



Australasian College for Emergency Medicine

ABN 76 009 090 715

**GUIDELINES FOR ADULT AND MIXED
EMERGENCY DEPARTMENTS
SEEKING TRAINING ACCREDITATION:
MINIMUM REQUIREMENTS**

DEFINITIONS

Those definitions pertaining to FTE or FT:

Total FTE FACEM

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

Total clinical FTE FACEM

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

FTE - full time equivalent position

One full-time equivalent position; pertains to one or more FACEMs 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 FACEM 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 FACEMs / DEMENTs 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.

FACEM hours exclusively rostered to clinical duties (see 4.10; 5.10 & 6.10)

Example:

An eight hour shift covered by two or more FACEMs 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 FACEM 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 FACEMs 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 FACEM 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 ACEM for advanced training. Detail relating to periods of 6, 12 or 24 months accreditation is included.

The guidelines will assist ACEM non-accredited emergency departments to ascertain their possible status prior to making an application for an inspection to the College. It will also assist ACEM accredited departments; and other key stakeholders, by providing clear references to the current requirements.

The Board of Censors (BOC) and Council 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 ACEM 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, the DEMENT and trainee feedback received by the College, 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 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 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 emergency physicians and 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 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 and training.
- 3.6 An appropriate range and level of 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 the primary or fellowship examination.
- 3.8 The opportunity for trainee research and the infrastructure supporting this.
- 3.9 Accreditation of an appropriate range of specialties within the hospital by their respective colleges and the opportunity for rotations which will provide relevant clinical experience for emergency medicine.
- 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. 24 MONTH ACCREDITATION

With respect to hospitals seeking accreditation for 24 months of Emergency Medicine Advanced Training:

- 4.1 There should be at least 30,000 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, which may include major trauma, critically ill patients, a broad range of complex patients and acute cardiology. 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 an admission rate of >25%.
- 4.4 The emergency department should have one FTE Nurse Unit Manager, or equivalent, who is supernumerary to the clinical staffing needs of the department.
- 4.5 The emergency department should have at least one FTE Nurse Educator.
- 4.6 The emergency department should display a willingness and capacity to host or co-host the fellowship clinical examinations and to contribute invigilators for the primary and fellowship examinations.

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

- 4.7 One (1) FT FACEM as Director of 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.
- 4.8 One (1) FTE FACEM as Director of Emergency Medicine Training. The Director of Emergency Medicine 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 FACEM. However two part-time FACEMs could combine to wholly satisfy this one FTE which must include 0.5 FTE of non-clinical time.

- 4.9 A minimum of a further six (6) FTE FACEMs. Each FACEM should ideally be provided 25% non-clinical time for approved teaching, research or administrative activities.
- 4.10 The presence of a FACEM exclusively rostered to clinical duties for at least 98 hours of every week.
- 4.11 A minimum of 60% of trainee time to be under the direct clinical supervision of a FACEM.

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

- 4.12 An educational program, which includes access to teaching for both the primary and fellowship examination. For emergency departments seeking a continuation of accreditation, there should be demonstrated proven performance in a) assisting trainees to pass both the primary and fellowship examination and b) the development of highly regarded emergency physicians who practise good clinical care.
- 4.13 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.
- 4.14 Formal arrangements for the rotation of trainees to other specialty areas. Adult only departments should be able to demonstrate that they can offer assistance to trainees wishing to access appropriate paediatric terms, either emergency or ward based.
- 4.15 There should be at least one FACEM 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. 12 MONTH ACCREDITATION

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

- 5.1 There should be at least 25,000 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, a broad range of complex patients and acute cardiology. 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 an admission rate of >20%.
- 5.4 The emergency department should have one FTE Nurse Unit Manager or equivalent, who is supernumerary to the clinical staffing needs of the department.
- 5.5 The emergency department should have at least one FTE Nurse Educator.
- 5.6 The emergency department should display a willingness and capacity to contribute invigilators for the primary and fellowship examinations. The department may display a willingness and capacity to co-host the fellowship clinical examinations.

