

# **SPECIFICATION FOR ADVANCED VOCATIONAL TRAINING IN EMERGENCY MEDICINE**

## **1.0 PREAMBLE**

This specification outlines the Clinical Training Agency's requirement for Emergency Medicine registrar training. It is based on the Australasian College for Emergency Medicine (ACEM) Training and Examination Regulations and Training and Examination Handbook, further information supplied by the College, its member and other information sources.

This training leads to the award of Fellowship of the Australasian College for Emergency Medicine (FACEM).

Terms are defined in the CTA Head Agreement and/or Service Agreement.

## **2.0 DESCRIPTION OF SERVICE**

Emergency Medicine is defined by the International Federation for Emergency Medicine as "a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders: it further encompasses an understanding of the development of pre-hospital and in-hospital medical systems necessary for this development."

Advanced training in emergency medicine is of five (5) years duration. Entry into the advanced training programme requires completion of two postgraduate years of clinical experience in a variety of posts. Training occurs in approved posts and in formal teaching programmes, with supervision.

The overall objectives of training are to develop professional medical competence in the practice of emergency medicine, and also to develop wider vocational skills including health leadership, management, policy, economics and population health.

Learning is facilitated through interactions with patients and medical and other health professional staff, supervised clinical practice, attendance at a formal teaching programme, attendance at meetings, journal clubs and other continuing medical education activities, by teaching others, by training in research practice and methodology and by reading relevant books and journals.

The training programme has a Director of Emergency Medicine Training (DEMT) responsible for oversight of all registrars in an area. This role may be combined with that of Regional Censor to provide national coverage.

The Regional Censor has responsibility for co-ordinating the training for all registrars in New Zealand, including credentialing of registrars activities, accreditation of emergency departments and examinations for candidates.

All registrars must be registered with the ACEM. This provides for credentialing. Training is normally full-time but with prior approval part-time practice (at least 50%) may be approved. Interrupted training of more than one year requires approval of the Board of Censors (BOC).

There are two examinations: the primary and fellowship examinations.

## **2.1 LEARNING ENVIRONMENT**

Training is based on an apprenticeship model of clinical practice in emergency departments and a range of other clinical specialities, plus a formal teaching programme. Currently recognised education principles should be applied to all teaching and training included in the programme.

The content of the training shall be in accordance with the current edition of the Training and Examination Handbook.

Training should take place in an environment of clinical and academic excellence and enquiry.

Learning takes place in a variety of settings:

- Clinical settings.
- Teaching (formal and informal) and being taught.
- Continuing education opportunities.
- Self-directed individual study.

### **2.1.1 Clinical Placements**

#### ***General requirements***

The content of training experienced in any clinical placement should be in accordance with the current edition of the Training and Examination Handbook, so that the registrar, over a period of five years, gains the clinical knowledge and experience required to pass the primary and fellowship examinations.

Learning takes place in a variety of clinical settings:

- Emergency departments.
- Wards, departments, outpatient and day patient areas.
- Diagnostic settings (pathology and imaging).
- Pre hospital and inter hospital settings (patient retrieval and transfer).
- Emergency ambulance services (road and air ambulance).

- Release from clinical duties should be available for all registrars to attend formal teaching sessions as in section 2.1.2 (ii).

In brief, skills to be developed by an emergency medicine registrar are those required of a competent emergency medicine physician, and include, but are not limited to:

- Accurate triage.
- Resuscitation.
- Assessment, diagnosis and management of undifferentiated acute and urgent aspects of illness and injury.
- Skills in co-ordination of input into patient care from a range of specialties.
- Interpretation of the results of investigations.
- Overall patient care (control and co-ordination).
- Decisions on ongoing patient care - inpatient, outpatient, discharge to community care (disposal).
- Working effectively as part of a multi-disciplinary team, recognising the roles and skills of other medical and non-medical colleagues.
- Timely and effective communication with patients and relatives.
- Timely and effective communication with other health professionals.
- Skills in retrieval and transport of critically ill or injured patients, including stabilisation prior to transport and relevant aspects of aviation medicine.
- Skills in preventative medicine as it relates to emergency medicine.
- Management aspects of emergency medical service systems, including major disaster management and civil defence emergency responses.
- An understanding of the importance and practical application of quality assurance and monitoring of outcomes to maintain standards.
- Research and evaluation skills including epidemiology and statistics.
- Self-directed learning skills including critical analysis of the literature.
- Applying the principles of cultural safety to clinical practice.
- A knowledge of and good practice in medico-legal and ethical aspects of professional practice.

