct clinical supervision of a PEM Specialist.

**With respect to the structure of the training program, the emergency department requires:-**

- 6.10 An educational program, which addresses the objectives of the PEM curriculum developed by the JTC. For emergency departments seeking a continuation of accreditation, there should be demonstrated proven performance in the development of highly regarded paediatric emergency physicians who practice good clinical care.
- 6.11 There must be protected teaching time for trainees of at least two (2) hours per week. Additional non-clinical time should be provided to allow trainees to complete other non-clinical duties specified by the department.
- 6.12 The opportunity for frequent interaction with an appropriate range of specialty paediatric services within the hospital while managing children with acute presentations of complex or chronic conditions. This should include at least General Paediatrics, Paediatric Surgery, Paediatric Orthopaedics and Paediatric Radiology. However, it is recognised that there may be some limitations in this regard.
- 6.13 Infrastructure to support research would be encouraged but may not be well developed.

## **7. TRAINEE NUMBERS**

**With respect to trainee numbers in emergency departments:**

- 7.1 The JTC will make a recommendation on the maximum numbers of FTE trainees (includes advanced and provisional). This is a recommendation only. The department may choose to employ more FTE trainees than the recommendation if they feel this is required and will not lead to any impairment in training conditions. However, if failure to adhere to these recommendations clearly leads to a documented impairment of training conditions this may lead to a reduction of accreditation status.
- 7.2 The overall supervision ratio for FTE trainees will be no more than three (3) trainees per total FTE PEM Specialist.
- 7.3 In order to ensure an adequate training experience a maximum of twenty (20) FTE trainees (includes advanced and provisional) will be recommended for an emergency department. [Note there may be more on rotation to non-ED terms and other networked emergency departments.]
- 7.4 The trainee's degree of access to an adequate, appropriately supervised clinical experience will be taken into account in the final recommendation. It is important to ensure that trainees have an appropriate level of involvement at an assessment, procedural and management level.
- 7.5 The proven success of that department in training Paediatric Emergency Physicians will be taken into account in the final recommendation.
- 7.6 When considering a recommendation of the number of FTE trainees that a department can support the following factors will be amongst those taken into account by the JTC:
  - 1. The overall number and casemix of patients presenting to the emergency department.
  - 2. The total FTE PEM Specialist working in the emergency department.
  - 3. The total clinical FTE PEM Specialist working in the emergency department.
  - 4. The level of access a trainee would have to the casemix of patients and procedural requirements of emergency medicine training.

5. Success rates of trainees in examinations.
6. Success rates of trainees undertaking research projects/satisfying regulation 4.10.
7. Feedback from Director of Training surveys and interviews.
8. Feedback from trainee surveys and interviews.
9. Feedback from the DEM, Supervisors and PEM Specialists in the department with regard to how many FTE trainees they feel they can adequately train.

## 8. Alignment with ACEM training site accreditation requirements

The members of the JTC believe that trainees working in tertiary paediatric emergency services require the same level of Specialist supervision and support as trainees working in general tertiary emergency services. However given the current state of PEM Specialist workforce development we believe that these criteria will need to be applied flexibly during a transitional period. The JTC supports the ACEM general site accreditation standards and intends paediatric site accreditation standards to be as fully aligned with these as can be achieved.

## 9. AMWAC RECOMMENDATIONS

Relation of this document to the AMWAC workforce recommendations:-

It should be noted that the PEM SPECIALIST numbers mentioned in this guideline are not a direct reflection of AMWAC workforce recommendations; they are minimum requirements for ACEM training accreditation and as such they should not be taken as optimal staffing requirements for all departments. The AMWAC workforce recommendations were based on the following:

*The number of emergency physicians estimated to be required for major referral emergency departments ranged from 11-16 per department, and for urban district and major rural/regional hospital emergency departments; the range was from 6-8 per department.*<sup>1</sup>

Reference:

1. Australian Medical Workforce Advisory Committee. The Specialist Emergency Medicine Workforce in Australia 2002-2012. AMWAC Report 2003.6 September 2003.  
ACEM Guideline G01P  
Date of Promulgation: 16 March 2007  
Date of Revision:  
See also Companion Documents:  
A01 Administrative process - Accreditation inspection  
R4.19 College Regulation *Accreditation of Emergency Departments*  
HIQ Hospital Information Questionnaire