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

- 5.7 One (1) FT FACEM as Director of 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.
- 5.8 One (1) FTE FACEM as Director of Emergency Medicine Training. The Director of Emergency Medicine 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 FACEM. However two part-time FACEMs could combine to wholly satisfy this one FTE which must include 0.3 FTE of non-clinical time.
- 5.9 A minimum of a further three (3) FTE FACEMs. Each FACEM should ideally be provided with a least 25% non-clinical time for approved teaching, research or administrative activities.
- 5.10 The presence of a FACEM exclusively rostered to clinical duties for at least 80 hours of every week.
- 5.11 A minimum of 40% of trainee time to be under the direct clinical supervision of a FACEM.

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

- 5.12 An educational program, which includes access to teaching for both the primary and fellowship examination.
- 5.13 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.
- 5.14 Formal arrangements for the rotation of trainees to other specialty areas are recommended. However, it is recognised that there may be some limitations in this regard. If possible arrangements should include access to appropriate paediatric terms, either emergency or ward based.
- 5.15 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 24 month accredited department.

6. 6 MONTH ACCREDITATION

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

- 6.1 There should be at least 15,000 presentations per year to the emergency department, which are primarily attended to by emergency department staff.
- 6.2 It is recognised that the emergency department may have a limited 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 It is recognised that the emergency department may have an admission rate of <20% and that participation in transfers to major centers may also need to be considered.

- 6.4 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.
- 6.5 The emergency department should have access to a Nurse Educator.
- 6.6 The emergency department will not be expected to host or co-host a fellowship examination, but may be requested to provide invigilators for the primary or fellowship examination where possible.

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

- 6.7 One (1) FT FACEM as Director of 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 30% non-clinical time. [A part time FACEM DEM may be considered acceptable for a 6 months department at the discretion of Council and if there is a minimum of 2.5 total FTE of FACEM and criteria 6.8 is met.]
- 6.8 Half (0.5) FTE FACEM as Director of Emergency Medicine Training. The Director of Emergency Medicine Training should ideally be provided with at least 30% non-clinical time.
- 6.9 A minimum of a further one (1) FTE FACEM. Each FACEM should ideally be provided with a least 25% non-clinical time for approved teaching, research or administrative activities.
- 6.10 The presence of a FACEM exclusively rostered to clinical duties for at least 50 hours of every week.
- 6.11 A minimum of 30% of trainee time to be under the direct clinical supervision of a FACEM.

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

- 6.12 An educational program, which includes access to teaching for both the primary and fellowship examination.
- 6.13 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.
- 6.14 Formal arrangements for the rotation of trainees to other specialty areas are recommended. However, it is recognised that there may be significant limitations in this regard.
- 6.15 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 BOC & Council 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 FACEM.

- 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 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 Board of Censors & Council:
- The overall number and casemix of patients presenting to the emergency department.
 - The total FTE FACEM working in the emergency department.
 - The total clinical FTE FACEM working in the emergency department.
 - The level of access a trainee would have to the casemix of patients and procedural requirements of emergency medicine training.
 - Success rates of trainees at both the primary and fellowship examination.
 - Success rates of trainees satisfying regulation 4.10.
 - Feedback from DEMA surveys and interviews.
 - Feedback from trainee surveys and interviews.
 - Feedback from the DEM, DEMA and FACEMs in the department with regard to how many FTE trainees they feel they can adequately train.

8. AMWAC RECOMMENDATIONS

Relation of this document to the AMWAC workforce recommendations:-

It should be noted that the FACEM 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.*¹

Reference:

1. Australian Medical Workforce Advisory Committee. The Specialist Emergency Medicine Workforce in Australia 2002-2012. AMWAC Report 2003.6 September 2003.

ACEM Guideline G01

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See also Companion Documents:

- G02 Guidelines for Accreditation for the Minimum Paediatric Training Requirement of Advanced Training
- A01 Administrative process - Accreditation inspection
- R4.19 College Regulation *Accreditation of Emergency Departments*
- HIQ Hospital Information Questionnaire