Workplace safety issues are the responsibility of the service provider and will apply to all registrars.

### ***Specific requirements***

Registrars spend five years in a range of training posts approved by the ACEM. All registrars and supervisors should receive and agree on specific educational objectives for each individual placement. Evaluation of the placement and assessment of registrar's progress are measured against these objectives. The range of placements include:-

**A. Emergency Department Posts - Minimum - 2 years**

Two years full-time in approved Emergency Department in blocks of a minimum of six months. At the present time, it is desirable, but not essential that:

- Six months should be in a tertiary hospital emergency department (as designated by Council).
- Six months should be in a non-tertiary hospital emergency department.

**B. Posts in others branches of medicine - Minimum 2 years**

It is highly recommended that training should include posts approved by the Board of Censors in:

- Anaesthesia (maximum 1 year).
- Intensive Care (maximum 1 year).
- Medicine (maximum 2 year).
- Surgery (maximum 2 years).
- Paediatrics (maximum 2 years).

A period of up to a maximum of six months may be spent in each of the following disciplines in posts approved by the Board of Censors:

- Obstetrics and gynaecology.
- General practice.
- Pathology.
- Public Health (including Medical Administration in NZ).
- Psychiatry.

**C. Paediatrics Training - Minimum 6 months**

A minimum of six months training must be in Paediatrics. This can be in an:

- Emergency department post accredited by ACEM Board of Censors for paediatric training (simultaneously accreditable for up to six months accreditation for emergency medicine training).
- Intensive care or general paediatric ward accredited by the Royal Australasian College of Physicians for advanced paediatric training (simultaneously accreditable for up to six months "other" advanced training).

## **D. Optional Posts - 1 Year**

A further one year may be spent in:

- An approved emergency department post.
- Another branch of medicine in a post approved by the BOC.
- A period of up to 12 months research.

### **2.1.2 Formal Teaching Programme**

#### ***General Requirements***

The content of the formal teaching programme should be in accordance with the current edition of the Training and Examination Handbook of the ACEM.

For registrars in emergency departments, time allocated to formal teaching is four (4) hours per week, 42 weeks per year throughout the training programme.

For registrars working in other specialties, time allocated is that allocated to registrars in that specialty.

In addition registrars should undertake study and self-directed learning, including attendance at clinical meetings and other education activities provided by the employer for the benefit of all staff.

#### ***Specific Requirements***

In the year leading up to both the primary and fellowship examinations, an additional period of two hours per week of specific examination preparation is also required.

Primary examination preparation occurs in year 1 or 2 of training. Fellowship examination preparation occurs for examination in year 5 of training.

There is a primary examination workshop of four days' duration. For Fellowship, trial examinations of two days' duration are held in New Zealand which candidates are strongly recommended to attend. (There is also a five day fellowship examination preparation course in Melbourne, Australia.)

As part of the fellowship requirements, candidates must have either published a research paper or presented the results of research to a scientific meeting of the ACEM or other professional college. Attendance at scientific meetings is also considered part of the training programme.

### **2.1.3 Access to Resources**

Access to resources for training should include:-

- Facilities for teaching in a clinical setting.
- Facilities for meetings, case discussion and group teaching sessions.
- Equipment and therapeutic modalities appropriate to the specialty.
- Access to ambulance transport services for pre and inter-hospital settings.
- Access to diagnostic resources, including pathology and radiology services.
- A library containing recognised texts and a relevant range of current journals.

## **2.2 SUPERVISION**

### **2.2.1 Clinical Supervision**

All training takes place under supervision. The supervisor shall ensure that:

- There is a suitable learning environment for the registrar.
- A wide range of opportunities for clinical skill development is available to the registrar.
- The level of clinical supervision is appropriate to the skill level of the registrar.

Normal lines of clinical service accountability shall apply to registrars.

In emergency departments, an emergency medicine specialist (FACEM) must be on duty for at least one-third of the time the registrar is on duty. A specialist must be available on-call at all times.

