

## Thinking of Paediatric Emergency Medicine?

Paediatric Emergency Medicine is the diagnosis and management of acute/emergency paediatric problems. Paediatric emergency medicine (PEM) is the major branch of medicine concerned with the short-term and emergency treatment of children - neonates to adolescents.

## Overview of the Specialty

Paediatric emergency paediatricians (PEPs), though a small group within the overall medical profession, play a key role in ensuring the health, safety, and wellbeing of children within our society. This also includes meeting the psychosocial needs of these children. A key aspect of the PEPs' role is coordinating the full range of health care professionals, and associated service providers, in their treatment and care of medical and surgical emergencies in paediatrics. PEPs also play a key educative role in health promotion and public awareness within both the medical and general communities.

PEPs may also be required to offer expert medico-legal opinion. The importance of the specialty's role is also evidenced by the requirement of a higher level of seniority and number of PEPs to adequately and safely staff emergency departments.

## Specialty Training

Training in Paediatric Emergency Medicine Programme is collaboration between the RACP and the Australasian College for Emergency Medicine (ACEM)

*Please note that the RACP administers the advanced training programme for trainees that completed their Basic Training via the RACP (RACP stream trainees) whilst the ACEM administers the advanced training programme for trainees that completed their Basic Training with the ACEM (ACEM stream trainees).*

*This factsheet only outlines the training for RACP trainees. Please refer to the ACEM website for information regarding their training programme.*

## Paediatric Emergency Medicine – RACP stream

Trainees may apply to enter the Advanced Training programme, which consists of a minimum of 36 months training, if they:

- have completed the Paediatric and Child Health Basic Training programme
- have successfully completed the RACP Clinical and Written Examinations
- hold current medical registration and
- secured an accredited training position.

Advanced Training in Paediatric Emergency Medicine is in supervised placements within accredited training sites.

Over the course of the training programme, all trainees must carry out a variety of teaching and learning activities, including work-based learning and assessment requirements, and other programme requirements in consultation with their supervisors.

Once the training is satisfactorily completed, Fellowship of the Royal Australian College of Physicians (FRACP) is awarded.

### Dual Fellowship in Paediatric Emergency Medicine

To gain Fellowship of the RACP (FRACP) and Fellowship of the Australasian College for Emergency Medicine (FACEM) an RACP Advanced Trainee must complete the above training plus a further 12 months training (minimum). They must also complete the ACEM Fellowship exam and fulfil the ACEM Trainee research requirements.

This training programme can be completed in Australia and New Zealand and trainees may complete more than one advance training programme at a time

**It is likely that you need to complete placements in multiple DHBs whilst completing vocational training**

### Personal qualities required to be a Paediatric Emergency Medicine Physician

- fostering of a patient-centred approach to health care
- maintenance of a balanced and broad perspective on health care delivery
- preparedness to learn and adopt new and validated approaches to diagnosis and management, despite logistical difficulties, and to change work practices when appropriate
- willingness to reflect on, and learn from, mistakes
- preparedness to change management plans
- tolerance of uncertainty
- ability to cope with unexpected disappointments, equanimity, resiliency and calmness in the face of challenging clinical demands
- desire to contribute to improvements in the health system
- desire to foster clinical practice, research and teaching in general internal medicine
- preparedness to acknowledge doubt and uncertainty in clinical practice.

### Specialty Training Programme Information

#### Medical College

[Royal Australasian College of Physicians \(RACP\)](#)

#### Fellowship/Qualification

Fellowship of the Royal Australasian College of Physicians (FRACP)

#### Application and Selection process

Application/selection [Basic training](#)

Application/selection [Advanced Training in Paediatric Emergency Medicine](#)

**Contact details** [paedemergency@racp.edu.au](mailto:paedemergency@racp.edu.au)

To find out more about physicians/paediatricians and other specialty areas, [click here](#). This also provides a useful Q&A section.

Further information can be obtained on [Royal Australasian College of Physicians \(RACP\)](#)

## Resident Medical Officer (RMO) Information

Demand for vocational training posts is currently not available

### RMO training registrar positions contracted

Northern*	Midland*	Central*	South Island*	Total*
148.7	42	103.6	80.5	<b>374.8</b>

(September 2016 RMO census)

\*The number is not separately available but included in the total registered in Internal Medicine

## Regions

### **Northern:**

Northland, Waitemata, Auckland, Counties Manukau DHBs

### **Midland:**

Lakes, Tairāwhiti, Bay of Plenty, Waikato, Taranaki DHBs

### **Central:**

Hawke's Bay, Wanganui, MidCentral, Wairarapa, Capital and Coast, Hutt Valley DHBs

### **South Island:**

Nelson Marlborough, Canterbury, South Canterbury, Southern, West Coast DHBs

## Senior Medical Officer (SMO) Information

Year	Number of NZ New Fellows
2015	NOT AVAILABLE
2014	NOT AVAILABLE

Average Age of SMOs*	Number registered with the Medical Council *	% of international medical graduates in the workforce*
51	1024	42

**Number by Region** (September 2016 SMO census)

Northern		Midland		Central		South Island		Total	
FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*	FTE*	Headcount*
159.1	188	50.5	52	47.2	57	83.3	116	<b>340</b>	<b>413</b>

\*The number is not separately available but included in the total registered in Internal Medicine.