An assessment of registrar progress is required at least six monthly, or at the end of each training attachment if this is less than six months. This contributes to the six monthly evaluation form and annual record of training. For registrars in emergency departments, the report is prepared by the DEMENT. For registrars on rotation to other clinical departments, the report is prepared by the clinical supervisor. All reports are then forwarded to the Regional Censor.

### **2.2.2 Educational supervision**

A DEMENT, who is a Fellow of the ACEM nominated by the regional Censor, is appointed in each centre where there are accredited emergency department training posts.

Each registrar requires a DEMENT who will keep the regional Censor informed of the registrar's progress.

Where no DEMENT is available, the regional Censor acts in that capacity.

Training in other specialities is under the clinical supervision of that specialty, but is also under a DEMENT or regional Censor for overall educational supervision.

An annual record of training is required for each calendar year of training, provided to the Board of Censors through the regional Censor by the DEMENT by 31 March following the year of training.

Progress of each registrar should be reviewed at least twice a year by the DEMENT with assistance from the clinical supervisors assessment.

Unsatisfactory assessment of a period of six months must be reported to the regional Censor, and the registrars progress must then be reviewed by the Board of Censors. Such a period of training may not be accredited.

### **2.3 PROGRAMME CO-ORDINATION**

There is one regional Censor in New Zealand. The standard duties in relation to the training programme are:-

- To advise DEMENTs on the College regulations as they pertain to training, and to convene a meeting of DEMENTs at least annually.
- To advise the College of any changes of DEMENTs.
- To advise registrars and examination candidates of their obligations for training under the College regulations.
- To maintain a file of the current summary of training of all New Zealand registrars and be prepared to discuss these at scheduled Credential Conferences.

In addition, the regional Censor will maintain an overview of placements for all emergency medicine registrars, and liaise with other specialties in the forward planning of placements for registrars as required.

Extra duties of the regional Censor for sites without a DEMENT are as described in section 2.2.2 for the DEMENT.

### **2.4 EXPECTED OUTCOMES**

The final outcome of advanced training is expected to be Fellowship of the Australasian College for Emergency Medicine.

The intermediary outcomes are:

- Success in the Primary Examination of ACEM, prior to or within the first two years of advanced training. This is required before progression to year three of training.

- Success in the Fellowship Examination of ACEM, taken in the fifth year of training.
- Five full-time equivalent years of accredited training being approved by the Board of Censors as being to an acceptable standard.
- A published paper or paper presented to a scientific meeting (peer reviewed or refereed). An MD or PhD thesis also fulfils this requirement.

Progress between each year of training also depends on satisfactory supervisors reports provided by the regional Censor to the Board of Censors on an annual basis.

### **3.0 ELIGIBILITY**

#### **3.1 REGISTRAR ELIGIBILITY**

Registrars must:

- Be accepted by the ACEM into the training programme; and
- Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- Have general registration as a medical practitioner from the Medical Council of New Zealand.

Medical graduates who do not meet the above criteria may be considered on a case by case basis.

Entry into the advanced training programme requires:

- Two postgraduate years of basic clinical experience.
- Registration with the ACEM.

Ongoing eligibility requires credentialing of the registrar by the ACEM. (Note - the registrar is credentialed and the post must be accredited).

#### **3.2 PROVIDER ELIGIBILITY**

All training posts must be accredited by the ACEM either directly by the College Council or by the ACEM accepting accreditation of posts or programmes by other Colleges for training in that specialty. The Regional Censor can initiate an inspection of any training site at any time.

Training posts in other specialist departments need not be eligible for training in that specialty (i.e. will not reduce the number of posts available for training in that specialty), but there must be accredited training programmes in the specialty available to the emergency medicine registrar.

Criteria for evaluation and accreditation of Emergency Departments are listed in Schedule 1.

## **4.0 LOCATION AND SETTING**

Training takes place in:

- Training posts accredited by the ACEM in accredited emergency departments.
- Training posts accredited by other medical specialist departments accepted by the ACEM as accredited for emergency medicine training.

Any secondment of a registrar to another location for further training experience must comply with Part 9 of the CTA Head Agreement.

## **5.0 ASSOCIATED LINKAGES**

The provider will have established linkages with:

- The Australasian College for Emergency Medicine.
- Other relevant advanced medical training programmes.
- Other provider-based continuing education programmes.
- Other providers of emergency medicine training.
- Providers of patient retrieval and transport services.
- Schools of Medicine and research institutes.
- Patient advocates for Code of Health and Disability Services, Consumer Rights and Privacy Issues.

## **6.0 PURCHASE UNIT**

An eligible registrar in an ACEM approved training post for emergency medicine training.

The Purchase Units are as follows:

- Pre Part 1
- Post Part 1

(Please refer to Section 2.4 – Expected Outcomes, for classification of the above).

Part-time registrars who are funded under this contract will be funded on a pro rata training unit basis.

## **6.1 REPORTING UNIT**

(See also Schedule 1 Part C in the CTA Head Agreement).

Reporting will include cross-reference to other departments which have ACEM registrars.

The reporting unit is a registered and credentialed registrar in an accredited training post as designated by the ACEM in a specified year of training, and a specified department, as part of an ACEM approved training programme.

## **7.0 PROGRAMME SPECIFIC QUALITY STANDARDS**

*This section should be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies generic quality standards for all programmes provided under the contract.*

### **7.1 LEARNING ENVIRONMENT QUALITY STANDARDS**

Each provider will demonstrate their commitment to training by:

- Having policies in place which detail the roles, responsibilities and limitations for registrars in the organisation.
- Having written and implemented policies on cultural safety.
- Assessing and monitoring of the standards of supervisors.
- Provide placement appropriate to the registrars knowledge and experience, so that training can be graduated and ongoing.
- Invite registrars to give feedback on their experiences annually.
- Provide opportunities for each registrar to evaluate the results of his/her treatment of patients.

### **7.2 CLINICAL SUPERVISION QUALITY STANDARDS**

Clinical supervision will be provided to standards outlined in 2.2.1 and ensure:

- All registrars receive an appropriate level of clinical supervision and training experiences in their day to day work.
- Clear lines of clinical accountability for patient care at all times, with backup available appropriate to the level of experience of the registrar.

### **7.3 EDUCATIONAL SUPERVISION QUALITY STANDARDS**

Training programmes are organised by the DEMA (specified in section 2.2.2) to ensure:

- A log of experience is completed for each registrar, and evaluated periodically to ensure completeness of training.
- Processes are in place to identify and take appropriate action for registrars who require additional support, including advice on future options for that registrar.
- Registrars can approach the Regional Censor directly on any concerns regarding training posts or other concerns.

- All clinical and educational supervisors understand the objectives of the training programme and supervision process.
- Regular meetings are held (at least four times a year) to review and critically evaluate training programmes in emergency departments.

## **8.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC**

*Please refer to Schedule 1 Part 1 of the CTA Head Agreement which specifies generic reporting requirements for all programmes provided under the contract.*

### **8.1 PROGRESS REPORTING**

Section 2.4 of the specification details the expected outcomes of the training programme purchased.

### **8.2 QUALITY REPORTING**

Reports as described in Schedule 1 Part 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the CTA Head Agreement requires that you have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the Programme specific quality standards in Section 7.0 above, particularly supervision. Quality reporting for registrars in specialty departments other than emergency medicine will be provided by the clinical supervisor in that department (refer Section 2.2.1).

## **SCHEDULE 1: CRITERIA FOR EVALUATION OF EMERGENCY POSTS FOR ACCREDITATION BY ACEM**

Current at November 1996

### **Emergency Department Posts**

Evaluation of posts for accreditation includes consideration of the following requirements:

- Full-time Director who is a Fellow of ACEM (or full-time director not fellow of ACEM by discretion of Council).
- Senior staff capable of providing supervision.
- An appropriate range of patients to give adequate clinical experience.
- Appropriate levels of medical, nursing and other staff.
- Design and equipment appropriate to provision of emergency care.
- Appropriate range and level of support services.
- Education programme, including lectures discussion, audit, review.
- Accreditation requires hospital inspection by an ACEM representative at least every five years or on initiation at any time by:
  - Regional Censor.
  - Majority of regional faculty members.
  - Council of ACEM.
- Non-Emergency Department Posts
- Accreditation of these posts require:-
  - An approved training programme in the specialty.
  - Posts need not be accredited for training in the specialty (ie, are supernumerary).